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Objective: The caudate nucleus is involved in cognitive function. Schizophrenic patients showed cognitive dysfunction. It has been reported that volume reduction of the caudate nucleus was associated with cognitive impairment in schizophrenic patients. Because treatment with olanzapine improves cognitive dysfunction in schizophrenia, olanzapine may affect the caudate nucleus volume in patients with schizophrenia. We measured volumes of grey and white matter in the caudate nucleus of schizophrenic patients.

Methods: Ten schizophrenic patients and ten healthy subjects were examined magnetic resonance imaging. Ten patients were scanned at the time of pre-treatment and post-treatment with olanzapine. MR data analysis was performed using BRAINS software in order to measure grey and white matter volume of the caudate nucleus.

Results: Schizophrenic patients had reduced volume of grey and white matter of the caudate nucleus compared with healthy subjects. The average duration of treatment with olanzapine was 186 days in schizophrenic patients. The volume of grey and white matter in the caudate nucleus at the time of post-treatment was significant larger than that at the time of pre-treatment with olanzapine in patients with schizophrenia. There was no significant difference between the volume of grey matter of the caudate nucleus at the post-treatment with olanzapine and that of healthy subjects.

Conclusion: Schizophrenic patients had reduced volume of the caudate nucleus. Treatment with olanzapine may improve volume reduction of grey matter of the caudate nucleus in schizophrenic patients.

P104

Once-year experience with aripiprazole in acute care units. Recommendations for use

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Background: In the last year, a new antipsychotic (AP) was approved in Spain for treatment of schizophrenia: ariprazole. Objetives: 23 clinical psychiatrists of Acute Units throughout Spain have constituted a regular work group (PSIQ-A) for the purpose of sharing clinical experiences and examining topics of interest to our daily clinical practice.

Methods: In periodic meetings, members of PSIQ-A have made a compilation of different approaches to distinct clinical situations that hospitalized schizophrenic patients may present: approach in Emergency Room to try to reach a consensus, specifically with respect to ariprazole use in each situations.

Results: Usually recommended dosage with predominance of positive symptoms: 25-30 mg/day (generally more than 15 mg/day) and with predominance of negative symptoms: smaller doses are sufficient and effective. Because of the demands of Acute Care rapid changes are chosen (about 1 week), except with clozapine and depot preparations (2 weeks) with full doses of ariprazole in 1-3 days and tapering off of previous AP. The initial, temporary association of drugs with a more sedative profile is frequent (BZD, levomepromazine, quetiapine). Some benefits have been: Reduction of psychotic anxiety; possibility of improving insight; excellent tolerance, even at high doses; response in negative-residual patients: more activity, more eagerness to do things, ''evident improvement in the most chronic patients''.

Conclusion: Ariprazole is a new and interesting drug in the approach to the phase of decompensation and admission of patients with schizophrenia, with good tolerability in major areas of patient concern and feeling well-being and improving insight.

P105

First psychotic episode - a descriptive study

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Background and aim: The importance of early recognition and treatment of the first psychotic episode is well documented in literature. This study aims to describe and analyze the sociodemographic and clinical characteristics of a sample of patients admitted in a psychiatric ward for their first psychotic episode.

Methods: Data from 48 patients was retrospectively analyzed using a specific clinical protocol. Inclusion criteria were admission with a first psychotic episode during January 2003 to June 2005. Patients with primary affective and organic disorder were excluded. ACESS was used for statistic analysis.

Results: Patients were aged 19-56, mainly of the masculine gender (77%), single (68%), living with own family (89%), and receiving any kind of social support (13%).

Main diagnoses were Schizophrenia (54%); Persistent Delusional Disorders (17%); Acute and Transitory Psychotic Disorders (29%).

Age of onset was 28 years (median) for males and 36 years for females. Onset was

insidious for 44% of the patients and the Time Disease Untreated (TDU) mean-2,2 month; median 18,8 month, witch is similar with literature data. Ten percent were involuntarily admitted and 84% were taking oral atypical antipsychotic with total compliance for 33% and partial for 25% of patients.

Only 23% of the patients or their families were attending therapeutic groups.

Conclusion: The results of our study in part agree with the data from the literature on the other hand they reflect the characteristics of our healthcare system and population, and can provide ways to improve care.

P106

Antipsychotic treatment and the need for hospitalization: advantages of long-acting neuroleptics

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Introduction: At present,the need of antipsychotic treatments for the improvement of the condition of people with psychotic disorders is unquestionable.Despite the current availability of highly effective drugs with few secondary effects,the main cause behind hospitalization is still the lack of compliance.

Objectives: Analysis of the determining variables behind the need for hospitalization and the influence of the types of antipsychotic treatments.

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Methods: Retrospective and follow-up analysis of psychotic patients hospitalized in the Psychiatric Ward of the Hospital de Conxo (1998-2005).Three groups of patients:with Oral neuroleptics(170), with Depot typical neuroleptics (238),with Long-Acting Risperidone(60);and comparison based on treatment maintenance.

