Objective: The aim of this study was to explore the treatment effect of olanzapine in the polymorphisms of MAOA and DRD4 VNTRS in schizophrenia.

Method: Over a 3-month period, 50 patients with schizophrenia were administered olanzapine (10–30mg). Treatment response was assessed by checking for improvement in psychotic symptoms as measured on the Positive and Negative Syndrome Scale Manual (PANSS Manual) and Brief Psychiatric Rating Scale (BPRS).

Results: The long form of MAOA demonstrated a better drug response for positive symptoms, and the short form of MAOA demonstrated a better drug response for aggression. There was a negative correlation between DRD4 VNTRS and improvement in general psychopathology. Both female patients and those with a shorter duration of the illness had a better response to olanzapine.

Conclusion: The results suggest polymorphisms of MAOA and the DRD4 gene, sex, and duration of illness may be useful response predictors in schizophrenia.

Keywords: olanzapine, MAOA polymorphism, DRD4 gene, schizophrenia.

P077

PSIC - early intervention community program for schizophrenia

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A community based early intervention program for schizophrenia developed by a psychiatric department in the suburbs of Lisbon is described. The program included treatment with psychotropic drugs, regular evaluations by a multidisciplinary community team (outpatient clinic and home visits), family interventions, psycho educational groups, individual psychotherapy, family and occupational therapy, and cognitive remediation intervention.

A group of 77 patients with a first episode of psychosis diagnosed between January 2001 and October 2006, and followed for no more than two years at first assessment was enrolled in the program. The patients were predominantly males (82%), single (94%), living with their parents (72.7%), and between 18 and 25 years old (53.2%). One third of the sample had 9 years of education, and 72.7% met ICD-10 criteria for schizophrenia, while 69% met DSM-III-R criteria for prodromic symptoms.

During follow-up 16 patients (20%) dropped out, 18.1% were admitted as inpatients during the first 6 months after the diagnosis (Phase II), and 15.5% in the following 18 months (Phase III). There was a decline in occupational/employment rates, mainly in the male gender. Most female patients had Duration of Untreated Psychosis (DUP) between 1-2 years and most male patients had a DUP higher than 2 years.

The protocol was useful in the development of a Multidisciplinary Community Team Intervention for the assertive follow-up of patients with a first episode of schizophrenia. Its main limitation is the lack of comparison with a standard care treated sample.

P078

An audit of risperidone long acting injection in clinical practice

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The aim of the audit was to assess whether risperidone long-acting injection (RLAI) was initiated according to recommendations and to determine which factors might predict successful outcomes. The audit was conducted by an Innovex Nurse Adviser working with the Southern Health Board in Northern Ireland. All patients who had received RLAI during the past two years were eligible.

The audit sample consisted of 64 adult patients, with the primary diagnosis being schizophrenia (59%). Most patients (n=43) had been ill for five years or more, 16 were treatment-resistant. 97% of patients were out-patients at the time of the audit.

The primary reason for initiating RLAI was poor compliance with previous treatment (43%). At the time RLAI was initiated, 38 patients were hospitalized and of these 30 were discharged and being maintained on RLAI at the time of the audit.

The majority of patients (n=58) were initiated on 25mg RLAI. At the time of the audit, 52 patients were being maintained on RLAI, with 24 patients on 25mg, 15 on 37.5mg and 13 on 50mg. A total of 35 patients had been receiving RLAI for more than one year.

Of the 12 patients who discontinued, seven had been incorrectly initiated. Other potential reasons for discontinuation included treatment-resistance (n=3) and refusal and/or compliance concerns (n=8).

The treatment continuation rate in this audit suggests that RLAI is efficacious and well-tolerated by most patients. Patients who continue on RLAI long-term are less likely to be hospitalised.

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P079

What is the aim when the psychiatrist is treating a person suffering schizophrenia?

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Introdution: Attitudes and opinions of people about schizophrenia is very important in order to understand the true situation of the disease. It is necessary to maneging the disease and developing good and realistic social and health politics addressed to fighing against the stigma and discrimination of people ho suffer this disease.

Objetive: Knowing the opinions of general people about schizophrenia using a survey.

Population: 2895 People have answered the survey. 57,2% men and 42,5% men. 71,8% are 20 to 40 years old. Most of them are spanish (91,1%), but 6,5% anser from Latinamerica.

Material: A question about the schizophrenia is given in order to compare with other events schizophrenia-related: : stigmatized, relation with violence, dificulties for living with others; for working alone, need to take drugs, difficult to obtain close relations, difficulties to obtain a job and not to be account.

Méthodology: Survey have been in the mundosalud website (www.mundosalud.es) for free access form 01/06/2006 to 15/09/2006. Everybody is invited to answer and a friendly interface is used in order to make easy participate. No payment is made for answering. During 2006 this web have been visited by 120.000 citizens.

Results and Conclusions: The results stablished that the most important problem considered by the schizophrenic patients is the difficulty for finding a job and maintaining social and personal relations. Besides, stigmatization is noticed very important too.

By the other hand, taking drugs and links between violence and disease are considered as a less important problem by the schizophrenic patients.

