

P0154

Shizophrenia-spectrum disorders with syndrome of sexual dysphoria

S.B. Kulish¹, S.N. Matevosian². ¹ *Research Laboratory of Forensic Sexology, Federal State Institution Serbsky Research Center for Social and Forensic Psychiatry, Moscow, Russia* ² *Moscow City Center of Psychoendocrinology, Moscow, Russia*

Background and Aims: investigation of psychopathology and sexual characteristics in persons with F2 disorders and the syndrome of sexual dysphoria.

Subjects: Group 1: 78 patients (55 male and 23 female). Group 2 (controls): 85 persons with transsexualism (12 male and 73 female). Average age is 25,8 years.

Method: clinical-psychopathological, sexological, statistical

Results: In Group 1 premorbid sensitive (22,4%) and asthenoneurotic (15,8%) features seemed to prevail while in transsexuals the most common premorbid features are harmonious (53,7%) and hyperthymic (18,3%) ones. Child autistic fantasies and neurotic-like symptoms also dominated in Group 1. Only these patients had transient dysmorphophobia, vagrancy and anorexia nervosa in their past, and psychopathic-like syndrome at present (10,4%). Recurrent affective episodes and depressive disorders significantly prevailed among schizophrenic patients. In Group 1, the ideas of changing sex appeared after sensations that the body had changed and after senestho-hypochondriacal experiences. Cross-dressing and using cosmetics was already found in patients of Group 2 younger than 10 years of age. Some characteristic features of psychosexual development were found: only schizophrenic patients showed premature sexual maturation. However, this group also showed significantly disharmonious and late psychosexual development (80,6%). On the other hand, only transsexuals had disharmonious early or late somatosexual development.

Conclusions: The differences found between patients with schizophrenia-spectrum disorders and sexual dysphoria and transsexuals will contribute to differential diagnosis and analysis of different pathogenetic mechanisms of "rejecting one's sex" in different mental disorders.

P0155

Subjective improvement and symptom change in psychosis

Z. Kupper, W. Tschacher. *Department of Psychotherapy, University Hospital of Psychiatry, University of Bern, Bern, Switzerland*

Objectives: Subjective, self-rated improvement in patients with schizophrenia spectrum disorders can carry significance as a first-person account of treatment outcome, and can be of importance for the individual patient's acceptance of further treatment. This study assessed the concordance between post-treatment subjective improvement and the observed symptom change after a psychotic episode.

Method: The study sample consisted of 43 younger, primarily first- or second-episode patients. Daily symptom ratings were carried out. Observed symptom change was calculated both as pre-post differences and as symptom trajectories. Subjective improvement was assessed at the end of treatment by using the "Emotional and Behavioural Changes in Psychotherapy Questionnaire" (VEV), a retrospective measure of subjective change.

Results: The findings indicated no significant concordance between pre-post differences in symptoms and self-rated improvement, nor were final levels of symptoms related to subjective improvement. Higher initial and mean symptom levels for positive symptoms were

related to a lower degree of subjective improvement. A shorter duration of an initial trend-like improvement in psychosis was shown to be associated with greater subjective improvement.

Conclusions: Subjective assessment of improvement may differ markedly from symptom change. In psychotic episodes, more severe initial positive symptoms as well as a delayed improvement of positive symptoms may be related to a reduced subjective experience of improvement for the duration of the entire episode. The treatment of psychosis should take a possible discordance between subjective and objective change into account.

P0156

Impact of risperidone long-acting injection versus oral antipsychotic treatments on hospitalization in schizophrenia

J.M. Olivares¹, A. Morales Rodriguez², J. Diels³, M. Povey⁴, A. Lam⁵, Z. Zhao⁶. ¹ *Servicio de Psiquiatria, Hospital Meixoeiro, Complejo Hospitalario Universitario de Vigo, Vigo, Spain* ² *Janssen-Cilag Spain, Madrid, Spain* ³ *Janssen Pharmaceutica, Beerse, Belgium* ⁴ *SGS Life Science Services, Wavre, Belgium* ⁵ *Johnson & Johnson Pharmaceutical Services, Toronto, ON, Canada* ⁶ *Johnson & Johnson Pharmaceutical Services, Raritan, NJ, USA*

Objective: Evaluate impact of risperidone long-acting injection (RLAI) versus oral antipsychotics on hospitalization outcomes for patients in the electronic Schizophrenia Treatment Adherence Registry (e-STAR) in Spain.

