P0218

Early cognitive response to treatment in first episode psychosis

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Background and Aims: Cognitive impairment is well documented in schizophrenia, and improves to some extent with treatment. Early cognitive changes in response to antipsychotic treatment are not well documented. We assessed early (12wk) cognitive changes and their relationships to psychopathology in 20 patients in an interim analysis of an ongoing study.

Methods: Patients with a first episode of schizophrenia underwent MATRICS Consensus Cognitive Battery assessment at baseline, 4 and 12wks. PANSS ratings were completed. Treatment with low doses of oral and depot flupenthixol was commenced.

Results: The sample consisted of 4 females and 16 males, with an average age of 21,22 years. The mean modal dose of flupenthixol was 10mg 2 weekly IMI. Two patients were withdrawn due to side-effects. The average premorbid IQ of the sample was on the 91st percentile as estimated by the Vocabulary subtest of the WAISS. Early changes in attention and concentration from baseline were present. Other cognitive domains (speed of processing, working memory, and visual learning) also improved and were correlated with changes in PANSS scores.

Conclusion: Low doses of a long-acting conventional antipsychotic are effective in improving some aspects of cognitive function after a first episode of schizophrenia. The response was rapid, and coincided with improvement in positive symptoms. The failure of previous studies to demonstrate cognitive benefits of conventional antipsychotics may have been related to excessive doses being prescribed.

P0219

Strategies for switching from amisulpride to ziprasidone in chronics outpatients with schizoprenia or schizoaffective disorders

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Background: Due to the limitations of certain antipsychotic treatments with respect to efficacy and safety, clinicians may sometimes wish to switch a patient to another antipsychotic. The comparative risks associated with different methods of antipsychotic drug discontinuation are relatively unknown. The present study compared 3 strategies to determine an optimal method for switching from amisulpride to ziprasidone in patients suffering from schizophrenia or schizoaffective disorder.

Method: This was a 3-month randomized, multicenter, open-label study in three-parallel groups. 102 chronic outpatients with schizophrenia or schizoaffective disorder were randomized at D1 to one of three switching strategies. Strategy I: abrupt discontinuation of amisulpiride before initiation of ziprasidone; strategy II: reduction to 50% of previous dose of amisulpiride from D1 to D7 then discontinuation; strategy III: reduction to 50% of previous dose of amisulpiride from D3 to D7 then discontinuation. At D1 all patients received the same dose of ziprasidone. Main efficacy assessments included the Negative and Positive Syndrome Scale (PANSS), Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impression of Severity and Improvement (CGI-S and CGI-I). Main safety assessments included the Extrapyramidal Symptom Rating Scale (ESRS), and Barnes Akathisia Scale (BAS).

Results: Clinical improvement was comparable whatever the switching strategy used. Safety and tolerability of ziprasidone in switching were confirmed. The strategy III was associated with an increased incidence of adverse events leading to patient withdrawal during the switch.

Conclusion: similar efficacy results were obtained with the three switching strategies. However, one of them was less well tolerated.

P0220

Remission in patients with psychotic disorder and treatment with risperidone of long liberation

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Aims: To consider the different levels of remission of negative, positive or disorganization disorders, following Andreaseńs criteria in a population of Schizophrenic and Schizoaffective patients in treatment with Risperidone Consta and the relationship between levels of therapeutic fulfillment and functionality achieved.

Methods: 138 patients admitted to Acute Unit that required Risperidone Consta have been evaluated. After 6 months of treatment, 80 patients were interviewed and grouped in patients "in remission" and in "not remission". It applied protocol with demographic data, questions about medication, disease, current status, scale for Remission (Andreasen), DAI, EEAG and WHO/DAS.

Results: The average age was 39 years. The sample was mostly males (63.8%), singles, widowed or divorced (90%), living in a family environment (80%), with basic educational level (84%), unemployed (63.8%), they live in urban areas (71.3%). Diagnoses in order of frecuency were Schizophrenia (87.5%), Bipolar Disorder (5%), Schizoaffective disorder (2.5%), paranoia (5%). The 83.8% of patients supported Risperidone Consta during 6 months and 16.3% abandoned medication. The average time development of the disease was 12.16 years.

Conclusions: Most of patients (80%) achieved remission. Those who achieved remission presents fewer admissions, a higher satisfaction level, a better perception of health, with significant differences. The abandon of the medication is the fundamental reason of not remission of symptoms.

Patients who got remission relate to higher performance (EEAG) and lowest values of disabilities (WHO-DAS), both in employment levels, in family and social life, with significant differences. The fulfillment and therapeutic adherence is an important factor in remission (DAI).

