

The application of the new computerized system allows to quantify and to verify the quality of work and its style.

The elaboration of the bias has permitted to establish concrete plans and to exploit all the resources at our disposal.

The daily research of the sense and the meaning of the day to day activities brings to a continue evolution of the informatic system that interacts with the reality.

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THE BIG FIVE INVENTORY: THE FRENCH VERSION

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The Big Five Inventory (BFI) was designed by O. John and his Berkeley colleagues to address these three concerns. The BFI is a brief measure that has 44 short and easily understood items; participants can complete self-reports on the BFI in 5 to 15 minutes, and the instrument can also be completed by others (e.g., family member, observer, interviewer). The original English BFI, as well as the German and Spanish adaptations, have excellent psychometric characteristics, including reliability, stability over time, and convergent and discriminant validity (e.g., against independent reports by a well-acquainted informant or a spouse). This poster introduces the new French BFI, developed via the backtranslation method and refined in several studies. Psychometric data from the other language versions are compared to new data from the French version, using two samples of self-reports: students and hospital staff. The reliability of the preliminary French BFI version is very encouraging. Coefficient alpha reliability reflects how internally consistent the items on a questionnaire scale are. Values of .70 and above indicate good reliability for short research scales (John & Benet-Martinez, 2000). Table X reports the alpha coefficients for the French scales for two French samples: 200 hospital employees and 161 medical students. For four of the French Big Five scales, the alphas were well above .70. The only exception was Agreeableness, with an alpha of .68 in the hospital employees and .59 in the medical students. Note, however, that Agreeableness had the lowest alphas in other countries as well. Table XX compares the coefficient alpha reliabilities of the French scales with findings from the USA and Spain. The French Agreeableness scale is currently being revised to increase its reliability to the same standard as in Spain and the USA. The reliability analyses show that the new French BFI offers short, efficient, and reliable scales to measure the Big Five dimensions in French-speaking populations. We found as much personality variability in the French samples as in the USA and Spain samples. There were possible indications of some cultural differences, primarily in the comparison of French and Spanish students which now need to be examined more systematically – data from French students outside medicine are needed for comparison.

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ATYPICAL VERSUS CONVENTIONAL ANTIPSYCHOTIC MEDICATION: IMPACT ON SUBJECTIVE QUALITY OF LIFE OF PATIENTS WITH SCHIZOPHRENIA OR RELATED DISORDERS

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Purpose: We studied retrospectively the impact of atypical antipsychotic medications on subjective quality of life.

Method: Patients were randomly chosen. They were interviewed in 1997/98. Subjective quality of life was measured by the Satisfaction with Life Domains Scale¹. Patients were divided into three groups, taking either conventional (46%), novel (29%), or mixed (both conventional and novel) (25%) antipsychotics.

Results: Subjects were 110 outpatients, 54% men, 43 years old on average, 66% with schizophrenia, 21% with schizoaffective disorders. Mean GAF score was 48.

The use of different antipsychotics did not influence satisfaction with life, as only items dealing with social and family relationships were scored lower by those on novel antipsychotics. Patients on lower doses of medication were more satisfied with the clothes they wear and the food they eat.

Patients taking novel antipsychotics may expect more from life relationships in particular, explaining their lower quality of life scores.

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COST OF A MANIC EPISODE IN BIPOLAR DISORDER: A FRENCH STUDY

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Background: Bipolar disorder would appear to present a marked impact in economic terms, but today few data allow an estimation of its true burden on the health care system. The objective of this study was to evaluate resources used by patients with bipolar disorder who had had to be hospitalised for a manic episode.

Design: Multi-centre pragmatic retrospective study over a 3-month period approximately 1 month. Data were collected from 137 personal patients' files of patients hospitalised between January 1, 1998, and June 30, 1999. Direct costs were those resources used during the manic episode (hospitalisations, rehabilitation, visits, medication, laboratory tests), and assessed through a mean observed hospitalisation cost and public prices (1999).

Results: During the study period 185 hospitalisations were noted. 72% of patients were hospitalised once only. The average length of stay was 36 days per hospitalisation. Follow up was as follows: 95% of outpatients followed up by a psychiatrist, 7% a general practitioner, 9% a psychologist, 11% a nurse, 2% a social assistant. The mean cost of a manic episode amounts to FF 129 500 (USD 18 500). The breakdown of the cost per patient for the 3-month data period is as follows: hospitalisation 98.2%, rehabilitation 0.8% (9 patients out of 137), visits 0.5%, medication 0.3%, laboratory tests < 0.01%.

Conclusion: Considering the high recurrence rate and the high hospitalisation cost of bipolar disorder, improving outpatients follow-up of medication might reduce the cost of this severe mood disorder.

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MEDICATION MANAGEMENT OF A MANIC EPISODE IN BIPOLAR DISORDER: A FRENCH STUDY

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Background: In France few data are available concerning treatments of bipolar disorder. The objective of this study was to evaluate the therapeutic strategies of patients with bipolar disorder who had had to be hospitalised for a manic episode.

Design: Multicentre pragmatic retrospective study over a 3-month period approximately 1 month. Data were collected from 137 personal patients' files of patients hospitalised between January 1, 1998, and June 30, 1999.

