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Prevalence of the metabolic syndrome (MS) in psychotic patients using two proposed NCEP-ATP-III definitions: Results from the clamors study

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Background and aims: This study assessed the prevalence of MS in patients treated with antipsychotics using two proposed NCEP-ATP-III definitions.

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. MS was defined as fulfilment of at least 3 of the following components: waist circumference >102(men) / >88(women)cm (NCEP-ATP-III definition), or BMI>=28.8 kg/m², (revised NCEP-ATP-III definition); tryglicerides>=150mg/dL; HDL-cholesterol <40mg/dL(men) / <50mg/dL(women); blood pressure >=130/85; fasting glucose >=110mg/dL. Kappa coefficients and bivariate logistic regression models were applied.

Results: 1452 evaluable patients (863 men, 60.9%), 40.7±12.2 years (mean±SD) were included. MS was presented in 24.6% [23.6%(men), 27.2%(women); p=0.130] (NCEP-ATP-III definition), and in 25.5% [25.6%(men), 25.6%(women); p=0.9924] (revised NCEP-ATP-III definition). Kappa coefficient between both definitions was 0.81 [0.81(men), 0.84(women)]. Obesity component was present in 42.4% of patients [34.3%(men), 54.5%(women); p<0.001] when defined by waist circumference (NCEP-ATP-III definition), and in 38.2% [36.7%(men), 39.4%(women); p=0.3156] when defined by BMI (revised NCEP-ATP III definition). Obesity component was less associated to presence of MS when it was defined by waist circumference (OR=9.99, 95%CI:7.37-13.55), than when it was defined by BMI (OR=11.19, 95%CI:8.42-14.87).

Conclusions: Obesity plays a central role in the NCEP-ATP-III definition of MS. Prevalence of the abdominal obesity component may be assessed by either the measurement of the waist circumference or by calculation of the body mass index without losing reliability.

On behalf of the CLAMORS Collaborative Group.

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An alternative approach to measuring treatment persistence with antipsychotic agents among patients with schizophrenia

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Background and aims: The conventional approach in measuring treatment persistence tended to use only the first prescription episode even though some patients received multiple prescriptions of the

same medication. In this study, we assessed the extent to which patients received multiple prescriptions and levels of treatment persistence associated with each prescription episode.

Methods: Using 2000-2004 data from the Veterans Health Administration in the United States, we identified patients with schizophrenia using ICD-9-CM codes and defined initiation of the target agent as 6-month "clean" period of no target drugs prior to initiation and reserved one year following the initiation to calculate treatment persistence, or time to discontinuation, as defined by a gap of >15 or > 30 days.

Results: The study found that about 25% of the patients had two or more treatment episodes, and that the levels of treatment persistence exhibited variation for patients with one, two, or three prescriptions. Generally speaking, among patients with one prescription, initiators of typical agents tended to fare worst in the level of treatment persistence. This finding suggests that conventional approach in calculating treatment persistence tends to underestimate the gap between typical and atypical agents.

Conclusion: Considering that patients with different number of treatment episodes might differ in disease profiles, this treatment episode-specific approach offered a fair comparison of the levels of treatment persistence across patients with different number of treatment episodes.

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Assessment of akathisia in acute schizophrenia and schizoaffective disorder patients: A pooled analysis of 5 placebo-controlled, double-blind studies with aripiprazole

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Background and aims: Akathisia remains a challenge in routine psychiatric practice, despite the widespread use of second generation antipsychotics (SGAs). This analysis was performed to quantify and qualify clinical characteristics of akathisia in schizophrenia or schizoaffective disorder patients experiencing an acute relapse who were randomized to receive aripiprazole, or placebo in 5 pooled short term trials.

Methods: A post hoc analysis of the safety dataset was conducted to assess clinical aspects of akathisia in five 4- or 6-week, double-blind, randomized trials comparing aripiprazole (2, 5, 10, 15, 20, 30 mg/day) to placebo.

Results: A total of 1,635 patients was included in this analysis (aripiprazole: n=1170; placebo: n=465). Akathisia was reported by 9% of the aripiprazole-treated patients and 6% of those receiving placebo. Among those reporting akathisia, more patients receiving aripiprazole (83%, n=86) reported this AE within the first 2 weeks of the trials when compared to placebo (69%, n=20). The mean and median duration of akathisia was generally low in both groups (Mean: aripiprazole=12.5 days and placebo=4.2 days; Median, aripiprazole=5.0 days and placebo=1.5 days). The percentage of patients reporting akathisia at endpoint (BARS Item 4≥2) was similar between aripiprazole- (16%) and placebo-treated patients (14%).