P0221

Guidelines on use of antipsychotic medication in schizophrenia in a group of acute hospitalary units in first and sucessive admission

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Background: Guidelines of treatment with antipsychotic medication have changed in the last 10 years, following the marketing of atypical antipsychotic medication (1994), being at the beginning the more frecuently use of typical antipsycotics and classic Depot in opposite to oral and depot atypical antipsycotics at the present.

Aims: To describe the real situation about the use of antipsychotics in patients with Schizophrenia following hospitalization into the different Acute Hospitalary Units and differences in their first and subsequent admission.

Methods: A survey was conducted by different hospitals in our geography from the discharge reports occurred in 2006 on schizophrenic patients.

Results: 2424 discharge reports were analized from 6 Acute Hospitalary Units. They were obtained 601 schizophrenic patients (24.79%) that required rehospitalization in 15.2% (N=76). The average stay was two to three weeks. Most patients were diagnosed of Paranoid Schizophrenia (74;75%). The more frecuently used was oral and/or IM atypical antipsychotic medication at 43%, opposite to 22.30 of the atypicals antipsycotics.

The predominant antipsychotic association used was a typical oral antipsychotic with atypical depot (26.47%), followed by the association of typical antipsychotic with oral atypical antipsychotic in 10.625. In readmissions the differences between both groups faded (atypical antipsychotics, 33.57% and combinations with depot, 30.26%)

Conclusion: There has been an evolution in the pattern of use of antipsychotic medication in the last 10 years. From predominant use of typical antipsychotics we have switched to atypical antipsychotics in monotherapy in first place (50% of patients), followed by the association of atypical antipsychotic plus depot.

P0222

Delusional beliefs among subjects with schizophrenia, their healthy relatives, and normal subjects

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Background and Aims: To investigate delusional beliefs and their dimensions (distress, preoccupation, conviction) across three groups, including patients with schizophrenia, their healthy family members, and normal subjects.

Methods: Subjects were 25 patients with schizophrenia, 35 of their healthy first degree relatives, and 35 normal subjects. Frequency of delusional beliefs and their dimensions were assessed using Peters et al. Delusions Inventory (PDI-40). General Health Questionnaire (GHQ-28) was used to examine general mental health.

Results: Frequency of delusional beliefs was higher in the patient group, compared with family group and normal subjects. Scores of all three dimensions of beliefs among the patients were significantly higher than the normal subjects but not more than their family members. In addition, conviction in the beliefs was significantly higher in the family members as compared to normal subjects.

Conclusions: The existence of the delusional beliefs among the healthy family members of patients with schizophrenia and the higher conviction in these beliefs as compared to normal subjects is in keeping with the continuum notion of psychosis. Further investigations are needed to support the notion.

P0223

Duration of untreated psychosis and pathways to care in patients with first episode psychosis in Iran

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Background and Aims: This is the first study of duration of untreated psychosis and pathways to care among patients with first episode psychosis in Iran.

Methods: Subjects were patients with a first episode of a nonorganic psychotic illness that were admitted to a university affiliated psychiatric hospital in Iran. Patients were assessed for duration of untreated psychosis (DUP, defined as the duration between the appearance of first symptoms of psychosis and the time when first adequate treatment is received), pathways to care (including any previous helping contacts and referrals to the hospital), and mode of illness onset.

Results: Ninety-one patients were enrolled. Median DUP was 11 weeks, with the mean of 52.3 weeks (range: one day to 17 years). Following the onset of psychosis, most patients were first seen by a psychiatrist (n=23, 25.3%), a traditional healer (n=21, 23.1%) or a general practitioner (n=16, 17.6%). Most of the referrals to the psychiatric hospital was by the family (n=30, 33.1%), and health professionals (n= 29, 31.9%). Acute illness onset and rural place of residence were associated with shorter DUP in multivariate analysis.

Conclusions: DUP in this developing country setting was comparable to several others in western countries. This may be due to the preponderance of acute psychoses in this sample, and different help seeking behavior or health care system. Of special notice, family plays a significant role in the journey toward care.

P0224

Psychotic-like experiences in general population: Prevalence and correlates in an urban dwelling population in Iran

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Background and Aims: To assess psychotic-like experiences and their correlates in a large sample of urban dwelling general population in Tehran, the capital city of Iran.

Methods: A random sample of 2158 subjects aged 18 -65 residing in a densely populated area in southern Tehran was surveyed. Psychotic-like experiences were assessed with the Symptom Checklist—90—Revised (SCL90-R) symptom dimensions "paranoid ideation" and "psychoticism". Paykel's Interview for Recent Life Events was used to examine recent and past stressful life events.

Results: Using "moderately experienced" cut-off level, the prevalence of psychoticism symptoms ranged from 9.4% (Having