Introduction: Run away Behavior in young girls is a complex social problem in Iranian adolescents. Psychiatric disorders may play an important role in run away behavior in young girls.

Method: Homeless young girls between the ages of 12 and 18 years (n = 100) referred to Zanjan Welfare Organization conducted structured clinical interview for DSM and personality questionnaire (MMPI-2) to assess the Axis I and II disorders.

Results: Most common Psychiatric Disorders were mood disorders (89%), Adjustment disorders (56%), Conduct disorder (36%), substance related disorders (12%), schizophrenia and other psychotic disorders (6%), in Axis I and, Cluster B Personality Disorders (53%) and mental retardation (6%) in Axis II.

Conclusion: Prevalence of mental disorders is high among young homeless girls that runaway from home and service providers should consider this important issue. A focus on familial problems may lead to other important reasons being overlooked. Services and supports need to take into account whether young girls leave home because of family problem or because they suffer mental disorders.

P193

Metabolic and inflammatory parameters changes in schizophrenic patients during three months of treatment with long acting risperidone

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The aim of this study was to explore changes of metabolic variables (Glucose, HbA1c), lipids (cholesterol, HDL-cholesterol, LDL-cholesterol, triglycerides, Lp-a), and inflammatory variables (IL-6, CRP, and TNF-α) during three months of treatment with long-acting risperidone.

The study was carried out as an open study, on 22 patients with schizophrenia (male N=14; female N=8), aged from 22 to 63 years (mean±SD; 35.3±6.7). Diagnosis of schizophrenia was based on ICD 10 criteria, and all patients fulfilled criteria for paranoid type of schizophrenia. Duration of illness was 1 to 10 years (mean±SD; 4±1.4 years). All patients were treated by only with long acting risperidone with doses of 25mg (N=16), 37.5mg (N=5), and 50mg (N=1) every two weeks.

We did not find any statistically significant differences in serum concentrations of metabolic (Glucose; F=0.471, p>0.01; HbA1c, F=0.512; p>0.01) or lipids (cholesterol, F=0.291; p>0.01; HDL-cholesterol, F=0.363; p>0.01; LDL-cholesterol, F=0.396; p>0.01, triglycerides, F=0.333; p>0.01; Lp-a, F=0.160; p>0.01) during three months of treatment of patients with schizophrenia with long acting risperidone. However, the three months of treatment with long acting risperidone caused a statistically significant changes of serum IL-6 concentrations (F=2.279; p<0.01) or CRP concentrations (F=3.279; p<0.01). Serum concentrations of TNF-α did not change during the three months of treatment with long acting risperidone (F=0.569; p>0.01).

In conclusion, the treatment with long acting risperidone is safe and don't influence on glucose or lipids metabolism. Also, the treatment with long acting risperidone decreases serum concentrations of inflammatory cytokines and in that way decreases the neurotoxicity of those inflammatory parameters.

P194

Long-term efficacy of aripiprazole to treat psychosis in schizophrenia: Sub-analysis of two double-blind, haloperidol controlled studies

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Background and aims: To compare the efficacy of aripiprazole and haloperidol for the treatment of acute relapse in chronic schizophrenia.

Methods: Across two 52-week double-blind studies, 1294 patients with acute relapse of chronic schizophrenia were randomized to aripiprazole 30 mg/day (n=861) or haloperidol 10 mg/day (n=433). The mean change in (Positive and Negative Syndrome Scale) PANSS Total score, PANSS Positive score were secondary endpoints in both studies. Post-hoc, a measure of excitement and hostility was derived from PANSS score items by factor analysis. The scales were administered at baseline and at each double-blind study visit (Weeks 1-8, 10, 12, 14, then every 4 weeks to Week 52).

Results: Aripiprazole produced similar improvements to haloperidol in PANSS Total score (last observation carried forward, LOCF). Among those patients who completed the study, aripiprazole showed a significantly greater improvement in PANSS Total score compared with haloperidol at Weeks 26 and 52. A similar improvement in PANSS Positive score was seen with aripiprazole and haloperidol (LOCF and observed cases [OC]). Symptoms of excitement and hostility also improved similarly with both agents throughout the study (LOCF and OC).

Conclusion: Aripiprazole showed similar efficacy to haloperidol over the 52-week study, and significantly greater efficacy among those patients who stayed on treatment. Thus, aripiprazole is a useful agent for long-term maintenance therapy in schizophrenia.

P195

Arsenic trioxide and olanzapine co-administration: Case analysis

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Introduction: Maximization of response with minimization of adverse effects is central to successful oncology chemotherapy. Since psychiatric comorbidity is significant in cancer patients, psychotropic co-administration with chemotherapy requires assessment of drug-drug interactions and cumulative adverse effects. Arsenic trioxide (ATO), indicated for treatment of relapsed acute promyelocytic leukemia (APL), prolongs QTc and has "black-box" warning regarding co-administration with medications with potential QTc prolongation. ATO administration is to be held if QTc > 500 milliseconds. This case describes ATO and olanzapine co-administration.

Methods: Case analysis with literature review.

Results: 43-year-old Caucasian male presented with relapsed APL characterized by non-traumatic bruising, anemia, and thrombocytopenia confirmed by bone marrow biopsy. Psychiatric comorbidity included Obsessive-Compulsive Disorder, Panic Disorder, and Bipolar NOS treated with fluvoxamine and benzodiazepines. Chemotherapy consisted of ATO, 0.15 mg/kg IV infusion over 2 hours. Fluvoxamine and fluconazole were discontinued early in treatment; olanzapine (2.5 mg bid) initiated thereafter effectively controlled obsessive-compulsive/affective features. Serial EKGs were performed; serum K and Mg were monitored daily and supplemented with intention of maintaining K>4.0 and Mg>1.8. EKG findings

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