consequences provides a powerful rationale for continued treatment with antipsychotics. In the first five years of illness, patients who discontinue their antipsychotic medication have a five times higher risk of relapse than those who do not, and may have a poorer outcome in the long term. However, clinicians and chronic patients often develop treatment discordance, i.e. disagreement on the need for continued antipsychotic medication, or patients may develop disabling side effects. Predictors of decreased use of antipsychotics were tardive dyskinesia and severe illness. In the same study, reduction in time exposed to antipsychotic medication was associated with *more* clinical needs, *more* hospital admissions and *more* suicidal thoughts. This again suggests that patients who reduce their medication intake have a poorer clinical outcome than those who do not. The new generation of antipsychotics may have advantages over the older medications in terms of reduced risk of side-effected related medication discontinuation and subsequent relapse.

Dr van Os will discuss the psychosis toxicity hypothesis, a cascade of events starting with non-clinical psychotic experiences leading to chronic psychosis in a small but increasing number of people. These individuals experience progressively more severe psychotic states, culminating in the first psychotic episode. A longer duration of untreated psychosis (DUP), poor premorbid functioning and number of acute relapses are associated with poorer outcome. Evidence is emerging that the experience of psychosis itself may be toxic, the risk of relapse increases with each successive episode, providing a powerful rationale for continuous use of antipsychotic medication. The new generation of antipsychotics may have advantages over the older medications in terms of lower risk of side-effects, which will reduce discontinuation rates and subsequent relapse.

LS03.3

Long-term treatment benefits: a lesson from the past

A. David*. *University of Glasgow, Department of Psychiatry, UK*

Schizophrenia is a relapsing and remitting condition. Despite the large number of effective treatment options for patients – both pharmacological and psychosocial – many have a poor outcome. One reason is that treatment is frequently interrupted. This may be a reflection of how patients perceive their illness as well as their experience of treatment and the alliance they have with their physician. One means of reducing the risks associated with interrupted treatment is mode of delivery. Long-acting intramuscular forms of antipsychotic drugs guarantee the delivery of a measured quantity of drug. However, the use of traditional depot formulations of conventional antipsychotic drugs is often limited by concerns about side effects, and misgivings about the mode of administration. Patient and clinician acceptance can therefore be variable. Nevertheless, attitudes of patients who actually receive depots, indicate preference over oral medication. In efficacy terms, long-acting injectable medication may also confer benefits in terms of global outcome, with no proven adverse effects. A recent postal survey of practising UK psychiatrists was done to establish current attitudes to depot medication. Most agreed that they facilitated better monitoring of adherence for a range of patents. Further, over 90% of the survey respondents agreed that they would prescribe a long-acting intramuscular atypical antipsychotic if one were available. Other recent surveys of clinicians in Europe have revealed similar attitudes. Hence, long acting atypical antipsychotic drugs are set to become an important addition to the clinician's armamentarium in the treatment of patients with schizophrenia who can benefit from continuous therapy.

LS03.4

Treatment delivery: a hope for the future

M. Eerdekens*. *Janssen Research Foundation, Beerse, Belgium*

Risperidone long acting injection is the first atypical antipsychotic drug formulated for controlled release that combines the advantages of both atypical antipsychotics and long-acting formulations for enhanced clinical outcome and improved long-term stability. The new formulation encapsulates risperidone in 'microspheres' made of a medically accepted biodegradable polymer which is injected into the muscle. Single-dose pharmacokinetic characteristics of risperidone long acting injection show a post-injection latent period of three weeks, followed by a rapid rise in plasma levels, maintenance at therapeutic levels from weeks 4–6, followed by a rapid decline of plasma levels by week seven post injection. Thus pharmacokinetic profile explains why additional antipsychotic treatment is needed during the initial latent period. Multiple-dose pharmacokinetic data indicate that undue accumulation does not occur with long-term use. Risperidone long acting injection 25mg and 50mg showed superior efficacy over placebo based on PANSS total score, PANSS positive subscale, PANSS negative subscale and CGI score (RIS-USA-121). A 37.5mg dose will also be made available for enhanced dosing flexibility. Risperidone long acting injection was well tolerated with no unexpected systemic adverse events and very good local tolerability. The discontinuation rate in the active treatment group was found to be significantly lower than in the placebo group. Long-term trials have shown this favourable tolerability profile to be maintained for at least 50 weeks. Risperidone long acting injection delivers effective and well-tolerated control of symptoms and can be recommended for patients with psychotic illness for whom treatment and continuous drug delivery is required.

LS04. Escitalopram – redefining SSRI therapy (Sponsored by H. Lundbeck AB)

LS04.1

Exploring the pharmacology of enantiomeric drugs

J. Arnt. *Denmark*

No abstract was available at the time of printing.

LS04.2

Escitalopram – progression in antidepressant therapy

S. Montgomery. *UK*

No abstract was available at the time of printing.

LS04.3

Increasing the efficacy of antidepressant therapy without compromising the tolerability

A. Wade. *UK*

No abstract was available at the time of printing.

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