

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 Kraepelinian 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/m² (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 disorganized 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.

Methods: e-STAR is a secure, web-based, international, long-term observational study of schizophrenia patients who commence a new antipsychotic drug. PS was applied to adjust for baseline differences in patients who received RLAI or oral (atypical or conventional) antipsychotics to compare all-cause discontinuation rates, hospitalisation parameters, and Global Assessment of Functioning (GAF).

Results: Data from 1,332 (83%) patients who initiated RLAI and 268 (17%) who initiated a new oral antipsychotic are available. Significant raw baseline differences existed for hospitalisation parameters, unemployment and time since diagnosis, each being more prevalent in the RLAI group. Nevertheless, a significantly greater proportion of patients remained on RLAI at 12 months (84%) than on oral antipsychotics (60.4%) ($p < 0.0001$); this benefit persisted after application of PS. The mean number of days hospitalised at 12 months was 14.3 days lower in the RLAI group (12.9 days, $n = 433$) than in the oral antipsychotic group (27.2 days, $n = 62$) increasing to 19.1 days, significantly in favour of RLAI, when PS was applied ($p < 0.01$ vs oral). The probability of being in hospital was lower in RLAI patients (OR 0.69) and decreased further after PS (OR 0.57) ($p = 0.075$). GAF scores improved more in the RLAI group than the oral group at 12 months, with and without PS, but not significantly.

Conclusions: Although patients initiating RLAI were more severely ill, they had fewer hospitalisations and were less likely than oral antipsychotic patients to discontinue treatment.

P036

Cardiac risk factors and schizophrenia: An analysis of 18,094 patients enrolled in an international comparative trial of olanzapine and ziprasidone

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Ziprasidone has modest QTc-prolonging effects, but it is not known whether this translates into an increased risk of cardiovascular events. To address this issue, a large, international, open-label, randomized, post-marketing study, the Ziprasidone Observational Study of Cardiac Outcomes (ZODIAC), has been conducted to compare the cardiovascular safety of ziprasidone and olanzapine. Between February 2002 and February 2006, over 18,000 patients with schizophrenia from 18 countries were enrolled from a variety of psychiatry practice settings. A physician-administered questionnaire collected baseline information on demographics, medical and psychiatric history, and concomitant medication use. Data were self-reported by patients or reported by enrolling physicians. Descriptive baseline data on 18,094 patients with schizophrenia are presented here. Patients (mean age, 41.6 years; 55.1% male; 60.0% white) came primarily from the United States or Brazil (73.0%). Approximately 18% of patients had hypertension, 14.8% had hyperlipidemia, 46.5% currently smoked, 28.9% had a body mass index of ≥ 30 kg/m², and 7.7% had diabetes at baseline; all of these characteristics are major cardiovascular risk factors. Mean time since schizophrenia diagnosis was 10.4 years, and average Clinical Impression Score was 5.2 (range, 1–8). At baseline, 71% of patients were using antipsychotic drugs. Although almost 80% of patients were using concomitant medications, less than 3% were using antihypertensive drugs or statins. In

conclusion, the ZODIAC baseline data suggest that this study population has a substantial prevalence of cardiovascular risk factors and that hyperlipidemia and hypertension may be undertreated.

P037

The impact of psychoeducational intervention on relatives' views on schizophrenia: Results from an Italian multicenter study

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The opinions of relatives of patients with schizophrenia about the causes, treatments, and psychosocial consequences of this disorder can influence its course and outcome.

In 2003, the Italian Psychiatric Association has promoted a study on family psychoeducational interventions to explore the effectiveness of this intervention on relatives' opinions and beliefs about mental illness.

In each of the 10 Italian mental health services selected for the study, 30 patients with schizophrenia and 30 relatives were randomly recruited to receive the experimental intervention or the standard care.

The experimental intervention consisted of 12 manual-based informative sessions on the main aspects of schizophrenia. Each relative was asked to fill in the self-reported Relatives' Questionnaire on the Opinions About Mental Illness.

The treated sample included 107 patients and 112 relatives, the control group consisted of 105 patients and 118 relatives. Stress, traumas, heredity and family difficulties were most frequently mentioned as determinants of the disorder in both groups. Relatives' opinions about patients' civil rights and social competence improved at the end of the intervention. In particular, the right to get married, to have children and to vote increased at the end of the intervention. Moreover, the opinions that patients with schizophrenia are unpredictable and that are kept aloof from others decreased at the end of the intervention.

The results of our study confirm that relatives of patients with schizophrenia should be provided with psychoeducational interventions, particularly in Italy where patients most rely on their relatives, who are in close contact with mental health professionals

P038

Valuating objectives and effectiveness in psychiatric rehabilitation today: I.C.F. usefulness

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Psychotic major disorders are long lasting and usually life long diseases. Their long term consequences might be described using different dimensions, shift away from focus on medical model towards model of functional disability. Manifest changes in the course and outcome, if any, will be reflected not on symptomatic level only but probably on functional, interpersonal and occupational levels. Actually a new tool is provided by the revised International Classification of Functioning, Disability and Health (ICF): it includes a change from negative descriptions of impairments, disabilities and handicaps to neutral descriptions of body structure and functions, activities and participation. A further change has been the inclusion of a section on environmental factors as a part of the classification, in reason of their