Methods: e-STAR is a 2-year, multi-national, prospective, observational study of patients with schizophrenia who initiated on RLAI or an oral antipsychotic. Hospitalization outcomes including number of hospitalizations and number of days in hospital were collected retrospectively (1-year) and prospectively (2 years). Changes in hospital stays and days in hospital were compared between RLAI and oral patients using linear mixed model controlling for age, gender, disease duration, and baseline antipsychotic use patterns.

Results: 1,622 patients (63.6% male, mean age 38.4±11.2 years) participated in e-STAR from Spain, 1,345 initiated on RLAI and 277 on oral antipsychotics. RLAI patients had significantly longer disease duration (12.6±9.5 years vs. 10.9±9.7 in oral patients, p<0.01). Average hospital stay at baseline was 5 days longer for RLAI than oral patients. During the study, both treatments showed reductions in mean number of hospitalizations and mean number of days in hospital. Based on the mixed-model regression, RLAI patients, compared to oral patients, had a significantly greater reduction in mean number of hospitalizations (-0.28 vs. -0.18 in followup-year1 and -0.37 vs. -0.20 in followup-year2, p<0.05) and mean number of days in hospital (-17.23 vs. -12.96 in followup-year1 and -18.75 vs. -12.99 in followup-year2, p<0.01).

Conclusions: This 2-year, prospective, observational study showed that compared to oral antipsychotics, RLAI treatment was associated with greater reduction in hospital stays and days in hospital in patients with schizophrenia.

P0157

Clinical and functional outcomes of patients with schizophrenia treated with risperidone long-acting injection versus oral antipsychotics

J.M. Olivares¹, A. Rodriguez Morales², J. Diels³, M. Povey⁴, A. Lam⁵, Z. Zhao⁶. ¹ *Servicio de Psiquiatria, Hospital Meixoeiro,*

Complejo Hospitalario Universitario de Vigo, Vigo, Spain ² Janssen-Cilag Spain, Madrid, Spain ³ Janssen Pharmaceutica, Beerse, Belgium ⁴ SGS Life Science Services, Wavre, Belgium ⁵ Johnson & Johnson Pharmaceutical Services, Toronto, ON, Canada ⁶ Johnson & Johnson Pharmaceutical Services, Raritan, NJ, USA

Objectives: Assess clinical and functioning treatment outcomes of risperidone long-acting injection (RLAI) versus oral antipsychotics for patients participating in the electronic Schizophrenia Treatment Adherence Registry (e-STAR) in Spain.

Methods: e-STAR is a 2-year, multi-national, prospective, observational study of patients with schizophrenia who were initiated on RLAI or an oral antipsychotic. Data were collected retrospectively (1-year) and prospectively every three months (2 years). Outcomes included clinical effectiveness measured by Clinical Global Impression of Illness Severity (CGI-S) and patient functioning assessed by Global Assessment of Functioning (GAF) scale. Clinical and functional outcomes are analyzed using a linear mixed model controlling for age, gender, disease duration, baseline hospitalization status and antipsychotic treatment patterns. Results presented are based on the complete e-STAR data from Spain.

Results: 1,622 patients (63.6% male, mean age 38.4±11.2 years) participated in e-STAR from Spain, 1,345 were initiated on RLAI and 277 on oral antipsychotics. RLAI treated patients had significantly longer disease duration (12.6±9.5 years vs. 10.9±9.7, $p<0.01$) than those treated with oral antipsychotics. During the 2-year study, clinical symptoms and functioning improved in both groups. As revealed by the mixed-model regression, RLAI patients, compared to oral patients, had significantly greater improvement on CGI-S scores (-1.10 vs. -0.88, $p<0.02$) and GAF scores (16.4 vs. 14.6, $p<0.03$). Baseline hospitalization status and disease duration were significant explanatory variables in the mixed model regression.

Conclusions: This 2-year, prospective, observational study showed that compared to oral antipsychotics, RLAI treatment was associated with greater improvement in clinical symptoms and functioning in patients with schizophrenia.

