Aim. Investigating the relationship among acute phase proteins and personality disorders in schizophrenic patients in a sample of adult schizophrenic patients under psychiatric treatment in a general hospital health setting.

Material and Methods. 37 adult paranoid schizophrenics undergoing treatment in the University Hospital of the Canary Islands with DSM-IV diagnosis of paranoid schizophrenia are included. Years from onset 9.20 s.d. 6.29, age at onset 19.75 s.d. 4.73. The record of personality disorders as a secondary diagnosis in the medical chart was taking into account. A blood sample as routine standard analysis was carried out in each patient.

Results. In 21 patients (56.7%) a personality disorder, mainly with paranoid and schizotypal traits, was registered. The percentage of each personality disorder is as follows, Schizotypal (16.2%), Paranoid (13.5%), Schizoid (2.7%), Paranoid and Schizotypal (24.3%). The results point to no significant correlation according to APP (C3, C4, alpha2-macroglobulin, alpha1-glicoprotein, ceruloplasmin) in the different diagnostic groups.

Discussion and conclusions. In our study there is no evidence to support a significant correlation among APP and the different personality disorders in our sample of schizophrenics in spite of a positive correlation of APP and some psychopathology dimensions that has been communicated earlier elsewhere. In order to set some possible specificity of acute phase proteins and other clinical features in schizophrenia further research is required.

P050

Study of the COMT gene in Spanish patients with schizophrenia

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Background and aims: The enzyme catechol-O-methyl transferase (COMT) is significantly involved in dopamine's catabolism, especially in the prefrontal cortex. The association between several schizophrenic phenotype traits and the presence of prefrontal hypodopaminergia is well known. The purpose of this study was to determine if variations in the gene that encodes this enzyme constitute a risk factor for the development of schizophrenia in our Spanish patient sample.

Methods: the study included a total of 199 Spanish male DSM-IV-TR schizophrenic patients and a sample of 186 male healthy controls. Genotyping was performed using Single Strand Conformation Polymorphism (SSCP) of amplified fragments by DNA polymerase chain reaction (PCR). Statistical analysis was done using SPSS (V. 11.0), PHASE (V. 2.0) software and Genetic Data Analysis (GDA).

Results: our results indicate that the homozygous genotypes for Val108/158Met polymorphism are more prevalent in schizophrenic patients than in control population (62% vs. 50%; p: 0.04); regarding the C610G polymorphism, no differences were observed in this sample.

Conclusions: our findings warrant the study of COMT gene in independent samples in order to establish the possible correlation of variants of this gene and the development of schizophrenia in Spanish male population.

P051

The high prevalence of undiagnosed metabolic complications in people with severe mental illness

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Background: The prevalence of metabolic syndrome is increased 2-3 fold in people with severe mental illness (SMI) yet monitoring of physical health in the individuals is poor, despite clear guidance from NICE.

Aim: To assess whether monitoring of metabolic complication of people with SMI had occurred within the last year. To assess the prevalence of undiagnosed metabolic syndrome in SMI

Methods: 100 patients with SMI involving both community and in-patient settings were audited. The prevalence of metabolic syndrome was assessed in 50 previously unmonitored patients.

Results: In the audit, the 100 psychiatric notes had details of the following assessments: blood pressure (n=32), glucose (n=16), lipids (n=9) and weight (n=2). Twenty-six of 50 (52%) patients were subsequently found to fulfil the IDF definition for metabolic syndrome. Three had previously undiagnosed diabetes based on fasting glucose concentration. Metabolic syndrome was associated with increasing age (p=0.03) but not clinical setting, diagnosis, antipsychotic medication, gender, smoking status, alcohol or illicit drug use. 22% of patients had a family history of diabetes.

Conclusion: There is a high prevalence of undiagnosed metabolic syndrome in people with SMI. Improved screening of metabolic complications should lead to better identification and treatment of this clinical problem.

P052

New functional single nucleotide polymorphism (Ala72Ser) in the comt gene is associated with aggressive behavior in male schizophrenia

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Background: A new functional Single Nucleotide Polymorphism (Ala72Ser) in the COMT Gene was discovered recently. The purpose of our study is to examine the association between Ala72Ser and Val158Met functional polymorphisms in COMT gene and homicidal behavior in schizophrenia.

Methods: DNA was genotyped for the Ala72Ser and Val158Met SNPs of the COMT gene in a sample of 90 schizophrenic patients who committed homicide (H-SCZ) and 83 schizophrenic patients who had never committed homicide (NH-SCZ).

Results: A statistically significant difference was found in genotype distribution and allele frequencies in SNP Ala72Ser of COMT gene between H-SCZ and NH-SCZ group.. In haplotype analysis, the frequency of the combination of high-high activity allele (Ala-Val) was fewer in H-SCZ group than in NH-SCZ group (p=0.000657).

