

P-263 - USE OF ATYPICAL ANTIPSYCHOTICS IN CHILDREN WITH SCHIZOPHRENIA SPECTRUM DISORDERS IN LATVIA

N.Bezborodovs¹, L.Grinvalde¹, A.Rizevs², R.Andrezina^{2,3}

¹Riga Centre of Psychiatry and Addiction Disorders, ²Children's Clinical University Hospital Clinic «Gailezers», Psychiatry Clinic, ³Department of Psychiatry and Narcology, Riga Stradins University, Riga, Latvia

Introduction: In recent years we've witnessed a rapid rise in the off-label use of atypical antipsychotics (AAPs) in child and adolescent psychiatry practice despite still limited evidence base for their efficacy and safety.

Aims: To investigate the patterns of use and frequency of side effects of AAP therapy in children and adolescents with psychotic disorders in Latvia.

Methods: Retrospective chart review of all inpatients with schizophrenia spectrum disorder diagnosis, treated in *Children's Clinical University Hospital, Riga, Latvia* from September 2008 till September 2011.

Results: We identified 126 admissions (F/M ratio - 1,5; mean age - 13,83 (SD 2,69) years), 32 being first-admissions. Most frequent diagnoses were juvenile-onset (34,1%) and paranoid (23.8%) schizophrenia. In 91,3% cases patients received antipsychotic therapy (28,6% only AAPs, 11,9% only typical antipsychotics (TAPs), 50,8% a combination of both). Most widely used AAPs were Quetiapine - 34,9%, Risperidone - 26,2%, Olanzapine - 19,8% and Aripiprazole - 15,9%. Haloperidol was still used in 49,2% cases. In 58,7% cases patients also received anticholinergic medication, so reports of extrapyramidal side effects were anecdotal. In 31,0% cases (9 patients on AAPs, 30 on combined treatment) there was a significant (>400 mU/L) increase of serum prolactin level. In 15,9% cases there was a significant (>450 ms) elongation of QTc interval.

Conclusions: AAPs are rapidly substituting TAPs as the firsthand treatment for children with schizophrenic psychoses, but the rate of side effects is significant, with as much as 1/3 of those receiving AAPs developing hyperprolactinaemia, and 1/5 - a prolongation of QTc interval.