

**Results:** 699 medications related to bipolar disorder and its consequences were reported during the 3-month study period. There were antipsychotics prescribed to 92% of the patients, mood-stabilisers (anticonvulsants 64%, lithium 42%) 89%, benzodiazepines (except hypnotics) 64%, corrective treatments (antiparkinsonians, hypotensives, anti-diarrhetics) 53%, hypnotics 45%, antidepressants 15%. The duration of prescriptions was from 29 to 37 days. On average patients have received 4.9 medications at hospital and 3.4 in community. The breakdown of treatment strategies initiated at the same time at D1–D2 of the study was as follows: antipsychotic and mood-stabiliser 48% of patients, antipsychotic alone or in association without mood-stabiliser 33%, mood-stabiliser alone or in association without antipsychotic 16%, strategy without mood-stabiliser or antipsychotic 3%. At D30 the breakdown of these strategies were respectively as follows: 64%, 18%, 14% and 4%. Treatment given at the end of the hospitalisation was continued unchanged in the community.

**Conclusion:** Antipsychotics and mood-stabilisers (mainly anti-convulsants) are initiated at hospital entrance at the same time in half of cases and these treatments are maintained for outpatients.

### P02.332

#### SCHIZOTYPY AND HYPOMANIA AS CORRELATES OF CREATIVE ACHIEVEMENT

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The relationship between creativity and the predisposition toward mental illness has attracted a great deal of attention in both popular and research settings. Most of this research would seem to favor the generative capacity of hypomanic states and personalities over schizotypal ones. A study involving eighty-seven subjects (mean age 54) included measures of hypomania and schizotypy in a manner that allows some comparison of these two personality dimensions across ten different domains of creative achievement. While some distinctions do emerge, the degree of overlap between these two dispositions also mirrors some nosological controversies and patterns of comorbidity that may defy easy categorization along cognitive and affective lines.

### P02.333

#### SWITCHING TO AMISULPRIDE: FINDINGS FROM A RETROSPECTIVE QUESTIONNAIRE

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Changing (or 'switching') antipsychotic treatment may be necessary in a wide range of circumstances. In order to find out more about the characteristics of patients who switch treatment, their reasons for switching and the processes involved, a questionnaire was applied retrospectively among patients who switched to the atypical antipsychotic amisulpride (Solian®, Sanofi-Synthelabo). Data was analysed from 60 patients (mean age 37 years; 60% male). Their mean duration of illness was 12.8 years and 52% were experiencing an acute episode.

More than 8 out of 10 patients gave at least two reasons for changing treatment. The most common were: insufficient efficacy (66.7%), adverse events (65%), and optimisation of treatment before reintegration (52.5%). The previous treatment was oral in 78% of cases, depot in 17% and a combination in 5%. Among the 50 patients who had received oral treatment, 42% had received only traditional antipsychotic medication whilst the remaining 58%

had received an atypical antipsychotic (with or without a traditional antipsychotic). Three out of four patients (75%) were receiving a concomitant psychotropic drug and 60% were receiving treatment for adverse events. Previous antipsychotics were most frequently stopped abruptly (89%)

The mean dose of amisulpride was 632 mg/day. The doses most often prescribed were between 400 and 800 mg/day (62% of patients); the majority of patients (76%) required no dosage adjustment. The switch to amisulpride was easy in almost all cases (87%) and beneficial effects on efficacy and tolerability were reported both by patients and physicians.

### P02.334

#### THE EFFECT OF AMISULPRIDE ON AFFECTIVE AND SOCIAL NEGATIVE SYNDROMES IN SCHIZOPHRENIA

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**Background:** Experimental data suggests that schizophrenia is an inhomogeneous illness and that different neuropsychopathological processes are related to separate syndromes. Thus some authors identify affective and social negative syndromes.

**Method:** In order to compare the effect of amisulpride on the affective and social negative syndromes, 270 patients (male: 64.1%; mean age: 32.9 ± 7.5 years) with a disorganized (50.7%) or residual (49.3%) schizophrenia (DSM-IV) were included in a multicentric French prospective trial and treated by amisulpride (50–200 mg/d) for 6 months.

