

Methods: Retrospective study of prescription charts of 14 patients representing the most recent who have been prescribed clozapine as in-patients. Data would be compared against the titration doses recommended by the British National Formulary and by the manufacturers (Novartis).

Results: 5/14 patients were admitted solely for clozapine initiation. 1/14 did not tolerate it after 5 days. 2/14 patients were re-started clozapine following a period of discontinuation and their discharge dose was achieved faster than initial titration as recommended. 9/14 patients' titration was slower than recommended by the guidelines with a minimum difference of 113 days if using the slower recommended titration or a maximum of 208 days if using the faster one. None of the patients' titration appeared to be slowed down due to the presence of emerging side-effects.

Conclusions: Prescribing practice appears to lengthen hospital admissions due to delays in changing doses. This was less relevant for patients admitted exclusively for clozapine initiation. The development of a policy for community initiation and the development of a pre-printed up-titration chart for clozapine are potential solutions to minimise bed occupancy therefore improving both patients' experiences and bed management.

P0252

Similar subjective response and adherence rates for long-acting risperidone and conventional depots

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Background and Aims: Amongst oral antipsychotics, tolerance and adherence are thought to be higher with atypicals versus conventional agents. Fewer data exist for parenteral antipsychotics regarding the atypical–conventional comparison.

Aim: to compare adherence rates and subjective response between long-acting risperidone (LAR) and conventional depots.

Methods: Cross-sectional, naturalistic, one-site study of all outpatients with severe mental disorders treated with injectable antipsychotics over a 12-month period at one Spanish mental health unit. Different sets of broadly– and narrowly–defined criteria for adherence were calculated from mental health nurses registry data. Patients' subjective response was self-assessed with the Subjective Well-being under Neuroleptic treatment (SWN) and the Drug Attitude Inventory (DAI-10).

Results: Subjects treated with LAR (n=27) and conventional depots (n=22) were similar in clinical and demographic terms. Both groups reported mostly positive subjective responses with the SWN (LAR=71.8+18.4 vs depots=81.7+15.3) and the DAI-10 (LAR=3.0+4.8 vs depots=4.0+4.5), with non-significant differences. Regardless the criteria of adherence used, rates of non-adherent subjects were also comparable, ranging from 36% (narrowly–defined) to 82% (broadly–defined). Although mean telephone prompts were higher for the LAR group (p=0.002), this difference disappeared when interval of administration (14 vs 28 days) was taken into account (ANCOVA: F=0.76; p=0.4).

Conclusions: In this small study, atypicality would not influence attitudes or subjective response to parenteral antipsychotics. Furthermore, the two–fold administration frequency of long-acting risperidone compared to depots does not seem to lead to higher rates of non–compliance amongst outpatients with severe mental disorders.

P0253

Risk factors for partial adherence to parenteral antipsychotics in outpatients with severe mental disorders

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Background and Aims: Effectiveness of parenteral antipsychotics (PAP) to prevent relapses in persons with severe mental disorders (SMD) is limited by adherence. However, data about potential risk factors for non- or partial compliance with PAP are relatively scarce and inconsistent.

Aim: to determine variables associated with partial compliance in a naturalistic one-site study.

Methods: The sample comprised all outpatients with SMD treated with PAP over a 12-month period at one mental health unit in Spain. Different sets of broadly– and narrowly–defined criteria for adherence were calculated from mental health nurses registry data. Retrospective chart review yielded sociodemographic (age, gender, educational level, civil and vocational status) and clinical (ICD–10 diagnosis, age of onset, illness duration, number of admissions, past/current substance abuse disorders, and community treatment order) variables.

Results: Forty-nine patients were identified; most were single (83%), received a government pension (73%) and lived with their family (67%). When the strictest criteria for adherence were used, illness duration was positively associated with a > 4 day-delay in PAP injection (r=0.36; p=0.01). Furthermore, patients under community treatment orders ($\chi^2=7.5$; p=0.006) and those with past substance abuse ($\chi^2=8.9$; p=0.003) showed higher rates of non–compliance. This latter variable was the only predictor of non–compliance (exp. $\beta=0.15$; IC 95%=0.04– 0.6; p=0.007) and correctly classified 80% of the sample ($\chi^2=8.3$; R²=0.23; p=0.004).

Conclusions: Confirming previous results, substance abuse may lead to a poorer compliance with parenteral antipsychotics. Conversely, demographic variables would play a less relevant role in adherence to PAP.

P0254

Prediction of response in 160 patients with schizophrenia, schizoaffective and bipolar disorder after olanzapine or risperidone treatment

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Background: There is extensive evidence that clozapine and olanzapine produce the largest increase in weight or BMI among the atypical antipsychotic drugs. There is also considerable, if controversial