

all 3 pregabalin groups demonstrated significant improvements versus placebo (300, 450, and 600 mg/d, -8.91 [p=.0006]; -10.63 [p<.0001]; and -14.93 [p<.0001], respectively). Similar improvements were seen in Sleep Quality (300, 450, and 600mg/d; 0.42, p=0.0030; 0.48, p=.0006; and 0.68, p<.0001 respectively) and MOS Sleep Adequacy (300, 450 and 600mg/d; 5.86, p=.0324; 7.89, p=.0036, and 11.16, p<.0001 respectively). Endpoint Mean Sleep Quality scores across all 3 treatment groups showed significant improvements (300, 450 and 600mg/d; -0.74, p=.0006, -1.12, and -1.35, both p<.0001 respectively). Most common AEs: dizziness (all pregabalin, 35.8% vs placebo, 7.6%); somnolence (18.0% vs 3.8%). Incidence of AEs appeared to be dose-related; most were mild to moderate.

Conclusions: Pregabalin treatment demonstrated significant improvements in pain and patient reported measures of sleep disturbance, adequacy, and quality.

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P0285

Pregabalin monotherapy for relief of pain associated with fibromyalgia: Durability of pain results of a 14-week, double-blind, placebo-controlled trial

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Background and Aims: Evaluate durability of pregabalin's effect on pain associated with fibromyalgia (FM).

Methods: Randomized, double-blind, placebo-controlled trial with 1-week single-blind placebo run-in. Patients meeting ACR diagnostic criteria were randomized to pregabalin 300, 450, or 600 mg/d (BID) or placebo for 14 weeks (2-week dosage escalation; 12-week fixed-dosage). Pain was assessed with a daily pain diary using an 11-point numeric scale. Primary efficacy parameter was the LOCF endpoint mean pain score (MPS). Sensitivity analyses were assessed using the Duration Adjusted Average Change (DAAC) and a Mixed Model Repeated Measurements (MMRM).

Results: 745 randomized patients: 95% female, mean age=50 years, median FM duration=10 years, baseline MPS=6.7. Placebo-corrected differences in mean change from baseline to endpoint in MPS: 300mg/d, -0.71 (P=0.0009); 450mg/d, -0.98 (P<0.0001); 600mg/d, -1.00 (P<0.0001). Mean differences from placebo at endpoint (adjusted for treatment duration) over the entire treatment period (DAAC): 300mg/d, -.38, P=0.0200; 450mg/d, -.62; P=0.0001 and 600mg/d, -.57 P<0.0001. In the MMRM analysis, all 3 pregabalin treatment groups demonstrated pain relief by Week 1, and every weekly assessment thereafter, with the exception of 300mg/d treatment group at Week 11. Most common AEs: dizziness (all pregabalin, 35.8% vs placebo, 7.6%); somnolence (18.0% vs 3.8%). Most AEs were mild to moderate and resolved with continued treatment.

Conclusions: Pregabalin demonstrated significant reduction in endpoint MPS in FM patients. The DAAC sensitivity analysis confirmed the robustness of this effect. MMRM analyses demonstrated significant pain relief by Week 1 that was maintained throughout pregabalin treatment.

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P0286

Psychosocial characteristics of high utilizing inner city hospital patients

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Background and Aims: A relatively small proportion of patients account for a disproportionate share of healthcare utilization and cost with, on average, 1% of patients responsible for 20-25% of cost, 5% of patients for 40% and 10% for two thirds. These "high-utilizers" frequently suffer from co-morbid medical and psychiatric illnesses, but they are not well characterized in terms of diagnoses, current treatment patterns, or long-term outcomes. We sought to characterize further such patients at a large inner city acute care hospital.

Methods: We applied a validated tool, Patients At Risk for Re-hospitalization, to the entire hospital population and then performed a mixed methods (quantitative/qualitative) study of 100 patients judged to be at high risk (>67%) of re-hospitalization during the ensuing year.

Results: Of over 130,000 patients, 6,000 were identified. These individuals were overwhelmingly non-elderly adults (96% ages 18-64). Most common medical diagnoses were hypertension (49%), asthma (41%), diabetes (33%), and HIV/AIDS (32%). Schizophrenia, bipolar illness, or other psychosis was found in 48%. Over two-thirds had substance abuse diagnoses. Although 56% had made at least one emergency department visit in the past two years, only 37% had seen a primary care provider. Patient interviews revealed high rates of unstable housing, social isolation, and failure to appreciate the severity of health problems.

Conclusion: High utilizers of general health care have very high rates of serious mental illness and substance abuse. Interviews suggest need for improved medical/psychiatric coordination with community outreach. Although such interventions are resource intense, the economic and health benefits may be large.

P0287

Body composition changes during six months of antipsychotic treatment

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Background: For the atypical antipsychotic agents, significant weight gain may occur, hampering compliance and causing adverse health effects. Few studies have investigated body composition changes with detailed methods.

Objective: To describe the effects over six months on body composition in schizophrenic patients randomized to treatment with serindole or olanzapine.

Methods: Results from the first six patients enrolled in a 1y trial of consecutive patients (18-65y; Body Mass Index [BMI] ≤ 35 kg/m²) diagnosed with DSM-IV schizophrenia in the need of a second line antipsychotic agent. Weight, BMI, waist circumference (WC), %bodyfat (%BF) measured by 8-electrode bio-electrical impedance (BIA8) were assessed at each visit.

