Objectives: To study efficacy and safety of Ariprazole in patients with acute schizophrenia.

Methodology: We studied 16 patients with acute episode of schizophrenia, 6 were first episodes and 10 acute reactivations. We used ARIPRAZOLE for 6 months to evaluate its effectiveness and tolerance. All patients were hospitalised and received Ariprazole in progressively larger doses, beginning with 10 mg/day and increasing to 30 mg at 10 days. Evaluation measures were PANSS, initial and 6 months, and CGI, initial (severity) and 6 months (evolution-improvement). Side effects were evaluated.

Results: Mean PANSS in first episodes: 85 at onset and 36 at 6 months; in reactivations: 75 at onset and 32 at 6 months. ICG showed a mean severity of 4.6 in the first episodes and 4.2 in reactivations; at 6 months the mean improvement was 2.3 in the first episodes and 2.3 in reactivations. The transitory side effects were found, which did not require discontinuation of the drug: insomnia in 15% of first episodes and in 22% of reactivations; nausea in 16% vs. 22%; a certain disinhibition (not manic) in 83% of first episodes and in 77% of reactivations.

Conclusions: ARIPRAZOLE is an effective antipsychotic in the first and successive episodes of schizophrenia. It improved insight and the subjective feeling of well-being and made the psychotic condition easier to bear. This definitely made it a drug of first choice for acute or reactivated schizophrenia.

P029

Efficacy and safety with long-acting risperidone at medium high doses

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Backgound and aims: We present the results of one year follow up with 76 schizophrenic patients treated with long-acting risperidone (medium-high dose 50-75mg/biweekly).The efficacy and safety of this new risperidone formulation was the focus of our study.

Methods: We studied during a year follow up, 76 patients diagnosed of schizophrenia (DSM-IV criteria). Long-acting Risperidone was started (day 0) if uncompliance, or relapse with previous treatments in a regimen dose of 50mg. biweekly. Evaluations were performed at day 0, and at 6, 9, and 12 months of follow up. We used as parameters of efficacy: the PANSS, and the CGI.

Results: 65 (85%) kept the initial dose of 50mg biweekly, while 7 patients needed 75mg biweekly at the sixth month, and two patients required suplementary oral dose of 4-6mg of Risperidone. Total mean PANSS at first evaluation was 56 and decreased to a mean of 38 in the group treated with 50mg, 37 points those treated with 75mg. at the end of one year. The CGI changed from an initial 2.8 mean punctuation at baseline to a mean of 1.9 points in the group treated with 50mg, decreased to a mean of 2 points in the group treated with 75mg.

15% of the whole sample relapsed during the follow up of one year and 11 (14.7%) required hospitalisation

Secondary effects when present, were rated as mild.

We hardly believe that long-acting Risperidone at 50-75mg (medium-high doses) is an efficacy and well tolerated treatment, for schizophrenia.

P030

Descriptive analysis of the activity performed at a ''Depot Clinic''

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Introduction: Depot Clinic is a relevant tool in the management of chronic psychotic patients in the ambulatory setting, since it allows monitoring attendance to consultation, compliance, and facilitates patient's follow-up.

The aim of this study is to improve knowledge about the Depot Clinic at our Center, checking adherence and retention rates to the treatments.

Methodology: Retrospective review of medical records of all patients that have attended our Center to receive long-acting medication in the last 36 months. Sociodemographic, clinical and treatment data were recorded, as well as information about hospitalizations, compliance with visits, need of additional medication (oral antipsychotics or corrective medication), etc.

Results: Ninety-six patients were included in the analysis. Mean age was 44.8 y and mean time since diagnosis was 17.34 y. Sixty-seven of them were diagnosed with schizophrenia. 55% of patients received risperidone (RLAI), 27% fluphenazine decanoate and 17.7% zuclopentixol. Patients receiving RLAI had been under that treatment for 2.6 y.,; those with zuclopentixol and fluhenazine treatments had been receiving them for 6.81 and 11.54 y., respectively. Half of patients treated with RLAI and two thirds of those receiving fluphenazine had oral antipsychotics prescribed as well. Corrective treatment was used in 24%, 64% and 80% of patients receiving RLAI, zuclopentixol and fluphenazine, respectively. Among those patients treated with RLAI, retention rate was 66%, while 9% of patients decided to withdraw the treatment themselves.

Conclusion: RLAI is the most frequently used antipsychotic in our Depot Clinic. This drug has a retention rate over 60% after a 3-year follow-up.

P031

Long-term adherence and health outcomes study with risperdal consta and oral atypicals in the treatment of schizophrenia patients (interim-analysis RIS-SCH-4023)

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Objectives: Two-years naturalistic study investigating adherence to therapy, tolerability, functionality and quality of life (QoL) of 400 patients with early schizophrenia under treatment with the only available atypical depot (CONSTA) and other oral atypicals (OATYP).

Methods: Planned interim-analysis comprised 179 patients (ITT population; baseline to endpoint). Thereof, 89 patients started treatment with CONSTA, 90 patients with one of six OATYP (11 Olanzapin, 16 Quetiapine, 11 Amisulpride, 16 Ziprasidone, 18 Aripiprazole, 18 Risperidone). Mean age was 32.7 for CONSTA and 34.6 years for OATYP cohort. Mean duration of schizophrenia (82%: F20.0) was 2.7 years (SD 1.6) for both groups.

