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Pisa syndrome during risperidone treatment: Review and case report

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The Pisa syndrome is a rare asymmetric axial dystonia characterised by tonic lateral flexion of the trunk, subsequent to prolonged exposure to conventional or atypical antipsychotics. However, the illness has also been reported, although less frequently, in patients with neurodegenerative disorder like Parkinson syndrome. Drug-induced Pisa syndrome develops predominantly in females and older patients with brain disorder. It sometimes occurs after the addition of another anti-psychotic drug to an established regimen of antipsychotics. It can also insidiously arise in antipsychotic-treated patients without any apparent reason. Largely unknown to psychiatrists, this condition can be difficult to distinguish from unusual posture appearing in patients with psychiatric disturbance, such as hysterical or catatonic postures. Clinical characteristics suggest that Pisa syndrome has features from acute and tardive dystonia underlying a possible complex pathophysiology. Definitive therapy is the withdrawal or reduction of the daily dose of antipsychotics; treatment with anticholinergics agents has also been proposed.

Up to date, Pisa syndrome has been essentially described with conventional antipsychotics. Nevertheless, it has been rarely mentioned outside Japan with atypical antipsychotics.

We here describe a case of Pisa syndrome during risperidone treatment in a 50-year-old inpatient woman, admitted for schizophrenia. Following the introduction of Risperidone, she has shown a right lateral flexion of the trunk. No organic etiology was found. This abnormal posture has persisted during all the Risperidone treatment and has vanished after the decrease of it.

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Forensic-psychiatric war and peacetime comparison of homicide - timing, psychiatric diagnoses and mental accountability

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The objective of this study was to confirm important differences in the tested variables regarding criminal homicide in the wartime in Bosnia and Herzegovina in comparison with the peacetime.

Methods used: 50 war time cases of criminal homicide and 50 peacetime criminal cases were compared by using Hi square test, Fisher's exact test, Mantel Haenszel test.

The difference in presence of homicide depending on seasonal appearance between war and peacetime varied up to the level of $p < 0.005$. During the winter period 38% of homicide were committed while in summer time mostly 32% homicide were committed. In the peacetime period of 8 years taken as a test (1984-1992) no homicide was committed during the month of August.

During the war the occurrence of homicides was balanced in each week day while during the peacetime most homicides took place during the week-end. ($p = 0.0056$). In regard to the period of the day when the homicide was committed, wartime homicides occurred mostly between 11 a.m. and 5 p.m., while during the peacetime they occurred between 5 p.m. and 11 p.m. ($p < 0.05$). Statistically, there are no significant differences between the two causes pertaining to the psychiatric diagnosis set for those who commit homicide.

In both cases homicides are disturbed persons (II axle), then normal people, i.e. people "without diagnoses" and two categories that

represent the majority of 78% in war and 86% in peace. Among homicide with diagnosis in axle I in both samples syndromes that are equally represented are: alcohol dependency, chronic brain syndrome, mental retardation, paranoid psychosis, schizophrenia, epilepsy.

Forensic- psychiatric evaluation of mental soundness is almost identical regarding categories of mentally sound and mentally non sound persons. During the war period the number of the accountable was rather reduced while during the peacetime the number of the accountable was reduced but not significantly.

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Aripiprazole in practice: A 6 month follow-up

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Background and aims: Aripiprazole is a dopamine partial agonist with a low risk of movement disorder and metabolic adverse effects.

Method: We identified 228 patients consecutively prescribed aripiprazole in our unit and established outcome (continuation with treatment) six months after initiation.

Results: The study cohort consisted of subjects of mean age 36.2 years (17-86) of whom 53.1% were male. Two thirds had a diagnosis of schizophrenia. Overall, 112 (49%) patients completed 6 months' treatment. Reasons for discontinuation were adverse events ($n = 61$, 53% of those who stopped), lack of effectiveness ($n = 45$, 39%) and a variety of unconnected reasons ($n = 10$, 9%). The majority of discontinuations ($n = 76$, 66%) occurred in the first 60 days of treatment, largely because of adverse effects. Most common adverse events reported were anxiety/agitation ($n = 57$, 25% of total cohort), insomnia ($n = 43$, 19%) and movement disorder ($n = 24$, 11%).

Treatment discontinuation was more likely for in-patients than out-patients (61% vs 42%, $p = 0.005$) and in those previously prescribed clozapine ($p = 0.01$). Modal initiation dose was 15mg for patients starting in the first year of the study and 10mg for those starting later. Initiation dose was not associated with outcome.

Conclusion: Aripiprazole showed a degree of effectiveness similar to that shown by other antipsychotics. Early-appearing, trivial adverse events are a major factor in treatment discontinuation. Outcome is best in out-patients and those not formerly treated with clozapine.

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The particularities to active behavior defendants with personality disorders in process of protection of their own rights and legal interest

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The Purpose of the study was determination factor, conditioning active and goal-directed activity defendants in process of protection their own procedural rights.

The Methods of the study: The Psychic condition was valued on scale PSE (Present State Examination). 73 patients were examined, passable stationary forensic psychiatric expert operation in The State scientific centre on social and forensic psychiatry to him.V.P.Serbksy, which was installed diagnosis: "Personality disorders". Patients were divided into 3 groups: 1st - incompetent to proceeded (13 persons), 2d - patients, in respect of which is recommended obligatory participation of the attorney in criminal proceedings (36 persons), 3d - competent to proceeded (24 persons).

