(Brief Psychiatric Rating Scale, BPRS), Global Assessment of Functioning (GAF) current overall functioning, Patient Evaluation of Medication (PEM) and safety (Clinical Global Impression of side effects (CGI-se) and Patient Global Impression of side effects (PGI-se) were measured at baseline and after 6, 14 and 26 weeks. Statistical methods used are t-tests for related samples. Percentage changes are expressed as relative to the maximum change possible.

Results: As this study is in progress preliminary results are reported over 19 patients, and are only available for change at week 14 compared to baseline. Mean improvements turned out to be 20.8% in SWN ($p = 0.012$), 24.8% in BPRS ($p = 0.002$), 5.4% in GAF ($p = 0.004$) and 58.8% in PEM ($p = 0.002$). Regarding side-effects, the mean improvements were 62.2% in CGI-se ($p = 0.009$) and 38.7% in PGI-se ($p = 0.042$).

Conclusions: Patients rated their subjective experience with olanzapine significantly superior to their previous AP. Their overall well-being and symptomatology improved significantly as well as their current overall functioning. Side effects were significantly better tolerated. Patients indicated to prefer olanzapine treatment over their previous AP.

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THE USE OF THE ATYPICAL ANTIPSYCHOTIC OLANZAPINE IN SCHIZOPHRENIA

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During the past decades, efforts have been undertaken to develop antipsychotics which combine an antipsychotic effect and a profile of low extrapyramidal side effects. Two major classes of atypical antipsychotic compounds have become available, the 5-HT/DA antagonists with strong $5\text{-}HT_{2a}$ relative to DA_2 receptor blocking properties of which risperidone is the main representative (Verhoeven et al., 1997) and the group of clozapine related drugs that affect various DA and 5-HT subreceptor systems such as olanzapine and sertindole.

In the present study the effect of olanzapine in a flexible dose from 5 to 20 mg daily was investigated on the schizophrenic symptom profile and 5-HT plasmaparameters. In an open, prospective study lasting 14 weeks, the efficacy of olanzapine on positive and negative symptoms was assessed by means of the PANSS and the CGI including a total of 20 patients suffering from either an acute type of schizophrenia or an acute episode, a relapse after symptom free interval or an exacerbation of chronic illness.

Preliminary analyses revealed a reduction of both positive and negative symptoms in a majority of the patients included, albeit the effect seemed to be more pronounced on negative symptoms. Major side effects comprised weight gain and fatigue, not necessitating premature discontinuation; extrapyramidal side effects were not observed.

(1) Verhoeven WMA, Rijn-van den Meijdenberg JCC, Hofma E, Tuinier S, Fekkes D, Pepplinkhuizen L. Amino acids, norharman and serotonergic parameters in schizophrenia: clinical and biochemical effects of treatment with risperidone. New Trends in Experimental and Clinical Psychiatry, 13: 117–126; 1997.

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SERTINDOLE IN THE TREATMENT OF SCHIZOPHRENIA

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Subjects: 9 patients who fulfilled the DSM-IV criteria for schizophrenia, schizophreniform disorder or schizoaffective disorder and gave informed consent. Mean age (± SD) was 28.8 (± 5.4) years.

Methods: We openly treated the patients with sertindole (SRT). No other antipsychotic drug was used. The average dose of SRT was 17.1 (± 5.1) mg/day. Mean length of treatment was 3.7 (± 4.3) months. Two patients were treated with SRT alone, and 7 patients were treated with SRT in combination with benzodiazepines (N = 5), carbamazepine (N = 2), valproate (N = 1), lithium (N = 1), gabapentin (N = 1), and paroxetine (N = 1). The t-test was used for comparison between assessment on admission and at the last evaluation.

Results: On admission, the patients received the following mean (± SD) scores: CGI: 6.2 (± 0.4), BPRS: 34.7 (± 15.8), SAPS: 43.1 (± 30.3), SANS: 46.6 (± 22.0), GAF: 26.0 (± 7.4). At the last visit, patients had a significant mean improvement on the CGI (4.8 ± 1.6; $p = 0.017$), and the GAF (37.8 ± 11.3). Improvement on the BPRS was marginally significant (19.7 ± 17.9; $p = 0.078$). There was a numeric (but not statistically significant) improvement on the SAPS and the SANS. We observed no acute dystonic reaction. Rigidity, akathisia and other specific parkinsonian signs were absent or minimal. Three patients had a significant akinesia. However, the treatment with SRT improved this sign in all of them, suggesting that akinesia was a primary negative symptom and not a drug side effects in such patients. One patient treated with SRT (20 mg/day) in association with lithium (900 mg/day) showed a severe, diffuse, high frequency, irregular tremor which did not improve after withdrawal of lithium and SRT. Furthermore, we observed nasal congestion (N = 2), somnolence (N = 4), absence of ejaculation and reduced libido (N = 3), ventricular premature complexes (N = 1), and weight gain (N = 5) (Kg: 12, 8, 4, 9, 5).

Discussion: In this sample, SRT was effective against both the positive and negative symptoms of schizophrenia spectrum disorders. Neurological side effects were absent or minimal. Absence of ejaculation and weight gain were the most serious treatment-emergent adverse events.

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THE CARDIOVASCULAR SAFETY PROFILE OF SERTINDOLE. PRELIMINARY DATA

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Objective: Cardiovascular safety of Sertindole, an atypical antipsychotic patented by H. Lundbeck, has critically been discussed because in some patients Sertindole may induce a slight prolongation (about 5%) of the QT-interval in the ECG. A similar QT-prolongation is well known from class IA/III antiarrhythmic drugs. Excessive prolongation of the QT-interval especially in combination with pre-existing certain heart diseases, electrolyte disturbances (K, Mg) and bradycardia increases the likelihood of the development of ventricular tachycardia (Torsades de pointes). However, bradycardia is not known to be part of the clinical profile of Sertindole. In addition the drug binds with relatively high affinity to alpha-1-adrenergic receptors. This may exert an inhibitory effect on some arrhythmogenic mechanisms. Nevertheless, another important (and unfortunately often overlooked) aspect to assess

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