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Introduction: There is a subpopulation of schizophrenic patients sometimes referred to as ''revolving door'' patients due to the frequency of readmissions in psychiatric units. Substance abuse and noncompliance with medication are the most important factors related to frequency of hospitalization. It has been related also with the number of previous admissions.

Aims: To describe the profile of the ''revolving door'' schizophrenic patient.

Methods: This retrospective study examines demographic and diagnostic features of the patients who met criteria for schizophrenia and have been admitted in our brief hospitalization unit during 2005. 209 adult patients were included. We compared the data of patients with only one admission (n=132) with those who have been admitted two or more times (n=77) in the period of study.

Results: We detected a significative difference between the two groups in the number of previous hospitalizations. The group with one admission during 2005 had 3.75 previous hospitalizations (SD 5.34) vs. 6.37 previous hospitalizations (SD 5.75) for the group with two or more admissions during 2005 ($p<0.01$). No differences were found between the two groups about gender, age, the subtype of schizophrenia, substance abuse, the presence of another psychiatric illness, or the length of the stay.

Conclussions: Our study shows that the number of previous readmissions could be used as a main predictor of the risk of rehospitalization. This fact supports the results of other studies. However, we have not found the substance abuse as a predictor of earlier readmission, as other studies do.

P074

Challenges and options in the treatment of schizophrenia

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Background: When considering antipsychotic treatments for patients with schizophrenia, efficacy must be balanced against the side effects associated with each available treatment option. This balance of benefit versus risk in the choice of treatment should not exclusively depend on the clinical symptoms exhibited by each patient, but should also consider the individual's health and lifestyle characteristics.

Methods: A number of agents are available for the management of schizophrenia. To evaluate the advantages and disadvantages of the available antipsychotics, clinicians can use a number of variables to examine available data, such as numbers of patients in the study, the clinical relevance of the scales used to measure efficacy, and statistical significance. In addition, the clinician's evaluation may include a consideration of monitoring of various physiological parameters, which is a requirement with some antipsychotics.

Results: Good practice would dictate the regular monitoring of physical health needs as a matter of course, and may improve patient outcome. Monitoring of parameters such as weight gain, and dental health might enable a more effective relationship between clinician and patient. These physical heath parameters might differentiate patients whose treatment is effective against symptoms and those whose quality of life is being optimised. By drawing on the experience of clinicians, we considered which physical health parameters should be measured routinely, and which measures should be considered on an individual patient basis.

Conclusion: It is straightforward to combine individualised patient monitoring with antipsychotic and behavioural therapy and might increase the impact of treatments on patients' quality of life.

P075

Akathisia in schizophrenia patients treated with aripiprazole, haloperidol, or olanzapine - analysis of three double-blind, long-term trials

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Background and aims: Akathisia occurs less frequently in second generation antipsychotics (SGAs) compared to first generation antipsychotics (FGAs). This analysis was performed to quantify and qualify akathisia in schizophrenia patients receiving one of two SGAs, aripiprazole or olanzapine, or a FGA, haloperidol, in the first 12 weeks of treatment.

Methods: A post hoc analysis of the safety dataset was conducted to assess akathisia parameters in three double-blind randomized trials: a 52-week comparison of aripiprazole 30mg/d (n=859) versus haloperidol 10mg/d (n=431); and pooled data from two trials (26- and 52-week) comparing aripiprazole 15-30mg/d (n=504) and olanzapine10-20mg/d (n=505).

Results: In the haloperidol comparative trial, akathisia was reported by 12.5% in the aripiprazole group and 24.1% in the haloperidol group. Akathisia occurred within the first 12 weeks after randomization in 89.6% of aripiprazole-related events and 92.5% of haloperidol-related events. In the olanzapine comparative trials, akathisia was reported by 10.7% of aripiprazole-treated patients and 6.1% of olanzapine-treated patients. Akathisia occurred within the first 12 weeks in 94.4% of aripiprazole-related events and 90.2% of olanzapine-related events. Akathisia was rated as mild or moderate by the majority of patients ($\geq$80% of reports).

Conclusions: Consistent with previous reports, the FGA haloperidol was associated with higher rates of akathisia than the SGAs aripiprazole and olanzapine. Under double-blind conditions, for all antipsychotics, akathisia occurred early in treatment, was time-limited, and of mild to moderate severity. Contrary to previous reports, akathisia was not associated with high rates of discontinuation.

P076

A clinical trial with olanzapine in schizophrenia with allele variation of the DRD4 and maoa gene

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