**Results:** Between D0 and DEnd (intent to treat analysis) the score of the Scale for Assessment of Negative Symptoms (SANS;  $p < 0.001$ ), and those of the 3 factors of the SANS: "decrease of expressions" ( $p < 0.001$ ), "disorganization" ( $p < 0.001$ ) and "social dysfunction" ( $p < 0.001$ ) were significantly improved. The efficacy of amisulpride was greater ( $p < 0.0001$ ) on the "decrease of expression" factor (42.5% improvement) than on the "social dysfunction" one (33.4%). Furthermore, during the study, the decrease of the score of, the Brief Psychiatric Rating Scale ( $p < 0.001$ ), the Scale for Assessment of Positive Symptoms ( $p < 0.001$ ) and the Montgomery and Asberg Depression Rating Scale ( $p < 0.001$ ) were also significant.

A total of 45 patients (16.7%) reported at least 1 adverse event. Treatment discontinuation for adverse events was noticed in 16 patients (5.9%) and serious adverse events in 7 patients. No significant weight gain was observed. The Simpson Angus Scale was improved ( $p = 0.04$ ) during treatment.

**Conclusion:** According to these preliminary results amisulpride is effective on the different factors of the deficit syndrome, with a greater efficiency on the affective syndrome.

### P02.335

#### PATTERN OF PRESCRIPTION OF ANTIPSYCHOTIC DRUGS IN PSYCHIATRIC DEPARTMENTS

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**Background:** Little data has been published in France concerning the pattern of prescription of antipsychotic drugs in hospitals.

**Method:** This was a cross sectional study: during 2 days 177 practitioners from the psychiatric departments of 100 French hospitals filled out a questionnaire for each prescription of antipsychotic drugs concerning in and outpatients.

**Results:** A total of 2583 patients (mean age:  $41.05 \pm 14.27$  years), male: 57.2%) were recruited essentially from Psychiatric hospitals (48.6%), General hospitals (23.6%), and University hospitals (9%). Half of them were outpatients (45.8%), 41.5% inpatients, 8.1% in day hospitalization, 2.6% in emergency departments and 1.8% leaving the hospital. It was the first consultation in psychiatry for only 6% of the patients. The mean duration of the psychiatric follow up was  $9.9 \pm 9.53$  years. At the time of the consultation, 45.4% of the patients were stabilized and 17.7% of them were relapsing.

According to DSM-IV, antipsychotic drugs were prescribed in 49.4% of the cases to patients with schizophrenia (paranoid: 27.8%; disorganized: 8.5%; residual: 6.8%; undifferentiated: 5.3%; catatonic: 1%), schizoaffective disorder (8.1%), schizophreniform disorder (4%), other psychotic disorder (11.3%), bipolar disorder (7.8%), depression (4.6%), and neurosis (4.3%). The prominent symptoms associated with the prescription of antipsychotic were delusion (30%), disorganization (10.8%), agitation (10.8%), negative symptoms (10.2%) and hallucinations (8.3%).

Co-prescription rate of psychotropic drugs were high: anxiolytics (52.1%), hypnotics (47.1%), anticholinergics (37.4%), antidepressants (36.5%), and mood stabilizers (23.8%)

**Conclusion:** These data underline that psychosis and mood disorders are the main illnesses associated with the prescription of antipsychotic drugs.

### P02.336

ASSESSING THE IMPACT OF DELIVERING INFORMATION TO SCHIZOPHRENIC PATIENTS: THE SOLEDUC PROGRAM  
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**Background:** Delivering information to schizophrenic patients is supposed to improve compliance with antipsychotic drugs but this hypothesis is only supported by little and controversial data with short term follow up.

