

Results: Initial use of clozapine (propensity score adjusted relative risk 0.17, 95% confidence interval 0.10 to 0.29), perphenazine depot (0.24, 0.13 to 0.47), and olanzapine (0.35, 0.18 to 0.71) were associated with the lowest rates of discontinuation for any reason when compared with oral haloperidol. Current use of perphenazine depot (0.32, 0.22 to 0.49), olanzapine (0.54, 0.41 to 0.71), and clozapine (0.64, 0.48 to 0.85) were associated with the lowest risk of rehospitalisation. Mortality was markedly raised in patients not taking antipsychotics (12.3, 6.0 to 24.1) and the risk of suicide was high (37.4, 5.1 to 276).

Conclusions: The effectiveness of first and second generation antipsychotics varies greatly in the community. Patients treated with perphenazine depot, clozapine, or olanzapine have a substantially lower risk of rehospitalisation or discontinuation of their initial treatment than do patients treated with haloperidol. Excess mortality is seen mostly in patients not using antipsychotic drugs.

S35. Symposium: INSIGHTS IN LATE-LIFE FUNCTIONAL PSYCHOSIS (In Spanish)

S35.01

Treatment strategies for psychotic geriatric depression

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Psychotic depression is subject to many controversies. Geriatric psychotic depression has even more, and will be addressed in the presentation. The first controversy relates to whether depression with psychotic features is more frequent in elderly patients. Another controversial issue is the possibility that psychotic depression might be a different entity from the non-psychotic counterpart. The role of an organic component will be discussed as well as the possible presence of cognitive impairment. Differential diagnosis can be difficult in elderly patients that may deny symptoms, have medical conditions or dementia.

Treatment options for psychotic depression include the use of antidepressants, antipsychotics and electroconvulsive therapy among others. The preference of those treatments or its combinations is also controversial and will be discussed and put into context. In addition, current and novel treatment options for treatment resistant or partially responsive psychotic depression will be reviewed. These strategies include optimization, substitution, combination, or augmentation of antidepressants and other agents and different non-pharmacological techniques, all of which will be explained and related to the specificities of the geriatric patient

S35.02

Care needs of functional psychotic patients in late life. the situation of elderly patients at psychiatric hospitals versus nursing homes

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The reforming process of Psychiatric care carried out in Spain over the last decades brought about the relocation of many psychotic patients in different nursing homes whilst some of them stay at

Psychiatric Hospitals. Those people's real needs, formerly widely debated among psychiatric professionals, are scarcely known.

This paper assesses the situation of elderly psychotic patients received at a Psychiatric Hospital; its data are compared with those arising from other papers by our group which have been carried out in different nursing homes located in Galicia, Spain.

Nineteen patients over 60 years are residing at the Rebullón Psychiatric Hospital. A comprehensive evaluation of their health, functional capacity and social situation has been carried out. The Camberwell Assessment of Needs of the Elderly (CANE) has been used to systematize the met and unmet needs. The CANE distinguishes between 24 areas of needs and they are assessed by the patient and a carer.

Preliminary results: a) their basic material and health needs are met; b) the most important unmet needs are those related to recreational and leisure activities, as well as the existence of intimate personal relationships.

Moreover, the evaluation of psychotic patients living at nursing homes has showed they lack accurate psychiatric assessment and treatment; many centres are not the adequate ones to fulfil their needs.

In conclusion, these patients suffer the double stigma the WHO is alerting about: because of their mental disease and because of their advanced age.

S35.03

The paraspectrum study: searching for a valid paranoid psychotic phenotype

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Paranoid Schizophrenia (PS), yet included within the same nosological category than Non-Paranoid Schizophrenia (NPS), may in fact constitute a different disorder. In this study, the above both schizophrenia subtypes are compared with Delusional Disorder (DD). We hypothesized that, phenomenologically PS could either be a half-way category between DD and NPS or part of a phenomenological continuum of psychotic and cognitive symptoms between these three psychotic categories.

102 patients fulfilling DSM-IV-TR criteria of schizophrenia (with 56 PS and 46 with NPS) and 80 DD patients were included in this study (n=182). We compared outcome groups (DD vs. PS vs. NPS) on clinical dimensions, global functioning and sociodemographics. Clinical dimensions were extracted from the PANSS and neuropsychological scales using Principal-Component-Analysis and, subsequently, cluster analysis to assign subjects to empirically emerging clinical groups. The associations between such groups and DSM-IV-TR groups were explored using polynomial regression.

We found lineal associations demonstrating empirically that, from the psychopathological, neuropsychological and functioning perspectives, it is reasonable to consider PS as an intermediate and independent category right in between DD and NPS. Thus, the distribution of subjects assigned to three empirically emerging clinical groups (Paranoid-Affective, Paranoid-Hostile and Negative) associated, significantly and preferentially, with DSM-IV categories along the following fashion: The proportion of paranoid-hostile and, particularly, paranoid-affective subjects decreased progressively