P080

Comorbidity of schyzophrenia and disorders due to psychoactive substance use

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Introduction: The concurrence of psychoactive substance use and schizophrenia is important in its effect on therapeutic responses and patient prognosis. The prevalence of these disorders depends on the methodology used:retrospective studies and those in which drug consumption information was not collected in a structured way present a prevalence of disorders due to substance use between 3-22%.When this information is gathered systematically, the prevalence goes up to 30-50%. Between the variables that predict a high risk of disorders due to substance use we found: young adult male, first hospital admittance at a young age, greater frequency of hospital re-admittance, better previous social adaptation to the disease and higher frequency of violent and impulsive behaviour.We try to determine the association of sociodemographic variables and the prevalence of disorders due to substance use.

Methods: 331 schizophrenic patients admitted to the Psychiatric Ward of Conxo Hospital.Among these subjects, determination was made of the existence of comorbid disorders due to substance use.A descriptive analysis was carried out based on categorical variables using SPSS.

Results: 23 patients presented comorbidity(7%).The overall sample of schizophrenic subjects consisted of 93% males, however, the subjects with comorbidity were 100% male.With respect to marital status, there were a greater proportion of single patients with comorbidity(95%).There was a higher proportion of institutionalized patients in the group with comorbidity and a lower level of education. The comorbid group included more subjects who were unemployed.

Conclusions:schizophrenic patients with comorbidity are single men with poor social capacity.Iťs important that we collet the drug consumption information by structured way.

P081

Intramuscular aripiprazole for the treatment of acute agitation associated with schizophrenia: Sub-analysis of a double-blind, controlled, dose-ranging study

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Background and aims: To evaluate efficacy and safety of intramuscular (IM) aripiprazole and IM haloperidol in patients with acute agitation associated with schizophrenia.

Methods: Patients (n=232) were randomized to IM aripiprazole 1-mg (0.5 ml of a 2-mg/ml solution), 5.25-mg (0.7 ml of a 7.5-mg/ml solution to approximate 5-mg), 9.75-mg (1.3 ml of a 7.5-mg/ml solution to approximate 10-mg), or 15-mg (2.0 ml of a 7.5-mg/ml solution), IM haloperidol 7.5-mg (1.5 ml of a 5-mg/ml solution) or IM placebo. Over 24 hours, patients received up to three injections, administered ≥2 hours apart. Primary endpoint was mean change from baseline in Positive and Negative Syndrome Scale Excited Component (PEC) score at 2 hours. Secondary endpoints included CGI-I, CGI-S and ACES scores.

Results: Mean PEC improvements at 2 hours were significantly greater with IM aripiprazole 5.25-, 9.75- and 15-mg, and IM haloperidol versus IM placebo (Table). Compared with IM placebo, mean improvements were significantly greater in CGI-S with IM aripiprazole 9.75- and 15-mg, and in ACES with IM aripiprazole 9.75-mg and IM haloperidol (Table). Mean CGI-I was significantly better with IM aripiprazole 5.25-, 9.75- and 15-mg, and IM haloperidol versus IM placebo (Table). Overall, IM aripiprazole was well tolerated, with fewer extrapyramidal side effects versus IM haloperidol.

Conclusion: IM aripiprazole 9.75-mg is effective and well-tolerated for acute agitation associated with schizophrenia.

Mean score	IM placebo (n=39)	IM aripiprazole 1-mg (n=30)	IM aripiprazole 5.25-mg (n=30)	IM aripiprazole 9.75-mg (n=30)	IM aripiprazole 15-mg (n=44)	IM haloperidol (n=43)
PEC						
Baseline	19.5	18.9	19.1	19.0	19.2	18.7
Change	−4.8	−4.9	−6.9*	−7.8**	−6.9*	−7.3*
CGI-S						
Baseline	4.9	4.8	4.8	5.1	4.8	4.8
Change	−0.6	−0.5	−1.0	−1.1*	−1.1*	−1.0
ACES						
Baseline	2.1	2.1	2.2	2.2	2.1	2.1
Change	+1.0	+0.8	+1.2	+1.8**	+1.3	+1.7*
CGI-I	3.4	3.3	2.7***	2.7**	2.7**	2.7***

*p≤0.05; **p≤0.01; ***p≤0.001 vs. IM placebo

P082

Transitioning from intramuscular (IM) to oral aripiprazole in patients with schizophrenia

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Aim: Assess the effectiveness and safety of transitioning patients with acute schizophrenia from IM to oral aripiprazole.

Methods: 360 agitated patients (18-69 years) with PANSS Excited Component (PEC) total scores 15-32 and ≥4 on at least 2 PEC items, were randomized to ≤3 IM injections of aripiprazole 10 mg or haloperidol 6.5 mg within 24 hours. Patients (n=304) were transitioned to oral formulations (aripiprazole 10-15 mg/d or haloperidol 7-10 mg/d) for 4 days. Patients were assessed using PEC, Clinical Global Impression-Improvement (CGI-I), and Clinical Global Impression-Severity of Illness (CGI-S) Scale scores, as well as the Agitation Calmness Evaluation Scale (ACES), and the Corrigan Agitated Behavior Scale (CABS). Mean changes from baseline (last value obtained during IM treatment) to endpoint (Day 5, LOCF)

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