Conclusions: Ziprasidone and olanzapine yielded comparable improvement in psychopathology and global illness severity measures, but there were significant differences favoring ziprasidone in important general health parameters.

P02.12

Recent weight gain and cost of acute service use in schizophrenia

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Objective: To consider the association between recent weight gain and acute service use in schizophrenia.

Methods: Questionnaires were mailed to people with schizophrenia identified through NAMI and NMHA (N=390). 345 respondents reported lost weight (n=94, 27%), no change (n=106, 31%), some gain (1¡V14 lb; n=70, 20%), and significant gain („d15 lb; n=75, 22%) in last 6 months. Acute service use was defined as emergency room (ER) visit or hospitalization. Cost was estimated conservatively at $817/day for hospital days (average Medicare reimbursement), and at $85 for ER visits.

Results: Patients with significant weight gain were significantly more likely to use acute services (P<0.001, hospitalization; P<0.005, ER), with significance evident even after multivariate analysis. Combined hospitalization/ER costs were highest for those who gained >15 lb ($9,486), followed by those who lost weight ($7,400), those without weight change ($4,095), and those who gained 1¡V14 lb ($3,647).

Conclusions: Significant weight gain is associated with greater use of acute services and higher costs in schizophrenia. If weight gain is due to use of certain newer antipsychotics, it may lead to medication noncompliance.

P02.13

Application of rispolept at heroin addiction in outpatient practice

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Objectives: research of efficiency of neuroleptic – rispolept for the prevention of development and reduction of compulsive craving for to heroin at patients in postwithdrawal period.

Method: it is observed 30 patients with heroin addiction. Age of patients was from 18 till 39 years, duration of disease from 1 till 5 years. Clinical-psychopathological and statistical methods of research were used.

Results: after the reduction of acute withdrawal syndrome at patients the unstable condition when the craving for heroin is easily actualized is observed. Quite often it is manifested by psychopathological disorders. In this connection patients require in prolong (sometimes about half-year and more) application of neuroleptics with the least by-effects. Rispolept was used to patients from 7–14 days after the last reception of a heroin, in a doze 4–6 mg per day (on 2–3mg in the morning and to night). In a day after application of rispolept the patients marked the improvement of mood, reduction of affective intensity and malice. After the discharge from a hospital, in 3–4 weeks rispolept was used in out-patient practice and, as a rule, in previous dosages. At patients stabilization of an emotional background, dysphoric reactions, psychopathological behavior, compulsive craving for heroin were marked. At the same time the extrapyramid semiology was observed extremely seldom and was insignificantly expressed. Application of rispolept did not require the combined therapy with other neuroleptics, and also proofs. At increasing of depression the antidepressants were used. The prolong application of rispolept including the remission period, reduced a level of affective instability, asthenia, divergences. At patients interest to environmental conditions and life was restored, communicative functions were improved.

Conclusion: the results of research testify to perspectivity of practical application of atypical neuroleptic rispolept, as safe normothymic, as supporting and antireccurent treatment in out-patient practice of heroin addiction.

P02.14

Patient attitude after switch to ziprasidone from other antipsychotics

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Objective: To determine change in patient attitudes/feelings about drug therapy after switching from other antipsychotics to ziprasidone.

Method: Three 6-week multicenter, open-label, parallel-group trials in stable outpatients with schizophrenia who were switched from conventional antipsychotics (n=108), olanzapine (n=104), or risperidone (n=58) to ziprasidone (40–160 mg/day). Patients were randomized to 1 of 3 strategies. A 10-question Drug Attitude Inventory (DAI) was administered at baseline and week 6. Positive total score indicated likely compliance; negative total score, likely noncompliance. Marginal probabilities of favorable responses over total, attitudinal, and subjective question sets were assessed.

Results: Total DAI scores improved significantly in patients switched to ziprasidone from conventionals (P=0.003) or risperidone (P=0.008). Categorical analysis identified significant improvements in patients switched to ziprasidone from conventionals (P=0.05 all items, P=0.02 subjective) and a trend toward improved scores after switching from olanzapine (P=0.06 for both). DAI improvement was driven by positive change in subjective feelings. Ziprasidone was well-tolerated and effective, regardless of dose or switch strategy.

Conclusions: Outpatients with schizophrenia report better subjective feelings about medication use after switching to ziprasidone.

P02.15

Aripiprazole and risperidone versus placebo in schizophrenia

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This multicenter, double-blind, controlled study examined the efficacy, safety, and tolerability of aripiprazole, the first of the next generation of atypical antipsychotics in patients with acute relapse of schizophrenia or schizoaffective disorder randomized to aripiprazole 20 mg qd (n=101) or 30 mg qd (n=101), risperidone 3 mg bid (n=99), or placebo (n=103) for 4 weeks. Efficacy evaluations included PANSS and CGI. At week 4, both aripiprazole doses and risperidone were significantly better than placebo on all efficacy measures (p¡Ü0.05). Aripiprazole separated from placebo for all PANSS scores by week 1, as did risperidone (except PANSS-negative score [week 2]). No significant EPS were observed with active treatment versus placebo. Active treatments were associated with minimal weight gain. Mean prolactin level showed no significant change from baseline with aripiprazole, but increased 5-fold with risperidone (p<0.001). Aripiprazole was not associated with clinically significant QTc interval prolongation (mean change

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