Results: Males,day-to-day living with the family of origin and single status are predominant in all three groups,although in a higher proportion in the Long-Acting Risperidone one(75,71 and 85%respectively).Only 7% of the patients with Long-Acting Risperidone completed their university studies,62% were pensioners.The average duration of hospitalization periods is 21 days for the patients with Long-Acting Risperidone,23.3 days in the Oral group,29.5 days in the Depot group.The main cause behind re-hospitalization is the lack of compliance(68% in Depot group),whilst after the introduction of Long-Acting Risperidone,no compliance rate is 59%.If we compare the number of hospitalizations/year of the patients with Long-Acting Risperidone,before and after its introduction,the rate is reduced significantly from 0.89 to 0.73.

Conclusions: Despite the fact that patients treated with Long-Acting Risperidone show a more seriously ill condition and less social capacity,they have less need for hospitalization than patients treated with Depot neuroleptics.Median lengths of stay were shorter than patients in the other two groups,and are less re-hospitalized after the introduction of this treatment.

P107

Belgian schizophrenia outcome survey (SOS)

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Objective: SOS compared during 2 years medical costs in Belgian out-patients with schizophrenia.

Methods: Patients older than 18 and stabilized with haloperidol(H), olanzapine(O) or risperidone(R) monotherapy entered this observational study at discharge from the hospital.

Results: Of 323 patients included, 68% (219/323) completed the study (H59% (19/32), O66% (99/149), R71% (101/142)). In the R group were more first episode patients (H6%, O17%, R27%). H patients were more chronic with more previous hospitalizations.

Treatment continuation (no drop out, without medication change or addition) was 31%(H), 50%(O) and 43%(R). The mean dosages were H 8.9 (±9.6), O 14 (±6) and R 4.2 (±1.9) mg/day. Two years medical costs were H 30484 € (± 36332), O 20897 € (± 27863), R 20916 € (± 31776) (NS)

The CGI improved during the first 3 months and then remained stable. The percentage of patients with at least 1 EPS at the last visit was: H66%, O35% and R39% (p=0.005) and at least 1 sexual/reproductive problem was H69%, O40%, R44% (p=0.013). Weight gain was H 0.53 ± 5.0, O 3.3 ± 8.3 and R 3.2 ± 8.4 kg.

Conclusion: Even in this group of stabilized patients, treatment continuation was poor: in only 1 out of 3 haloperidol patients, treatment was not changed during the 2 years follow up. The fewest treatment change was in the olanzapine group (1 out of 2). Treatment cost was not significantly higher in the haloperidol group and similar in olanzapine and risperidone group as hospitalization was the main cost driver.

P108

Randomised, placebo-controlled, relapse-prevention study with once-daily quetiapine sustained release in patients with schizophrenia

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Aim: A randomised study (D1444C00004) to show superior relapse prevention with quetiapine sustained release (SR) versus placebo.

Methods: 327 patients with schizophrenia were switched to open-label, once-daily quetiapine SR dosed at 300 mg on Day 1, 600 mg on Day 2, then 400-800 mg for a 16-week stabilisation period. Stable patients (clinically and by dose) were randomised (n=197; double-blind phase) to either quetiapine SR (400-800 mg/day) or placebo. Primary endpoint: time from randomisation to psychiatric relapse (hospitalisation for worsening schizophrenia, PANSS increase ≥30%, CGI-I score ≥6, or need for additional antipsychotics). An independent Data Safety Monitoring Board (DSMB) monitored the study. Planned analyses: interim, after 45 and 60 relapses (to permit termination if a significant treatment difference in primary endpoint was observed); final, after 90 relapses.

Results: Early termination occurred after the first interim analysis (following DSMB recommendation) as quetiapine SR (mean dose 669 mg/day; mean randomised-treatment period 4 months) was significantly superior to placebo for time to relapse: HR 0.16 (95% CI 0.08, 0.34; p<0.001). Numbers (%) of relapses were: 9 (10.7%), quetiapine SR; 36 (41.4%), placebo (interim ITT population). Estimated relapse rate at 6 months was: 14.3%, quetiapine SR; 68.2%, placebo (difference 54% [95% CI 42.5, 65.4; p<0.001]). Incidence of: treatment-related AEs 18% (quetiapine SR), 21% (placebo); total EPS-related AEs 1.1% and 1%, respectively. One patient in each group withdrew due to AEs.

Conclusion: Once-daily quetiapine SR (400-800 mg/day) was effective versus placebo in preventing relapse in patients with clinically-stable schizophrenia and was well tolerated during longer-term use.

P109

Contributions of psychopatology and cognitive impairment to social functioning in patients with schizophrenia

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Social and cognitive functioning are often impaired in patients with chronic schizophrenia, and contribute to the illness poor outcome. Relationships between social functioning, psychopathology and cognitive deficits have not been clarified yet.

In the present study the amount of social functioning variance explained by psychopathology and cognitive deficits was investigated in 88 subjects with chronic schizophrenia or schizoaffective disorder. A comprehensive neuropsychological battery was used to assess general cognitive abilities, attention, secondary verbal and visuospatial memory, verbal fluency and executive functions. Psychopathological dimensions were derived from scores on Andreasen's scales for negative and positive symptoms. Social functioning was investigated by the ''Assessment of Disability'' interview.

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