

Conclusion: RLAI seem to be able to reduce number and length of hospitalizations, and improves adherence to therapy, 6 months after the start of the treatment, in real life conditions.

P225

Womens mental health needs in Bosnia and Herzegovina in the context of community mental health care

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Aim: The aim of this paper is womens needs assessment in the new organisational concept of psychiatric care-community mental health care, which started with its implementation in Bosnia and Herzegovina in 1996 immediately after the war.

Method: This study is retrospective and analytical-descriptive. As research instrument was used the Questionnaire for womens needs assessment in mental health care, which was designed for the purpose of this study and which has been applied at two groups, homogenous according to gender. Each group was consisted from 50 female patients.

Results: The results of this study indicated the womens needs for inovative forms of community mental health care-the opportunity to choose woman as psychiatrist and women as team members, as well as the opportunity to use separate community mental health services for women only.

Conclusion: The results of this study, which are in accordance with new womens community mental health care trends in USA and some Western European countries, obviously indicates the womens needs in mental health care. According to the study results, womens needs should be met in the early stage of new psychiatric care concept implementation. In the same time that would present in Bosnia and Herzegovina inovation of community mental health care, and also assure that womens mental health needs would be met at optimal way.

P226

Suicide-related adverse events and antipsychotic use: An analysis of data from the WHO and FDA AERS database

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Background and aims: Patients diagnosed with schizophrenia or bipolar disorder are at an elevated risk of suicide attempts and suicidal ideation. Although atypical antipsychotics are effective in treating psychotic symptoms, the risk of suicide attempts and suicidal ideation may differ across these agents. We conducted an analysis on reported rates of suicide-related events associated with the use of atypicals.

Methods: Proportional reporting rates (PRR) of suicide attempts from the World Health Organization (WHO) database (through June, 2006) were compared across atypical antipsychotics. Using additional information from FDA's AERS (Adverse Event Reporting System; through March, 2006), similar comparisons were made for suicidal ideation, suicide attempts, and completed suicides.

Results: From the WHO database, the PRR for suicide attempts was lowest for clozapine (1.3) followed by aripiprazole (1.5), risperidone (3.3), quetiapine (4.2), ziprasidone (4.7), and olanzapine (5.2). For AERS, the respective PRRs for suicidal ideation, suicide

attempts, and completed suicides were: 1.1, 3.3, and 1.9 for clozapine; 3.2, 4.3, and 2.7 for risperidone; 5.6, 2.9, and 5.4 for aripiprazole; 6.9, 4.4, and 6.4 for ziprasidone; 4.3, 4.5, and 7.2 for olanzapine; and 5.6, 4.2, and 9.3 for quetiapine.

Conclusions: AE reporting systems suffer limitations, which include having a problematic denominator and biased reporting. However, AE reporting is a primary tool used to identify a signal through pharmacovigilance. In the data analyzed, variability across atypical antipsychotics seemed evident, and inconsistencies between data were observed. The reasons for these findings are unclear, but these results warrant further investigation in controlled studies.

P227

Reversible myocarditis in a patient receiving clozapine: A reported case.

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Introduction: Clozapine is an atypical dibenzodiazepine antipsychotic used for resistant schizophrenia. Myocarditis and cardiomyopathy are rarely reported complications of clozapine treatment. The incidence of clozapine-related myocarditis has been variably reported at between 0.03% and 0.19%. Myocarditis is a potentially life-threatening complication of clozapine.

Method: We reported a case of a 30-year-old female patient who developed reversible myocarditis a few weeks after we began the treatment with clozapine for chronic resistant schizophrenia (as specified in DSM-IV-TR), characterized by severe left ventricular systolic dysfunction that resulted in congestive heart failure.

Results: After the immediate discontinuation of the clozapine, along with aggressive supportive care, resulted in almost complete recovery to baseline.

Conclusions: Patients taking clozapine who develop dyspnoea, fatigue, chest pain or collapse should be screened for myocarditis, especially during the first weeks of treatment. Health professionals should be aware of this uncommon but serious side effect of clozapine since failure to recognize the association may result in adverse clinical outcome. Myocarditis should be suspected when cardiac dysfunction appears suddenly, and appropriate diagnostic and therapeutic strategies must be undertaken promptly.

P228

Quetiapine use in manic episode during pregnancy: A case report

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Introduction: No psychotropic drug has been approved by FDA for usage during pregnancy. Data on safety of the second generation antipsychotics in pregnancy and lactation are limited. Quetiapine is in FDA category C and limited human studies reported no abnormality during pregnancy, delivery and in the postnatal period after using quetiapine throughout the pregnancy. The foregoing is a case presentation of high dosage of quetiapine use during pregnancy.

Case report: Ms. N, a 30-year-old gravida one-para one woman, who had been treated for a diagnosis of bipolar affective disorder since 1994, experienced her third manic episode at the 21th week of her pregnancy, 6 months after quitting her lithium (1500 mg/day)