Results: There were baseline differences between CONSTA and OATYP cohort with regard to reasons for starting treatment (non-compliance 56% vs 18%; lack of tolerability 22% vs 31%, respectively) and severity of illness (PANSS total 94 vs 87). With regard to change of therapy, there was a tendency towards higher retention rates and mean study duration in the CONSTA cohort (56% vs 47%, p=0.23; 395 vs 342 days). PANSS scores improved significantly for both cohorts (CONSTA -17.2 vs OATYP -16.3). EPS score improved with no significant differences between cohorts. Overall, reported AEs related to schizophrenia (psychosis 14%; agitation 9.5%) were most common, followed by weight gain (9.5%) and fatigue (9%).

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Conclusion: In this prospective, non-randomized study, interim-analysis from 45% of 400 planned patients with initial CONSTA or OATYP treatment shows comparable improvement of psychopathology and EPS and a tendency towards higher treatment adherence with CONSTA, considering initially more non-compliant patients in this group.

P032

Diagnostic stability of early-onset psychosis over a two-year follow-up

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Background and aims: Early-onset psychosis (EOP) are a heterogeneous group, with high diagnostic stability for schizophrenia and bipolar disorder, in contrast to the lack of diagnostic stability of other EOP.

Methods: We recruited 24 adolescents consecutively admitted, who presented a first psychotic episode, in the adolescent psychiatric unit of the Gregorio Marañón General Hospital in Madrid, between May 2002 and May 2003, for a two year follow-up. Only one was lost at the two-year assessment.

Diagnosis of the psychotic disorders was assessed using the Kiddie-Sads-Present and Lifetime Version (K-SADS-PL).

Results: The agreement between the baseline and the one-year follow-up diagnoses was 54.2%. Positive Predictive Value (PPV) was 100% for schizophrenia and depression with psychotic features, and 71.4% for bipolar disorder, while only 50.0% for schizo-affective disorder and 16.7% for psychosis NOS. From the one-year to the two-year follow-up, only one patient changed the diagnosis, so the agreement was 95.7%.

Eight patients were diagnosed with schizophrenia at the follow-up, but only four of them had received this diagnosis at the baseline assessment. The diagnosis of bipolar disorder was given at the follow-up to eight patients, from whom only four subjects received this diagnosis at baseline.

Conclusions: The results of the our longitudinal study on diagnostic stability support the Kraepelinean distinction between dementia praecox and manic-depressive psychosis.

P033

Frequency of diabetes in 114 French patients with schizophrenia

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Background patients with schizophrenia may be at increased risk for diabetes mellitus Aims: to assess the frequency of diabetes in a population of French patients with schizophrenia Methods: The Positive and Negative Syndrome Scale (PANSS) was used to assess the psychotic symptomatology. All patients with schizophrenia or schizoaffective disorder according to the DSM-IV criteria, consecutively hospitalized in a psychiatric department or admitted in a day hospital for 2 years, were included in the study. Results : 114 patients were included in the study. The patients had a mean age of 35.2 years (SD=11.1), 70% were male, 30% were female. There were 92% Caucasian patients, 6% black, 2% Asian. Six per cent of the subjects (n=7) included in the study presented type 2 diabetes. Four patients received oral antidiabetic agents, including gliclazide (n=3), gliclazide and metformine combination (n=1). One patient received insulin. Two patients remained without treatment. The onset of diabetes occurred before the onset of atypical antipsychotics treatment for all patients. All patients with diabetes presented weight gain. The mean Body mass index was 29.9 kg/m^2 (SD=6.5). Limitations: the fasting plasma levels of glucose were not systematically assessed in all patients included in the study. Conclusions : The frequency of diabetes mellitus in the present study is higher than in French general population (2-3%). However, the rate of diabetes is lower than in previous studies conducted in USA (10-15%). The frequency of diabetes, higher in US general population (6%), than in French general population could explain the differences.

P034

Olanzapine and pregnancy

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Background: Reports about the course of pregnancy in women treated with atypical antipsychotics are rare.

Methods: Case report of a woman who presented an overdose with olanzapine during pregnancy. Results : Ms. A. was a 21-year-old Caucasian woman with a 3-years history of schizophrenia according to the DSM-IV criteria. She was successfully treated with olanzapine during 2 years before the onset of pregnancy. While Ms. A was stabilized with olanzapine treatment, she became pregnant. Olanzapine treatment was switched to haloperidol 10mg/day at week 2 of gestation. However, she stopped haloperidol after 15 days. While she stopped antipsychotic treatment, her symptoms increased, particularly irritability, anxiety, attentional disorders and dizorganized behaviors. At week 16 of gestation, feeling psychological distress, she took 112.5 mg of olanzapine of her own. Olanzapine was started again after giving her informed consent. She showed significant symptomatic improvement and received olanzapine 7.5mg/day from week 16 of gestation until delivery. She had no side effects from olanzapine treatment, in particular blood sugar levels were normal, from 4.6 to 5.4 mmol/l. Her weight was 60 kg (BMI=20) before the onset of pregnancy, 72 kg at the delivery. At week 37, a healthy baby girl was delivered. The baby weighed 3.415 kg. Her height was 52 cm. Her Apgar scores were 7 at 1 minute and 7 at 5 minutes. Ms. A did well and was discharged 12 days after delivery to improve her psychosocial education. However, more studies are needed to ascertain the safety of olanzapine during pregnancy.

P035

COMPARING risperidone long-acting injection (RLAI) with oral antipsychotics in Spanish patients with schizophrenia using propensity scoring

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Objective: To compare 12 month outcomes in schizophrenia patients enrolled in e-STAR in Spain who received RLAI or oral antipsychotics.

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