Conclusions: In the aripiprazole and placebo groups, akathisia appeared to occur early in treatment, was time-limited, and was associated with high rates of concomitant benzodiazepine usage.

Additionally, most cases of akathisia were reported as mild to moderate and rarely associated with treatment discontinuation.

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Profile of the schizophrenic patient treated with aripiprazole in Spain. REA study

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Introduction: One factor greatly influencing the prognosis and progression of the Schizophrenia is compliance and it is essential to find new drugs which carry minimal side effects.

Objectives: To identify the profile of patients who are treated with aAripiprazole and to assess the effectiveness, tolerability and treatment adherence.

Patients and Methods: This was a multicentre, observational, retrospective study with participation of 200 psychiatrists. Data from the medical records of patients treated with aAripiprazole with at least two months were collected between October and December 2005.

Results: A total of 997 patients were included. 95% of patients had been treated with another drug prior to receiving aAripiprazole. The pattern for switching from the previous treatment was substitution in 75% of cases and addition in 25%. Reasons for switching were: 56,6% lack of efficacy and 35,6% adverse reactions. The investigator's assessment of aAripiprazole's effectiveness and tolerability showed these was very good or good in 76% and 90% of cases respectively. Around 87.6% showed good treatment compliance. Efficacy of treatment was correlated with duration of the disease: the proportion of patients with good efficacy is greater in patients who had suffered the disease for less than ten years (78.7 vs. 73.8%) ($p=0.01$).

Conclusions: aAripiprazole was considered to have a good effectiveness and tolerability in most patients. Effectiveness was greater in the acute phase of the disease, in patients with shorter duration of the disease and in those only taking full dose aAripiprazole

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Retrospective, observational, post-authorization study to obtain a second profile of schizophrenic patients treated with aripiprazole in Spain. Study REA II

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Introduction: The conditions for the use of study medications are different in a clinical trial than when the same drugs are marketed and administered to larger population groups. This study was proposed after the recent change in the range of doses marketing of Aripiprazole in our country and following a change in the range of doses used.

Objectives: To identify the type of patients treated with aAripiprazole during 4 months (May 06) after the change in the SmPC (10-30 mg dose) and to establish the doses used. To identify the proportion of patients switching to aAripiprazole from previous antipsychotic treatments due to reduced efficacy or low tolerance to the previous drugs.

Patients and Methods: This is a retrospective, observational, multicenter study. Data will be collected from the medical records of 1000 patients treated with aAripiprazole during the four months prior to the study initiation, with a minimum of 1 month treatment. The information will be gathered by 200 psychiatrists each one providing 5 cases. Data collection was initiated in October 2006 and is expected to last two months. The sample size based on the primary objective obtained will enable a 95% confidence interval with a maximum acceptable error of 3% to estimate the proportion based on the primary objective.

Conclusions: The collection of data will enable us to know how psychiatrists prescribe aAripiprazole, considering the type of patient, dosage regime, switching strategy of antipsychotic treatment (by identifying the ratios of treatment switches) under standard conditions of use.

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Clinical and treatment features of patients with schizophrenia in Spain: ACE 2004 study

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Methods: Six hundred psychiatrists from private and public Spanish clinics registered the first four patients with schizophrenia seen at their offices during 2004. Sociodemographic characteristics, diagnostic criteria, clinical features, and therapy patterns, including adherence to treatment, were recorded.

Results: A total of 2,154 patients were included in the study (86% ≤ 50 years old; 69% males; 79% unmarried), half of them had elementary school studies only while a 28% had a university degree. Male to female significant differences were observed regarding patterns of cigarette, alcohol, and illegal substance consumption. A 69% of patients had paranoid schizophrenia, 13% presented with residual schizophrenia, and the remaining 18% had other types. The paranoid and hebephrenic types were the predominant types seen in patients ≤ 50 years old, while residual schizophrenia was most frequently seen in patients > 50 . When admitted into the study, 10% of patients were in an acute phase, 19% showed active symptoms, and the remaining 71% showed a stable disorder. Antipsychotic medications more frequently prescribed before enrolment were risperidone (29%), olanzapine (19%), and clozapine, quietapine, amisulpiride and haloperidol (7% each). The most common non-pharmacologic therapy prescribed to patients before entering the study was occupational therapy.

Conclusions: Patients included in this observational study were predominantly males < 50 year old who presented with paranoid schizophrenia. Almost all patients had received antipsychotic medication before entering the study, mainly risperidone and olanzapine.

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Correlation between cognitive functions and the PANSS cognitive factor in schizophrenic patients

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