**Method:** (i) From a survey conducted in French psychiatric hospital, schizophrenic patients' level of information on their disease and needs for further information were identified. (ii) Based on the results of the survey 7 modules were built explaining what is the disease, the way of taking care, the interest of the antipsychotic treatment, the potential adverse events, the evolution of the disease, the modality of follow up and the rehabilitation. (iii) A clinical trial assessing the impact of delivering information to schizophrenic patients has been setting up. Patients with paranoid schizophrenia (DSM-IV) were included in a multi-centric, randomized open study comparing a group of patients with a specific information to a control group. Patients will be assessed at D0, M3, M6, M12, M18 and M24, with the rate of hospitalization at 2 years as the main judgement criteria. The clinical evolution (Positive And Negative Symptoms Scale), the compliance (Rating Of Medication Influence), the quality of life (SF-36) and the patients' aptitude to rehabilitation (Social adjustment scale and Psychosocial Aptitude Rating Scale) will be also assessed.

**Results:** The content of the modules and the characteristics of the included population will be presented.

**Conclusion:** The results of this study which is part of a French educational program called Soleduc will authorize to determine a clear cut of recommendation for informing schizophrenic patients.

### P02.337

USE OF ATYPICAL ANTIPSYCHOTICS IN THE EMERGENCY DEPARTMENT OF PSYCHIATRY

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Current guidelines strongly suggest the use of atypical antipsychotics for the treatment of acute schizophrenia, but their use is greatly limited by the higher costs of these drugs compared to typical neuroleptics. To investigate the costs of atypical in the treatment of acute schizophrenia, we compared the activity in an emergency department both with and without the use of atypicals.

**Methods:** Compared have been two years: 1998 and 1999, being 1999 the period in which atypical have been used as first line therapy. The following have been analyzed: hospitalization length, turn-over index, drug utilization, drug dosage, drug cost. Data have been compared by t-student test, at a significance level of 0.05.

**Results:** The hospitalization length per patient, the total hospitalization period and the occupation index reduced in 1999 compared to 1998 (27.9 vs 17.6 days; 1231 vs 826 days, 112% vs 75%). Mean daily dose of risperidone and haloperidol were 7.3 (3.0 SD) and 4.8 (2.0 SD) mg. The mean hospitalization length was significantly shorter with risperidone than with haloperidol: 19.2 (9.8 SD) vs 32.2 (20.8 SD),  $p = .005$ . The total use of drug per patient was lower with risperidone: 107.74 mg vs 128.5 mg. The use of anticholinergic drugs was significantly lower in risperidone group compared to haloperidol group: 46.8% vs 0% ( $p = .001$ ) The total amount of drug used was higher with haloperidol (4241 mg vs 2801 mg/6 months). The reduction of the hospitalization, of the drug utilization and of the total amount of drug used resulted in a benefit rate of 1.7 per day in favour of risperidone.

### P02.338

EXPERIENCES WITH THE OPEN-DOOR-SYSTEM IN A ADULT INPATIENT PSYCHIATRIC UNIT IN A GERMAN GENERAL HOSPITAL

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a. Open doors are an essential factor for acceptance of acute psychiatric supply. Therefore we studied different items according to close doors in a psychiatric unit in order to improve the conditions for open-door-policy. The psychiatric unit at the Klinikum Stadt Hanau serves a population of approximately 220000 people. 100 patients are treated in four acute psychiatric wards, occupation of each ward is similar in age, sex and diagnosis. Closing the door is optional, a ward doctor respectively a senior physician decides in cooperation with the staff, whether the door is open or not. b. In a period of 6.5 month we reported daily on each ward the following subjects: duration of closing, reasons for closing the door, patients who are involved in closing, number and duration of restraints, number of unvoluntarily admissions, aggressive assaults, suicide attempts, absences, c. Within 203 days, the maximum closing time would have been 2639 hours, that would be 13 hours a day in the time 8 am-9 pm. Ward A was closed 61.5%, ward B 48.9%, ward C 58.6% and ward D 21.5%. Main reasons for closing the door are evading treatment and risk of suicide. Further reasons are not patient related, e.g. situation of the ward or the staff. Patients causing closing the door suffered mostly from schizophrenia, comparing to normal distribution of diagnosis, that was to be expected. But we found an over-representation of dementia and oligophrenia. There is no relation between closing time and number of unvoluntarily admissions, ward A had 26.1%, ward B 23.0%, ward C 22.3%