hypertension, and 18% other cardiovascular disease. Similarly, 29% of patients with bipolar disorder reported obesity, 14% diabetes, 21% hypertension, and 8% other cardiovascular disease. A BMI >30 kg/m2 was reported in 71% of subjects with schizophrenia and 51% of subjects with bipolar disorder. Health care providers discussed potential long-term consequences of weight gain with 61% of subjects with schizophrenia and 42% of subjects with bipolar disorder, and they discussed the impact of psychotropic medication on comorbidities with 60% of subjects with schizophrenia and 40% of subjects with bipolar disorder. However, only 20% of subjects with schizophrenia and 24% of subjects with bipolar disorder reported receiving a physical examination, 35% and 42% respectively reported being weighed, and 28% and 36% respectively reported having a blood test. These results suggest that subjects in this sample are suboptimally informed about issues surrounding comorbidity and its long-term consequences despite high rates of medical comorbidity.

P408

Musical hallucinations induced by tramadol

M. Tajes Alonso [1], R. Ramos Rios [2], J.D. Lopez Moriñigo [2], I. Espiño Diaz [2], M. Perez Garcia [1], P. Varela Casal [2], S. Martinez Formoso [2], M. Arrojo Romero [2], M. Páramo Fernández [1]. [1] *Department of Psychiatry, Hospital Provincial (CHUS), Santiago de Compostela, Spain* [2] *Department of Psychiatry, Hospital Gil Casares (CHUS), Santiago de Compostela, Spain*

Background and aims: Auditory and musical hallucinations have been reported in patients as an adverse effect of the use of opioids. Hearing loss, old age, and female gender are considered risk factors in the development of musical hallucinations. The aim of this report is to describe a case of a patient with auditory and musical hallucinations and to discuss the role of an opioid –tramadol- in the origin of those.

Methods: An 80 years old woman experiencing auditory hallucinations was referred to our hospital from an emergency room. The patient had bilateral mild hearing loss and was receiving tramadol 112.5 mg/daily during the last year for cervical pain. In the last ten months, she had been gradually noticing the voice of her dead husband coming from under her pillow, as well as intermittently hearing popular songs being played inside her head. The patient had good insight on both types of abnormal perceptions, which were reported as increasingly unpleasant through time.

Results: Tramadol was discontinued and pimocide (range 1-4 mg/day) and loracepam (2.5 mg/day) were introduced, achieving the improvement of the hallucinations and the anxiety associated with them.

Conclusions: The outcome of this case supports the hypotheses that Opioids could induce musical hallucinations. Hearing impairment, old age, and gender could be underlying risk factors on the development of musical hallucinations.

P409

Quality of life in patients with schizophrenia: why do physician and patient perspectives differ?

P.M. Wehmeier [1], M. Kluge [2], A. Schacht [1], K. Helsberg [1], W. Schreiber [3]. [1] *Lilly Deutschland GmbH, Medical Department, Bad Homburg, Germany* [2] *Max Planck Institute of Psychiatry, Munich, Germany* [3] *Psychiatric Hospital, Bezirksklinikum Mainkofen, Deggendorf, Germany*

Background and aims: Perception of Quality of Life (QoL) in patients on antipsychotic treatment may differ depending on the perspective. This prospective, naturalistic study looked at differences between the "objective" physician perspective using the Quality of Life Scale (QLS) and the "subjective" patient perspective using the Subjective Well-being on Neuroleptics Scale (SWN).

Methods: Data were collected in a prospective, 12-month, prospective naturalistic study in 1462 outpatients on antipsychotic treatment for schizophrenia. Patients were grouped into 4 cohorts depending on the degree of concordance between SWN and QLS ratings. The impact of factors on the concordance was expressed as adjusted odds ratio (OR; QLS=SWN used as reference group).

Results: Linear correlation was found between QLS and SWN ratings: 10 points on the SWN corresponded to 9.35 points on the QLS. Several factors affecting the concordance of both ratings were identified: Compared to the cohort with QLS=SWN, higher QOL ratings by the physician (QLS>>SWN) were more likely in females than in males (OR=1.36) and in older than in younger patients (?30 vs. >50 yrs: OR=0.58), but less likely in patients with high baseline CGI-severity (CGI>4; OR=0.63) or treatment with oral typicals before baseline (OR=0.53). Higher QOL ratings by the patient (SWN>>QLS) were less likely in patients with psychotherapy before baseline (OR=0.54), medication intolerability before baseline (OR=0.53) or patient request of treatment change at baseline (OR=0.64).

Conclusions: The combination of several factors predicted concordant QoL ratings, including male sex, young age, high CGI at baseline, and prior treatment with oral typical antipsychotics.

Poster Session 2: PSYCHOGERIATRICS

P410

Pregabalin for the treatment of generalized anxiety disorder (GAD) in elderly patients: efficacy as a function of baseline symptom severity

L. Agüera-Ortiz [1], F. Baldinetti [2], T. Leon [2], F. Mandel [2], L. Pauer [3], K. Chatamra [4]. [1] *Hospital 12 de Octubre, Universidad Complutense, Madrid, Spain* [2] *Pfizer Global Pharmaceuticals, Pfizer Inc., New York, NY, USA* [3] *Pfizer Global Research & Development, Ann Arbor, MI, USA* [4] *Pfizer Global Research & Development, Sandwich, United Kingdom*

Objective: This secondary analysis of a multicenter, randomized, flexible-dosage, placebo-controlled, double-blind, parallel-group trial evaluated the efficacy of pregabalin, based on baseline anxiety symptom severity, as treatment of GAD in patients ≥65 years.

Methods: Patients underwent an 8-week double-blind, flexible-dosage (150-600 mg/d) treatment phase, including a 1-week dose-escalation period (50 mg/d to 150 mg/d). The study's primary efficacy measure was mean change from baseline to endpoint-LOCF in HAM-A total score. To determine whether baseline symptom severity influenced pregabalin's efficacy, we evaluated patient subgroups with baseline HAM-A total scores of ≥20 (pregabalin n=171, placebo n=95), ≥22 (pregabalin n=146, placebo n=85), ≥24 (pregabalin n=120, placebo n=72), ≥26 (pregabalin n=93, placebo n=48), and ≥28 (pregabalin n=65, placebo n=28).

Results: Patients' mean age was 72 years, and mean duration of their GAD was 17 years. 77% were women. 177 patients received pregabalin; 96 received placebo. Pregabalin was significantly superior to placebo on the primary outcome measure: mean change from baseline in HAM-A total score was −12.84 for pregabalin and −10.7 for placebo (P=.044). Treatment differences between pregabalin and placebo for each symptom-severity stratum were: ≥20, −2.18 (P=.044);

https://doi.org/10.1016/j.eurpsy.2007.01.1146 Published online by Cambridge University Press