P0158

Clinical and functional improvements with risperidone long-acting injection treatment: 6-month results from the electronic schizophrenia treatment adherence registry in Sweden

L. Eriksson ¹, M. Povey ², B. Eriksson ³, A. Lam ⁴, Z. Zhongyun ⁵. ¹ SU/Östra RPV, Hisings-Backa, Sweden ² SGS Life Science Services, Wavre, Belgium ³ Janssen-Cilag Sweden, Onsala, Sweden ⁴ Johnson and Johnson Pharmaceutical Services, Toronto, ON, Canada ⁵ Johnson & Johnson Pharmaceutical Services, Raritan, NJ, USA

Objectives: Evaluate clinical and functional treatment outcomes in patients initiated on risperidone long-acting injection (RLAI) during routine clinical practice and followed up for at least 6-months.

Methods: e-STAR is a multi-national, prospective, observational study of patients with schizophrenia who have been initiated with RLAI. Data are collected both retrospectively (1 year) and prospectively (2 years). Clinical outcome measured by Clinical Global Impression-Severity (CGI-S) scale and functioning measured by Global Assessment of Functioning (GAF) scale were assessed at baseline and every 3 months. Results presented are based on data from patients enrolled in e-STAR in Sweden and have at least 6-months of follow-up data available.

Results: To date 102 patients have been enrolled in e-STAR in Sweden, of which 83 had at least 6-months of follow-up data available and were included in this analysis. Majority were male (63.9%) with mean age of 46.3±13.2 years. 71.1% had diagnosis of schizophrenia, 13.3% schizoaffective and 15.7 related psychosis and mean time since diagnosis of 12.5±10.1 years. Most important reasons for switching to RLAI were lack of efficacy (31.3%) and lack of compliance (27.7%) with previous therapy. At 6 months, 92.8% of patients were still on RLAI treatment. Mean CGI-S score significantly decreased from 4.21±1.08 at baseline to 3.60±1.13 at 6 months ($p<0.001$). Additionally, the mean GAF score significantly improved from 40.7±11.9 at baseline to 51.8±12.8 at 6 months ($p=0.006$).

Conclusion: These 6-month interim results showed that treatment with risperidone long-acting injection was associated with significant reduction in disease severity and improvement in patient functioning.

P0159

Reduction in suicidal ideation and violent behavior after treatment with risperidone long-acting injection from the e-star project in The Netherlands

M. van Kooten ¹, H. bij de Weg ², E. de Groot-Stam ³, C.L. Mulder ⁴, M. Povey ⁵, M. Manders ⁶, A. Lam ⁷, Z. Zhao ⁸. ¹ Ambulant ACT, de Geestgronden-Buitenamstel, Hoofddorp, The Netherlands ² GGZ Friesland, Leeuwarden, The Netherlands ³ Gelderse Roos, RIAGG, Veenendaal, The Netherlands ⁴ BAVO Europoort, Rotterdam, The Netherlands ⁵ SGS Life Science Services, Wavre, Belgium ⁶ Janssen-Cilag Netherlands, Tilburg, The Netherlands ⁷ Johnson and Johnson Pharmaceutical Services, Toronto, ON, Canada ⁸ Johnson & Johnson Pharmaceutical Services, Raritan, NJ, USA

Objectives: To assess the incidence of suicidal ideation, violent behaviour, and deliberate self-harm in patients with schizophrenia 12-months after initiating treatment with risperidone long-acting injection (RLAI) who are enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) in the Netherlands.

Methods: e-STAR is an international, prospective, observational study of patients with schizophrenia who have been initiated with RLAI. Data are collected retrospectively (1 year) and prospectively (2 years). The incidence of suicidal ideation, violent behaviour, and self-injury was evaluated by the treating physician based on the presence or absence of these events at baseline and prospectively every 3 months. Patients with at least 12 months of available follow-up data from the Netherlands were included in this analysis.

Results: To date a total of 190 patients have been enrolled in the Netherlands and 118 patients with 12 months of available data were analyzed. The majority were male (62.7%) with a mean age of 37.7±11.5 years and a mean time since schizophrenia diagnosis of 11.1±21.5 years. Compared to baseline, statistically significant decreases were observed in the occurrence of suicidal ideation (15.1% to 4.3%, $p=0.006$) and violent behaviour (12.9% to 2.2%, $p=0.006$) at 12 months. The incidence of self-injury also decreased from 4.3% to 3.2%, but the reduction was not statistically significant.

Conclusion: These 12-month interim results showed significant decrease in the incidence of suicidal ideation and violent behaviour was observed in patients with schizophrenia after initiating treatment with risperidone long-acting injection.