Conclusions: Our study showed a highly significant association between a COMT haplotype of two functional SNP and aggressive behavior in schizophrenia.

P053

Time to clinical stabilization and discharge from hospital treatment of patients with schizophrenia after conversion to long-acting risperidone (RIS-CONSTA), ris-siv-401

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Background: Evaluation of initial treatment course in schizophrenic patients after transition to RIS-CONSTA under clinical routine conditions seems important for understanding of long-term disease stability.

Methods: Pretreated moderate-to-severely ill schizophrenic inpatients were switched to RIS-CONSTA (i.m. two-weekly). Assessments included reasons for transition, co-medication, PANSS, NOSIE, AE, EPMS. Study completion criteria were clinical stability with RIS-CONSTA and/or discharge within/maximum 12 weeks. Criteria for stable adjustment were (1)RIS-CONSTA was the only high-potency/atypical antipsychotic, (2)stable/improved CGI, (3)stable RIS-CONSTA dosage since previous visit.

Results: Prospective naturalistic study with 290 patients (Mean age 40.3y; 56.2% male). Causes for transition were insufficient efficacy (46.9%), tolerability (13.8%), compliance (70.4%), initiation of long-term treatment (70.3%). At discharge n=123 (43.8%) patients were judged as clinically stable (S), n=167 (56.2%) as not stable (NS). Median hospitalization duration (S-group) was 42, for NS-group 28 days. PANSS and NOSIE revealed clinical and psychosocial amelioration in favor of S-group. Most common AEs were EPMS (both groups), although total EMPS-score improved in 63% during the study. Variables that correlated with given definition for stability were not identified.

Discussion: A shorter stay in hospital for clinically NS-patients with schizophrenia may be due to several factors [e.g. higher need of patients for discharge (prior to remission) leading to "revolving door effect", low potential for long-term remission, lack of therapeutic adherence, pressure of external health care providers]. These results raise the question, whether extended hospitalization of NS-patients may foster clinical stability. This study suggests effectiveness and improved tolerability (EPMS) of RIS-CONSTA in moderate-to-severely ill patients with schizophrenia.

P054

Plasma glutathion peroxidase in chronic schizophrenics

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Introduction: Reduced Glutathion Peroxidase (GSH) is a common biologic marker of antioxidant status frequently used in schizophrenic research. Data regarding GSH levels in schizophrenic patients are controversial. Our objective is to study whether or not GSH levels have seasonal or circadian fluctuations in schizophrenic outpatients.

Methods: 23 clinically stable treated chronic schizophrenic outpatients were studied in summer and winter. The same day in July and January, blood samples were extracted between 8:30 and 9:00 after one night fasting. The same routine was followed during the two experimental sessions.

Results: GSH plasma levels were not significant different between summer and winter. There was no significant difference between nocturnal and diurnal GSH levels in neither winter nor summer.

Conclusions: Plasma GSH does not present seasonal levels either a circadian rhythm.

P055

Psychopathology and global functioning in schizophrenic patients on depot antypsychotics and long-acting injectable risperidone: A six month comparative study

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Introduction: The introduction of the first atypical antipsychotic with a long acting formulation has open new therapeutic options for the treatment of schizophrenic patients. Our objective consists of comparing psychopathology levels and global functioning in patients with paranoid schizophrenia treated in monotherapy either with long-acting injectable risperidone (LAIR) or conventional depot antipsychotics (DA).

Methods: Patients attending at the community mental health center during the six-month recruitment period were eligible to enter the study. Scores achieved in positive and negative subscales of PANNS and EEAG scale of (Global Activity Evaluating Scale) were evaluated at baseline and 6 months later. Six patients treated with RLAI and six patients treated with DA were recruited. Data were analyzed both with the real sample (N=6 per group) and extrapoling the same results to a bigger sample size (N=24 per group).

Results: Mean increase in scores for both PANNS positive and negative subscales were lower in patients treated with RLAI that in those treated with DA (positive subscale: 0.018±0.06 vs. 0.048± 0.03, RLAI and DA, respectively, p=0.387; negative subscale: 0.232± 0.076 vs. 0.3095±0.123, RLAI and DA, respectively, p=0.579). EEAG scores were higher for patients treated with RLAI than those treated with DA (1.250±0.56 vs. 0.333±0.225, p=0.144). When these results are extrapolated to a sample of 24 patients per group, differences in EEAG reach statistical significance (p=0.034).

Conclusions: After 6 months of treatment, patients treated with RLAI tend to show a greater improvement in their global activity than those treated with DA.

P056

Reduced polypharmacy in patients enrolled in the electronic schizophrenia adherence registry (E-STAR) and treated with risperidone long-acting injection (RLAI) for 6 months

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Objectives: To evaluate changes in the use of non-antipsychotic concomitant medication related to schizophrenia in patients enrolled in e-STAR in Belgium (B), Spain (S) and Australia (A) who were initiated on RLAI.

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