The Results of the study: For revealing factor, influencing upon active participation of defendants in process of protection of their own rights and on entry of the decision on competence to proceed, in all three groups were those most active in proceeding patients. In process of the called on study beside all patients 1st group of the breach of the thinking existed in psychic condition in the manner of unproductive nesses, circumstantial, absorption on established psychological damage situations, development paranoid ideas or delirium, breach of the volitional checking the behavior, presence of the impulsive forms of the reaction on established situation, uncontrolled persistence in achievement their own integer, breaches of the critical abilities. Their proceeding activity was pathological motivated, not coordinated with attorney and did not bring the result. The Majority the most active patients 2d group was legally literate, agreed the line of protection with attorney, and checked their activity. In ditto time all examined, him were inherent such larval line, as activity and persistence in realization of the significant installation and in achievement desired integer in combination with a certain reassessment of their own possibilities, insufficient volitional checking of its behavior in combination with critical estimation of the situations. In this instance attorney only helped full-fledged and qualitative to protect the right and legal interests its client. Proceeding activity of patients 3d group depended on larval features, such, as striving for action, persistence in achievement their own integer, aptitude to manipulate surrounding, and was more effective.

The Conclusion: The Active participation of the patients with personality disorders with frustration in process of protection of their own rights and legal interest was conditioned paranoiac development to personalities or sharpening in established proceeding such characteristic features, as striving for action, persistence in realization their own integer.

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Long acting injectable risperidone in the treatment of schizophrenia: 6 month preliminary results in E-star project in Czech Republic

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Objectives: To evaluate the clinical and economic outcomes of treatment with Risperidone Long-Acting Injection (RLAI) in Czech Republic patients.

Methods: The electronic -Schizophrenia Treatment Adherence Registry (e-STAR), is a secure web-based, international, observational study of patients with schizophrenia who have been initiated with RLAI. Data are collected both retrospectively and prospectively and include hospitalisations and reasons for treatment initiation and discontinuation; patients are evaluated using the Clinical Global Impression Severity Scale (CGI-S) and Global Assessment of Functioning Scale (GAF).

Results: After 6-months 107 patients (65,4% men) with diagnosis of schizophrenia (76,6%) or schizoaffective disorder (23,4%) were eligible for analysis. The most common reason for switching to RLAI were poor compliance (43,9%) and insufficient response to previous medication (34,6%). At 6-months, 95,3% of patients were still on RLAI treatment. 89,7% of patients were given 25mg of RLAI at baseline and at 6-months 73,5% were still on 25mg. Compared to the 6-month retrospective period, significant decreases were seen in the average length of stay in hospital (21,1 to 5,3 days, $p < 0,001$) and the number of hospitalizations per patient (0,41 to 0,21, $p < 0,001$).

Compared to baseline, significant decreases were seen in the occurrence of suicidal ideation (19,2% to 1,9%, $p < 0,001$) and violent behaviour (14,4% to 2,9%, $p = 0,003$). There were significant changes in the average CGI-S score (5,13 to 3,43, $p < 0,001$) and GAF score (47,2 to 64,5, $p < 0,001$) from baseline.

Conclusion: Based on 6-month interim results, treatment with RLAI resulted in significant improvements in disease severity and functioning in patients with schizophrenia.

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Weight increase and psychotropic medication: The international amsp project

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Background: The AMSP-Project is a prospective multicenter program for continuous assessment of adverse drug reactions of marketed psychotropic drugs in psychiatric inpatients under naturalistic conditions of routine clinical treatment. It corresponds to a dynamic cohort study and currently about 55 German, Swiss and Austrian hospitals are participating, monitoring approximately 30,000 inpatients per year.

Objective: to measure the incidence and relative risk ratios of weight gain in association with psychotropic treatment.

Methods: All cases of severe weight gain over 10% of initial body weight between the years 2001 through 2005 were reviewed and causality assessment discussed at (inter-)national meetings. Incidence was calculated by number of patients under treatment and relative risks were calculated between the individual treatment regimens.

Results: The risk of severe weight gain is highest under treatment with olanzapine, being responsible for > 40% of the total cases while only 15% of the cohort is treated with olanzapine. The relative risk of olanzapine cases versus the total number of cases was 12 (CI 6.86 – 22.03), taking only those cases into account where only one compound was judged to be responsible (in some cases, drug combinations are imputed).

Discussion: The AMSP project is a valuable tool in detecting and confirming ADR in a psychiatric hospital setting. The pros and cons of the project are equal to intensive spontaneous monitoring systems. The incidence and relative risk of weight gain is established for psychotropic treatment.

Conclusion: The well known benefits of treatment should be carefully balanced with the problems of weight gain.

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Metabolic adverse events of antipsychotics treatment in chronic schizophrenia

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Background: Although the mechanisms explaining metabolic impairments observed during antipsychotic treatment are not well known, there are important differences between drugs regarding the possibility of inducing lipidic and glucose impairments.

Objective: To assess the effects of atypical and typical antipsychotics -olanzapine, aripiprazole, risperidone and haloperidol over the weight, glucose and HDL-cholesterol levels, during 24 weeks of treatment.