

Obesity mostly affected patients treated with atypicals in comparison to conventional antipsychotics (20% vs. 15%). The EAS total score was  $46 \pm 20$  with lower sub-scores in following domains: money earning, management of belongings, social and private relationships. Mean CGI-S score was  $4.7 \pm 1.0$  and IAQ total score was  $22 \pm 4$ . 26% of the patients participated in a psychosocial rehabilitation program for 3 to 4 years.

**Conclusions:** While improving social functioning has clearly become key in the treatment of schizophrenia, only 26% of the patients were involved in an adequate rehabilitation program and 25% had a conventional antipsychotic.

## P126

Frequency of sexual dysfunction in patients with schizophrenia

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**Background:** The sexuality of schizophrenics is a neglected dimension. The majority of schizophrenics experience a progressive deterioration in their social and sociosexual functioning. This deterioration often starts before the first psychotic episode and would be one of the negative symptoms of schizophrenia. All type of antipsychotics can lead to sexual dysfunctions. Impaired sexual functioning is believed to negatively impact treatment compliance as well as the quality of life.

**Aims:** The frequency of sexual dysfunctions in patients taking classic antipsychotics is not known. This study attends to ascertain the level of sexual dysfunction in such patients.

**Methods:** The level of sexual dysfunction was assessed in 41 patients taking classic antipsychotic medication and 28 normal controls. All the participants were physically healthy. We examined the following complaints or symptoms loss of libido, anorgasmia, impotence, premature ejaculation, galactorrhea, gynecomastia for males; amenorrhea, dysmenorrhea, dyspareunia, galactorrhea, loss of libido and anorgasmia for females.

**Results:** There were a significantly higher proportion of persons with sexual dysfunctions in the schizophrenic group compared with the normal controls. There were no significant differences in the demographic characteristics (age and gender) between the 2 groups. Male patient had normal levels of libido but were highly likely to report erectile and ejaculatory dysfunctions.

**Conclusion:** Patient taking conventional antipsychotic medication report high levels of sexual dysfunction. The high level of sexual dysfunctions indicated that clinicians should monitor and openly discuss these issues with patients in order to improve overall satisfaction and adherence to treatment.

## P127

Incidence and severity of tardive dyskinesia in patients receiving aripiprazole or haloperidol for the treatment of schizophrenia or schizoaffective disorder

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**Background and aims:** Clinical trials suggest that patients receiving atypical antipsychotics are less likely to develop movement disorders than those receiving conventional antipsychotics. We determined incidence of treatment-emergent TD during long-term treatment of schizophrenia or schizoaffective disorder with aripiprazole or haloperidol.

**Methods:** In a post hoc analysis of pooled data collected from two 52-week double-blind trials involving 1,294 patients treated either with aripiprazole 20-30mg/d (n=861) or haloperidol 5-10mg/d (n=433), treatment-emergent TD was identified based on Research Diagnostic Criteria (RDC) extracted from the Abnormal Involuntary Movement Scale (AIMS) (Schooler-Kane criteria).

**Results:** In patients without baseline TD (n=1,177), the rate of new-onset TD at any time point following randomization was 5.09% for aripiprazole-treated patients and 11.76% for haloperidol-treated patients (p<0.0001). Using a stricter definition of RDC-defined TD on the last two study visits, new-onset TD was seen in 0.25% of aripiprazole-treated patients versus 4.09% of haloperidol-treated patients (p<0.0001), and was mild in 100% of aripiprazole-treated patients, and mild in 68.75% and moderate or severe in 31.25% of haloperidol-treated patients. Mean baseline to endpoint increase in AIMS score was significantly greater in haloperidol- versus aripiprazole-treated patients in both LOCF (n=1177, p=0.0001) and OC (n=427, p<0.0001) analyses.

**Conclusions:** Aripiprazole is associated with a significantly reduced risk of new-onset tardive dyskinesia compared with haloperidol in patients with schizophrenia or schizoaffective disorder treated for up to 52 weeks. Aripiprazole's dopamine D2 partial agonist and/or serotonin 5HT2A antagonist receptor binding profile may contribute to this.

## P128

Prevalence of the metabolic syndrome among schizophrenic patients

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**Introduction:** The schizophrenic patients have a standardized mortality rate greater than expected for the rest of the population. The metabolic syndrome has high prevalence among them, that prevalence of the metabolic syndrome in schizophrenic patients and the sociodemographic, antropometric, clinical, and psychopharmacological variables which are related to it. We aimed to know the coronary risk and its relation with the metabolic syndrome.

**Method:** Cross-sectional study. We include 136 patients, between 18 and 65 years old, admitted throughout the year 2004 in the Hospital Universitario de Gran Canaria Dr. Negrín with a schizophrenic diagnose and more than two years of evolution, validated through the SCID-I. Metabolic syndrome and coronary risk were defined according to the criteria of the NCEP-ATP III.

**Results:** The prevalence of the metabolic syndrome was 36% (95% CI = 29.4 - 45.59). It is outstanding the high prevalence of abdominal obesity (78.7%) in women. We can't find any relation between the metabolic syndrome and the different studied variables. The coronary risk in the next 10 years is moderate in 52.3% and high in 2.9% of the cases. The increase in the risk associates with suffering the metabolic syndrome and taking antipsychotics.

