

Results: The number of relapses was correlated with:

- The social abilities of the patients
- The ability to cope up with their disease
- Their age
- The duration of their previous hospitalizations
- The compliance with the suggested therapy
- The presence of positive psychiatric anamnesis in the patient's family
- The employment status

The duration of the relapses was correlated with:

- The social achievements of the patient
- Their employment status
- Their leisure time activities
- The frequency of their follow-ups
- The presence of positive psychiatric family background

Conclusion: The Ambulatory Mobile Unit plays an essential role in the number and duration of the relapses.

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Functional adjustment of patients with first episode of schizophrenia – one year follow up

L. Vavrusova. *Department of Psychiatry, University Hospital Ruzinov, Bratislava, Slovak Republic*

The likelihood of a good symptomatic and functional outcome has varied over time and across place. The most likely explanation is that genetic and environmental factors that influence prognosis vary in a given population at a given time and thus affect disease outcome in that population. Some evidence suggests that outcome may have improved with the introduction of antipsychotics. In some studies better outcome is consistently found in developing compared to developed countries. It has been documented by the WHO International Pilot Study on Schizophrenia. Social-, cultural-, or biologically based differences between countries or even regions may significantly affect the severity of schizophrenia and in a certain way also the level of social functioning of schizophrenic patients.

There are several variables of the outcome of psychosis severity of clinical features, environmental factors (substance use disorders, pre and postnatal factors, etc.), genetic factors, death and disability.

Social functioning (social adaptation) can be measured by various tools - Global Assessment of Functioning Scale or by the level of employment, or the level of employment adequate to education of the patient.

We present a study on first episode patients (N=99) treated either with first or second generation antipsychotics during the period of 12 months after they were discharged from the hospital. All the patients were assessed regularly (0, 3, 6, 9, 12 month) with PANSS, CGI, GAF and the lever of their employment was also taken into account.

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Analisis of the adherence of schizophrenic patients to therapeutic programmes

J.C. Villalobos Vega. *Unidad de Salud Mental-La Palma del Condado, Huelva, Spain*

Background and aims: Non-compliance increases risk of relapse, hospitalizations, and suicide attempts, which worsens patient's outcome. Adherence must be understood not only in terms of medication compliance but also adherence to Mental Health Therapeutic

Programmes. The aim of this project is to evaluate adherence of patients with Schizophrenia to programmed appointments with psychiatrist and the influence of several factors.

Methods: Descriptive 5-year study based on attendance to consultation programmed by a physician within a rural Community Mental Health center, Sub-analysis of compliance rate will be performed based on: gender, age, Schizophrenia subtype, disease evolution, time of evolution, either oral or long-acting neuroleptic medication, family characteristics, participation in Home Visit Programme (HVP). Within records obtained from Andalucia Mental Health Information System (S.I.S.M.A.), number of programmed consultations during last 5 years, non-attended consultations, evidence of medication abandon and previously mentioned factors, will be assessed.

Results: Characteristics of abandoning group.

- % non-attended visits is higher (18% vs. 11,5% of non-abandoning group).
- % patients under only oral treatment is higher (58% vs. 35,5% of non-abandoning group) and % under parenteral treatment is lower (42% vs. 64,5%).
- % Home Visits is lower (10,5% vs. 24% of non-abandoning group).
- Schizoaffective patients are more likely to abandon (44%) followed by residual schizophrenic patients (35%).

Conclusions: Actions to avoid patient's abandons include:

- Close follow-up of patients who start missing programmed appointments especially of schizoaffective and residual schizophrenic
- Parenteral treatment prescription.
- Enrolment to HVP.

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Hyperprolactinaemia in patients with schizophrenia treated with risperidone or olanzapine, correlations with age of patients and length of treatment

A. Wyszogrodzka-Kucharska¹, J. Rabe-Jablonska². ¹*F.N.U., Jesmond, United Kingdom* ²*Department of Psychiatry, Medical University, Lodz, Poland*

Introduction: The diagnosis of hyperprolactinaemia is made when raised serum prolactin levels are found on two separate occasions. Antipsychotics affect the hypothalamic dopamine system or pituitary dopamine receptors and can result in an elevated prolactin level. The aim of the study was to evaluate the prevalence of hyperprolactinaemia in patients with schizophrenia treated with either risperidone or olanzapine.

Subjects: Sixty patients with schizophrenia (DSM IV criteria) participated in this study. Their mean age was 31.1 ± 8.6 years. They remained on regimens of risperidone (n=26) or olanzapine (n=34) monotherapy. Mean duration of treatment in risperidone group (RIS) was 24.7 ± 19.2 months, in the olanzapine group (OLA) was 17.0 ± 11.3 months.

Methods: Blood samples for analysis were fasting morning samples to evaluate prolactin (two measurements).

Results: In 92.3% treated with risperidone hyperprolactinaemia was detected and in 76.5% patients treated with olanzapine.

There was no positive correlation between a presence of hyperprolactinemia and age of patients treated with risperidone. Strong negative correlation was detected between hyperprolactinemia and age of patients treated with olanzapine. ($r=-0.47$) ($p<0.01$) hyperprolactinemia was more prevalent in younger patients.