Results: 699 medications related to bipolar disorder and its consequences were reported during the 3-month study period. There were antipsychotics prescribed to 92% of the patients, mood-stabilisers (anticonvulsants 64%, lithium 42%) 89%, benzodiazepines (except hypnotics) 64%, corrective treatments (antiparkinsonians, hypotensives, anti-diarrhetics) 53%, hypnotics 45%, antidepressants 15%. The duration of prescriptions was from 29 to 37 days. On average patients have received 4.9 medications at hospital and 3.4 in community. The breakdown of treatment strategies initiated at the same time at D1–D2 of the study was as follows: antipsychotic and mood-stabiliser 48% of patients, antipsychotic alone or in association without mood-stabiliser 33%, mood-stabiliser alone or in association without antipsychotic 16%, strategy without mood-stabiliser or antipsychotic 3%. At D30 the breakdown of these strategies were respectively as follows: 64%, 18%, 14% and 4%. Treatment given at the end of the hospitalisation was continued unchanged in the community.

Conclusion: Antipsychotics and mood-stabilisers (mainly anti-convulsants) are initiated at hospital entrance at the same time in half of cases and these treatments are maintained for outpatients.

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SCHIZOTYPY AND HYPOMANIA AS CORRELATES OF CREATIVE ACHIEVEMENT

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The relationship between creativity and the predisposition toward mental illness has attracted a great deal of attention in both popular and research settings. Most of this research would seem to favor the generative capacity of hypomanic states and personalities over schizotypal ones. A study involving eighty-seven subjects (mean age 54) included measures of hypomania and schizotypy in a manner that allows some comparison of these two personality dimensions across ten different domains of creative achievement. While some distinctions do emerge, the degree of overlap between these two dispositions also mirrors some nosological controversies and patterns of comorbidity that may defy easy categorization along cognitive and affective lines.

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SWITCHING TO AMISULPRIDE: FINDINGS FROM A RETROSPECTIVE QUESTIONNAIRE

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Changing (or 'switching') antipsychotic treatment may be necessary in a wide range of circumstances. In order to find out more about the characteristics of patients who switch treatment, their reasons for switching and the processes involved, a questionnaire was applied retrospectively among patients who switched to the atypical antipsychotic amisulpride (Solian®, Sanofi-Synthelabo). Data was analysed from 60 patients (mean age 37 years; 60% male). Their mean duration of illness was 12.8 years and 52% were experiencing an acute episode.

More than 8 out of 10 patients gave at least two reasons for changing treatment. The most common were: insufficient efficacy (66.7%), adverse events (65%), and optimisation of treatment before reintegration (52.5%). The previous treatment was oral in 78% of cases, depot in 17% and a combination in 5%. Among the 50 patients who had received oral treatment, 42% had received only traditional antipsychotic medication whilst the remaining 58%

had received an atypical antipsychotic (with or without a traditional antipsychotic). Three out of four patients (75%) were receiving a concomitant psychotropic drug and 60% were receiving treatment for adverse events. Previous antipsychotics were most frequently stopped abruptly (89%)

The mean dose of amisulpride was 632 mg/day. The doses most often prescribed were between 400 and 800 mg/day (62% of patients); the majority of patients (76%) required no dosage adjustment. The switch to amisulpride was easy in almost all cases (87%) and beneficial effects on efficacy and tolerability were reported both by patients and physicians.

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THE EFFECT OF AMISULPRIDE ON AFFECTIVE AND SOCIAL NEGATIVE SYNDROMES IN SCHIZOPHRENIA

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Background: Experimental data suggests that schizophrenia is an inhomogeneous illness and that different neuropsychopathological processes are related to separate syndromes. Thus some authors identify affective and social negative syndromes.

Method: In order to compare the effect of amisulpride on the affective and social negative syndromes, 270 patients (male: 64.1%; mean age: 32.9 ± 7.5 years) with a disorganized (50.7%) or residual (49.3%) schizophrenia (DSM-IV) were included in a multicentric French prospective trial and treated by amisulpride (50–200 mg/d) for 6 months.

Results: Between D0 and DEnd (intent to treat analysis) the score of the Scale for Assessment of Negative Symptoms (SANS; $p < 0.001$), and those of the 3 factors of the SANS: "decrease of expressions" ($p < 0.001$), "disorganization" ($p < 0.001$) and "social dysfunction" ($p < 0.001$) were significantly improved. The efficacy of amisulpride was greater ($p < 0.0001$) on the "decrease of expression" factor (42.5% improvement) than on the "social dysfunction" one (33.4%). Furthermore, during the study, the decrease of the score of, the Brief Psychiatric Rating Scale ($p < 0.001$), the Scale for Assessment of Positive Symptoms ($p < 0.001$) and the Montgomery and Asberg Depression Rating Scale ($p < 0.001$) were also significant.

A total of 45 patients (16.7%) reported at least 1 adverse event. Treatment discontinuation for adverse events was noticed in 16 patients (5.9%) and serious adverse events in 7 patients. No significant weight gain was observed. The Simpson Angus Scale was improved ($p = 0.04$) during treatment.

Conclusion: According to these preliminary results amisulpride is effective on the different factors of the deficit syndrome, with a greater efficiency on the affective syndrome.

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PATTERN OF PRESCRIPTION OF ANTIPSYCHOTIC DRUGS IN PSYCHIATRIC DEPARTMENTS

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Background: Little data has been published in France concerning the pattern of prescription of antipsychotic drugs in hospitals.

Method: This was a cross sectional study: during 2 days 177 practitioners from the psychiatric departments of 100 French hospitals filled out a questionnaire for each prescription of antipsychotic drugs concerning in and outpatients.