

toward psychotic thinking. The interest of this case report stems from the manner in which we tested our clinical hypothesis.

**Methods:** The patients agreed to the use of a lactate provocation test in double-blind, placebo-controlled conditions during four randomized sessions on consecutive days (two with lactate and two with placebo). The active lactate test used a 0.5 molar racemic lactate sodium 10 ml/kg solution, infused in 20 minutes.

**Results:** Neither patient displayed panic symptoms during the placebo sessions whereas patient A developed two full-blown panic attacks during the active lactate sessions and patient B developed one subthreshold and one moderate panic attack during the active lactate sessions. The results of these investigations led to a specific cognitive therapeutic treatment of the delusional convictions in patient A.

**Conclusion:** The results of this investigation, at least in patient A, strongly support our clinical hypothesis about a possible relationship between panic disorder and delusional disorder in some cases.

## P012

The assessment of adherence using a questionnaire in patients suffering from schizophrenia

A. Meszaros, I. Bitter. *Clinic of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary*

**Background and aims:** Therapeutic adherence is a key issue in patients suffering from schizophrenia. The possibility of psychotic relapse is increased by the omission of medication. Relapses decrease the chance of favourable prognosis of the disorder, and this leads to further hospitalization, which entails increased social expenses. Unfortunately, medication omission, or non-compliance, is very frequent in patients with schizophrenia. Good compliance develops as a result of an interaction among multiple factors affecting the physician, the patient and his/her relatives. The objective was to define principal factors which affect compliance in persons with schizophrenia.

**Methods:** A survey was conducted using a self-rated questionnaire to assess compliance in patients, their relatives and their physicians. Subjects participated from various geographical areas of the country in order to make a sample representative.

**Results:** 909 schizophrenic patients, 73 physicians and 423 relatives participated in this study. Forty-one percent of patients indicated non-compliance by their own decision. The analogous estimate from physicians was 57%. Almost half of the patients (42%) forgot to take the medication or miss it due to other cognitive dysfunctions. This problem affects more patients according to physicians' (49%) and the relatives' (55%) opinion.

**Conclusion:** Based on our estimates improvement of therapeutic adherence in patients with schizophrenia has high clinical importance, since lack of adherence is directly related to therapeutic failure, and results in an elevated risk for patients' deterioration and life-functioning.

## P013

Sertindole: A newly available atypical antipsychotic with placebo level EPS

E. Lindström<sup>1</sup>, A. Björck-Linné<sup>2</sup>, J. Eberhard<sup>3</sup>. <sup>1</sup> *Department of Neuroscience-Psychiatry, Uppsala University Hospital, Uppsala, Sweden* <sup>2</sup> *Department of Clinical Science, Lund University, Lund, Sweden* <sup>3</sup> *H. Lundbeck A/S, Copenhagen, Denmark*

**Introduction:** Sertindole is an antipsychotic agent that shows affinity for D2, 5-HT<sub>2A</sub>, 5-HT<sub>2C</sub>, and α<sub>1</sub>-adrenoceptors. Preclinical research

suggests that sertindole has a preferential effect on the activity of limbic and cortical dopaminergic neurons, and clinical trials have confirmed that sertindole is efficacious at a low D2 receptor occupancy, comparable to that produced by clozapine, which may confer a lower risk of EPS.

**Methods:** PubMed was searched for all randomised controlled trials of sertindole where EPS ratings were performed and published in English language in peer-reviewed medical journals. All of these published studies were reviewed regarding the occurrence of EPS in patients.

**Results:** Five clinical trials of sertindole fulfilled these criteria. Comparators were placebo, haloperidol and risperidone. Rating scales used were: Simpson –Angus Scale (SAS), Barnes Akathisia Scale (BAS), and Abnormal Involuntary Movement Scale (AIMS). Furthermore, the need for anti EPS medication, and the incidence of EPS-related events (presented as percentage of patients), if registered, was recorded. If significant differences were reported, NNT (number needed to treat) values were calculated and presented with point estimates and 95% CI. In three studies significant differences between sertindole and haloperidol were observed. In the two remaining studies, no significant differences were noted between sertindole vs placebo and risperidone, respectively.

**Conclusions:** In summary sertindole has been shown to have an exceptionally low propensity for EPS, and abnormal movement side effects.

## P014

Persistence of negative symptoms in psychotic patients: Results from the CLAMORS study

J. Bobes<sup>1</sup>, C. Arango<sup>2</sup>, P. Aranda<sup>3</sup>, R. Carmena<sup>4</sup>, M. Garcia-Garcia<sup>5</sup>, J. Rejas<sup>6</sup>. <sup>1</sup> *Department of Medicine, Psychiatry Area, University of Oviedo, Oviedo, Spain* <sup>2</sup> *Department of Psychiatry, Hospital General Universitario Gregorio Marañón, Madrid, Spain* <sup>3</sup> *Hypertension Unit, Carlos Haya Hospital, Málaga, Spain* <sup>4</sup> *Department of Endocrinology, Valencia University Clinic Hospital, Valencia, Spain* <sup>5</sup> *Project Management Department, Biométrica CRO, Barcelona, Spain* <sup>6</sup> *Health Outcomes Research, Medical Unit, Pfizer España, Madrid, Spain*

**Background and aims:** This study assessed the persistence of negative symptoms in patients treated with antipsychotics.

**Methods:** A retrospective, cross-sectional, multicenter study was carried out by 117 Spanish Psychiatrists (The CLAMORS Collaborative Group). Consecutive outpatients meeting DSM-IV criteria for Schizophrenia, Schizophreniform or Schizoaffective Disorder, under antipsychotic treatment for at least 12 weeks, were recruited. Negative symptoms were assessed using the PANSS scale (1-blunted affect; 2-emotional withdrawal; 3-poor rapport; 4-social withdrawal; 5-abstract thinking; 6-verbal fluency; 7-stereotyped thinking). Persistence of a negative symptom was defined by severity score > 3. Persistence of primary negative symptoms was defined when: not present extrapyramidal symptom (EPS); not present items 2 (anxiety) or 6 (depression) of General Psychopathology PANSS scale (<=3); dose of haloperidol non higher than 15 mg/d; and not present antiparkinsonian treatment.

**Results:** 1452 evaluable patients (863 men, 60.9%), 40.7+12.2 years (mean+SD) were included. Negative symptoms (one or more) were presented in 60.3% of patients. The most frequent negative symptoms were social withdrawal (45.8%), emotional withdrawal (39.1%), poor rapport (35.8%) and blunted affect (33.1%). Primary negative symptoms (one or more) were present in 33.1% of patients.