Background and Aims: Several studies conducted in patients with schizophrenia, posttraumatic stress disorder, delirium tremens and sleep deprivation have put into light disturbances in sleep architecture and cerebral neurotransmission. In addition, clinical practice has emphasized the role played by the sleep deficit in triggering psychotic episodes in vulnerable individuals.The paper focuses on the role played by sleep disturbances in the etiopathogeny of psychotic symptoms in schizophrenia and other psychiatric disorders or organic states accompanied by perception disturbances.

Method: psychiatric disorders and organic states which share the presence of perception disturbances such as hallucinations, flashbacks, oniroid symptoms have been selected. Sleep disturbances that accompany these nosologic entities have been analyzed in correlation with biochemical changes in cerebral neurotransmission and with the effects of psychotropic drugs and of psychiatric comorbidity.

Results: disturbances in sleep architecture and duration represent an important link in the etiopathogeny of psychotic symptoms. These disturbances could be correlated with disturbances in cerebral neurotransmitters implicated in the pathogeny of psychosis (dopamine, serototnine, GABA).

Conclusions: sleep disturbances do not have to be regarded as an epiphenomenon; instead, they are an important link in the etiopathogeny of psychotic episodes. Keeping this in mind would play an important role in patient psycho-education aiming to prevent recurrences, and in scientific research oriented towards the development of new antipsychotic molecules.

P0105

Assertive community Treatment vs. Standard treatment: Hospitalisation frequency and duration, quality of life and functioning outcome

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Background and Aims: Repeated relapses and hospitalizations of patients with severe mental disorders reduce their quality of life and present a considerable burden on health care systems. Assertive community treatment(ACT) improves outcomes in patients with severe mental illness(SMI) with greatest risk for relapse and disability. In University Psychiatric Hospital Ljubljana assertive community treatment program started in the beginning of the 2006. In presented research first results of this program are assessed.

Methods: Two groups of patients with SMI were compared regarding hospitalization and functioning. The first group was discharged to standard outpatient treatment. The second group was included in ACT program described. Inclusion criteria were ICD 10 diagnoses F20-29 and at least two repeated hospitalizations in last year.

For each patient predicted hospitalization for one year was calculated and compared to the actual number of days spent in hospital in last year. In both groups functioning and quality of life were followed by repeated assessments with Health of the Nation Outcome Scale and Leicester Quality of Life questionnaires in 2007 for purposes of outcome measurements.

Results: Actual hospitalization periods are significantly lower in ACT group than in control group. The difference between ACT group actual and predicted hospitalization periods is significantly higher than in control group. Functioning and quality of life in three month follow up is higher and more stable in ACT group.

Conclusions: ACT prevents hospitalization, shortens the hospitalization periods and maintains the level of functioning in patients with severe mental illness with reoccurring hospitalizations and disability.

P0106

A comparision of switching strategies from risperidone to aripiprazole in patients with schizophrenia with insufficient efficacy/tolerability on risperidone (cn138-169)

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Background and Aim: To evaluate safety, tolerability and overall effectiveness of a titrated- versus fixed-dose switching strategy from risperidone to aripiprazole in a general practice setting.

Methods: This 12-week, multicentre, open-label study included patients with schizophrenia (DSM-IV-TR) experiencing insufficient efficacy and/or safety/tolerability issues while receiving risperidone for ≥6 weeks. Patients were randomized to titrated- or fixed-dose switching regimens.

Results: Discontinuations due to AEs were similar between titrated- and fixed-dose strategies (3.5% vs. 5.0%; p=0.448). Titrated- and fixed-dose groups showed improvements (Week 12) in mean PANSS Total scores (−14.8 vs. −17.2; LOCF), mean CGI-I scores (2.9 vs. 2.8; p=0.425; LOCF), ASEX scores (−1.5 vs. −1.9 from baseline; OC), serum prolactin levels (−48.7 vs. −48.5 from baseline; OC) and SWN scores (+8.6 vs. +10.3 from baseline; p=0.223; OC). POM scores indicated a preference for aripiprazole compared with risperidone using either regimen. Both strategies showed improvements (titrated-dose vs. fixed-dose; Week 12; LOCF) in social cognition as indicated by decreased GEOPTE patient (−5.3 vs. −6.1), caregiver (−5.4 vs. −9.9) and index scores (−5.1 vs. −9.8).

Conclusion: Switching to aripiprazole from risperidone can be effectively and safely achieved in a general practice setting through a slow down-titration of risperidone and either a titrated- or fixed-dose switching strategy for aripiprazole.

	Titrated dose (n=200)		Fixed dose (n=200)	
Study week	Aripiprazole (mg/day)	Risperidone	Aripiprazole (mg/day)	Risperidone
1	5	Current dose	15	Current dose
2	10	Current dose	15	Current dose
3	10	Half dose	15	Half dose
4	15	Half dose	15	Half dose
5	15	0	15	0
6–12	Flexible 10–30	0	Flexible 10–30	0

P0107

Erectile dysfunction and the role of phosphodiesterase-5 (PDE-5) inhibitors in schizophrenia. A brief review

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