Results: At baseline, moderately high median values were observed for weight (82.5kg), BMI (28.1), WC (100 cm) and %BF (25%). One subject was classified as normal weight, four as overweight and two as obese based on BMI, while four out of six were abdominally obese based on WC. Body composition values remained stable during the first month of treatment, but the median values had decreased slightly after six months (weight -0.5, BMI -0.2, waist circumference -2 cm, %BF 0%). The range was, however, fairly large for weight (-5.2 to 5.7kg), BMI (-1.7 to 1.7), WC (-5 to 7cm) and %BF (-4 to 3%).

Conclusion: Although there was individual heterogeneity in body composition development, the median changes were close to zero over six months of treatment with either olanzapine or sertindole. The small effects on body composition measured both by simple anthropometry and BIA8 are remarkable.

P0288

Predictors for postconcussional disorder after mild traumatic brain injury

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Background and Aims: Longstanding symptoms after mild traumatic brain injury (MTBI) may be attributable to factors other than the MTBI, pretraumatic as well as posttraumatic factors. A recognised problem when assessing pretraumatic factors is underestimation due to recall bias. The aim of the study was to explore prognostic factors for the development of postconcussional disorder (PCD) after MTBI.

Methods: In a prospective cohort of MTBI patients, pretraumatic (previous psychiatric disorder, personality traits, coping ability, GAF, psychosocial stressors, medical condition), peritraumatic (duration of loss of consciousness and amnesia, GCS score at presentation, intracranial hemorrhage) and posttraumatic (posttraumatic stress, anxiety, depression) factors were thoroughly assessed within one week after the trauma, when recall bias was estimated to be negligible. Outcome (persisting symptoms and disability) was assessed at three months post injury. Logistic regression analysis was performed to calculate the independent contribution to the outcome from different factors.

Results: Three months post injury, 17 % had postconcussional disorder (PCD). Posttraumatic hyperarousal (OR 9.08), concurrent medical conditions (OR 6.19), female gender (OR 5.54) and psychosocial stressors (OR 11.93) independently predicted PCD, but injury related factors had no significant relation to the outcome.

Conclusions: Pre- and posttraumatic factors significantly contribute to the long term outcome after MTBI and should be taken into account in the clinical assessment of patients with PCD. The findings support an etiological model that recognises predisposing and perpetuating factors as well as the precipitating head injury as determinants for the development of PCD.

P0289

Aging in C57B/6 mice is accompanied by a decrease of Purkinje cells and changes in open field motor activity

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Purkinje cells are among the most vulnerable neurons, therefore during aging a decrease in these cells in the cerebellar cortex may have a functional impact.

Here we prepared cerebellar serial sections (10 micrometers) in the sagittal plane from adult (3-5 months) and old (25 months) C57BL/6 mice. After staining with 3% cresyl violet, the Purkinje cells were counted in every 40th section in various regions of the cerebellum (10X magnification, Olympus microscope).

The number of Purkinje cells in old mice was lower than in adult mice. In particular, the decrease was 41% in the flocculus (10.4±0.97 versus 17.6±1.8; p<0.005), 38% in the paraflocculus (10.0±0.48 versus 15.8±7.3; p<0.0001), and 26% in the ansiform lobule (10.2±0.65 versus 13.7±1.7; p<0.04).

Measurement of motor activity in adult and old mice showed no changes in horizontal or vertical activity. However, old mice moved a significantly shorter distance in the open field margin (141±13.2 cm/15 min) than adult mice (220± 20.7 cm/15 min; p<0.001). In addition, old mice spent less time in the open field margin (291±36.9 sec/15min) than adult mice (609±36.9 sec/15 min; p<0.0001). Consequently, the time spent in the center was significantly greater in old mice (525±29.9 sec/15min) than in adult mice (291±36.9 sec/15min; p<0.0001).

The present data suggest that abnormalities in cerebellar cortical-pontine circuitry may impair movement. However, the lack of anxiety, indicated by the increased time spent in the open field center, suggests that a defect in the cerebral cortical-hippocampal-amygdala circuitry of old mice should be investigated.

P0290

Has psychiatry become a female profession?

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In the past two decades, the feminization of medicine has been evident worldwide. There has also been a steady increase in women choosing psychiatry as a medical specialty. The data from Zarin et al. (1998) from USA reveal the increase from 14% to 25% of women in psychiatry in the period 1982-96. More recently, in Canada there were 34% of women in psychiatry (Garfinkel et al, 2004), while in Switzerland 64% of residents who chose psychiatry were female (Buddeberg-Fisher et al, 2006).

In Serbia, however, the ratio seems to be the highest. According to data from Medical School, University of Belgrade, 80% of the residents who passed the board exam in psychiatry in 2005 were women, compared to 70% in 1995. Not only that gender-asymmetry was evident a decade before, but the trend toward feminization of psychiatry increases in Serbia. According to our knowledge, similar proportion of women in psychiatry was not reported in the literature before.

Several publications yielded that proportion of women in leadership positions in academic psychiatry have not kept pace with increase in number of women entering the field, that women were in less-influential positions and took part in fewer organisational activities (Reisser et al, 1993; Kohen & Arnold, 2002). However, Serbian example is different: in 2005-2007, 80% of academic psychiatric institutions had female leadership, women had the most-prominent positions in psychiatric associations and in the most of the organizational activities that took place recently.

The further impact of given gender-asymmetry in Serbia remains unclear.