**Conclusion:** The metabolic syndrome is highly prevalent in schizophrenic patients and, therefore, the prevention, diagnosis and

treatment of its components is an essential aim to reduce the cardiovascular risk of these subjects.

## P129

High prevalence PF metabolic syndrome in schizophrenic patients: A review of the literature

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Schizophrenic patients have a standardized mortality rate that more than doubles the expected rate for the rest of the population. A substantial percentage of the morbidity and mortality in these patients is due to cardiovascular disease. The metabolic syndrome is highly prevalent among schizophrenics and produces a 2-4-fold increase in coronary risk. The objective of the present poster was to analyze the few reports published on the prevalence of metabolic syndrome in the schizophrenic patients and the associated sociodemographic, anthropometric, clinical and psychopharmacological variables.

Most reports concur on the high prevalence of the metabolic syndrome in schizophrenic patients and, therefore, the prevention, diagnosis and treatment of its components is essential to reduce cardiovascular risk in these individuals.

## P130

Are European psychiatrists concerned about the physical health of their patients suffering from schizophrenia?

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**Background and aims:** The management of psychotic symptoms is critical to schizophrenia treatment. However, monitoring patients' physical health, in particular how this impacts life expectancy, quality of life and compliance, should be considered because of its significant influence on short and long term health outcomes.

**Methods:** Between June and October 2006, 54,618 European psychiatrists in 12 countries received a survey containing 10 questions addressing physical health. Responders rated areas of concern, physical health monitoring and impact of antipsychotic therapy.

**Results:** Among the first 3,764 psychiatrists, 84% consider physical health very important, with weight as the major concern for 63%. The top concerns in terms of impact of physical health are compliance (41%) followed by increased mortality risk (38%). While 88% say they undertake physical examination, only half do so on a regular basis. The most problematic side effects of antipsychotic treatments are weight gain (56%), metabolic impact (29%), extrapyramidal symptoms (21%) and sedation (7%), but only 1% report insomnia as an issue. When considering treatment related weight gain, 85% provide diet and lifestyle education with 55% monitoring weight, however, 66% of this intervention is unsuccessful.

**Conclusions:** The results show a substantial interest and awareness in the management of physical health in schizophrenia. Psychiatrists are monitoring to a certain extent but management strategies are often unsuccessful. Effective physical health programs in schizophrenia, including close monitoring and weight management, have yet to be optimized across Europe.

## P131

Remission, functioning and treatment adherence in psychotic patients

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**Introduction:** In the last years a greater attention to the clinical results that result in the quality of life of the patients, surpassing the clinical concept of recovery (positive symptoms, to extend it to the long-term symptoms (remission)).

**Objective:** To determine the different levels of remission of negative, positive symptoms or of conceptual disorganization, evaluating the clinical and epidemiological factors related to the attainment of the remission, identifying factors of good prognosis.

**Methods:** 138 patients with acute psychotic episode attended in a psychiatric unit in 2004 were studied. Six months later all patients were cited for a second interview, evaluating 80 patients. Three items were evaluated: remission, compliance and functioning, utilizing remission criteria of Andreasen y cols (2005), the Drug Attitude Inventory (DAI), the Global Activity Evaluation Scale (EEAG) and the Disability Assessment Scale de la OMS (WHO-DAS).

**Results:** The majority of the patients (80%) obtained the psychopathologic remission. The greater remission related to high levels of performance (EEAG) and smaller values of disability (WHO-GIVE) in all the subscales of functionality (familiar, social and labor), with significant differences. The therapeutic adherence was an important factor in the remission (DAI), with high statistical meaning ( $\alpha=0,000$ ).

**Conclusions:** The finds support the use of the criteria of remission and they suggest a clinically significant association among the clinical state, the levels of health and the family, labor, and social functioning. The improvement in the psychopathologic would favor the attitude of the patients toward the medication and the therapeutic fulfillment.

## P132

Affective disorders in the elderly: Descriptive study in acute psychiatric unit for 10 years

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**Introduction:** More than 21% of Galician people exceed 65 years, and 10% has more than 75 years. In the last decade elderly population increased around 3%, being situated in the 21% and expecting that reach the 30% in 2050.

**Objective:** To determine patients over 65 years attended by emotional symptoms in a psychiatric unit in the last 10 years, evaluating the sociodemographic characteristics and analyzing biological and psychosocial factors related.

**Method:** Descriptive retrospective study of patients over 65 years attended in a psychiatric unit between 1996 and 2006 that received a diagnosis of Affective disorder utilizing DSM-IV and ICD-10 classification criteria.

**Results:** 478 patients over 65 years were obtained, of a total of patients (%), with 246 diagnosed of affective disorder (55,6%). Average age of 72,15 years, with predominance female (proportion 2:1), mainly single, divorced or widowed (55,7%). However the majority live together with their couple (41,9%) or family (31,7%), urban residence (63,4%), inactive work situation (96%), retired (48,5%) or