P113

Prevalence of the metabolic syndrome (MS) in psychotic patients using two proposed NCEP-ATP-III definitions: Results from the clamors study

J. Rejas [1], J. Bobes [2], C. Arango [3], P. Aranda [4], R. Carmena [5], M. Garcia-Garcia [6]. [1] *Health Outcomes Research, Medical Unit, Pfizer España, Madrid, Spain* [2] *Department of Medicine, Psychiatry Area, University of Oviedo, Oviedo, Spain* [3] *Department of Psychiatry, Hospital General Universitario Gregorio Marañón, Madrid, Spain* [4] *Hypertension Unit, Carlos Haya Hospital, Málaga, Spain* [5] *Department of Endocrinology, Valencia University Clinic Hospital, Valencia, Spain* [6] *Project Management Department, Biométrica CRO, Barcelona, Spain*

Background and aims: This study assessed the prevalence of MS in patients treated with antipsychotics using two proposed NCEP-ATP-III definitions.

Methods: A retrospective, cross-sectional, multicenter study was carried out by 117 Spanish Psychiatrists (The CLAMORS Collaborative Group). Consecutive outpatients meeting DSM-IV criteria for Schizophrenia, Schizophreniform or Schizoaffective Disorder, under antipsychotic treatment for at least 12 weeks, were recruited. MS was defined as fulfilment of at least 3 of the following components: waist circumference >102(men) / >88(women)cm (NCEP-ATP-III definition), or BMI>=28.8 kg/m2, (revised NCEP-ATP-III definition); tryglicerides>=150mg/dL; HDL-cholesterol <40mg/dL(men) / <50mg/dL(women); blood pressure >=130/85; fasting glucose >=110mg/dL. Kappa coefficients and bivariate logistic regression models were applied.

Results: 1452 evaluable patients (863 men, 60.9%), 40.7+12.2 years (mean+SD) were included. MS was presented in 24.6% [23.6%(men), 27.2%(women); p=0.130)] (NCEP-ATP-III definition), and in 25.5% [25.6%(men), 25.6%(women); p=0.9924)] (revised NCEP-ATP-III definition). Kappa coefficient between both definitions was 0.81 [0.81(men), 0.84(women)]. Obesity component was present in 42.4% of patients [34.3%(men), 54.5%(women); p<0.001] when defined by waist circumference (NCEP-ATP-III definition), and in 38.2% [36.7%(men), 39.4%(women); p=0.3156] when defined by BMI (revised NCEP-ATP III definition). Obesity component was less associated to presence of MS when it was defined by waist circumference (OR=9.99, 95%CI:7.37-13.55), than when it was defined by BMI (OR=11.19, 95%CI:8.42-14.87).

Conclusions: Obesity plays a central role in the NCEP-ATP-III definition of MS. Prevalence of the abdominal obesity component may be assessed by either the measurement of the waist circumference or by calculation of the body mass index without losing reliability.

On behalf of the CLAMORS Collaborative Group.

P114

An alternative approach to measuring treatment persistence with antipsychotic agents among patients with schizophrenia

X.S. Ren [1,2], S. Qian [1,2], L.E. Kazis [1,2]. [1] *Center for Health Quality, Outcomes, and Economic Research, VAMC, Bedford, MA, USA* [2] *Center for The Assessment of Pharmaceutical Practices, Boston University School of Public Health, Boston, MA, USA*

Background and aims: The conventional approach in measuring treatment persistence tended to use only the first prescription episode even though some patients received multiple prescriptions of the same medication. In this study, we assessed the extent to which patients received multiple prescriptions and levels of treatment persistence associated with each prescription episode.

Methods: Using 2000-2004 data from the Veterans Health Administration in the United States, we identified patients with schizophrenia using ICD-9-CM codes and defined initiation of the target agent as 6-month "clean" period of no target drugs prior to initiation and reserved one year following the initiation to calculate treatment persistence, or time to discontinuation, as defined by a gap of >15 or > 30 days.

Results: The study found that about 25% of the patients had two or more treatment episodes, and that the levels of treatment persistence exhibited variation for patients with one, two, or three prescriptions. Generally speaking, among patients with one prescription, initiators of typical agents tended to fare worst in the level of treatment persistence. This finding suggests that conventional approach in calculating treatment persistence tends to underestimate the gap between typical and atypical agents.

Conclusion: Considering that patients with different number of treatment episodes might differ in disease profiles, this treatment episode-specific approach offered a fair comparison of the levels of treatment persistence across patients with different number of treatment episodes.

P115

Assessment of akathisia in acute schizophrenia and schizoaffective disorder patients: A pooled analysis of 5 placebo-controlled, double-blind studies with aripiprazole

Y. Riesgo [1], S. Talbott [2], J. Eudicone [3], R. Owen [3], Q. Tran [4], A. Pikalov [4], J. Kane [5]. [1] *Bristol-Myers Squibb Company, Madrid, Spain* [2] *Bristol-Myers Squibb Company, Plainsboro, NJ, USA* [3] *Bristol-Myers Squibb Company, Wallingford, CT, USA* [4] *Otsuka America Pharmaceuticals Inc., Rockville, MD, USA* [5] *Zucker Hillside Hospital, Glen Oaks, NY, USA*

Background and aims: Akathisia remains a challenge in routine psychiatric practice, despite the widespread use of second generation antipsychotics (SGAs). This analysis was performed to quantify and qualify clinical characteristics of akathisia in schizophrenia or schizoaffective disorder patients experiencing an acute relapse who were randomized to receive aripiprazole, or placebo in 5 pooled short term trials.

Methods: A post hoc analysis of the safety dataset was conducted to assess clinical aspects of akathisia in five 4- or 6-week, double-blind, randomized trials comparing aripiprazole (2, 5, 10, 15, 20, 30 mg/day) to placebo.

Results: A total of 1,635 patients was included in this analysis (aripiprazole: n=1170; placebo: n=465). Akathisia was reported by 9% of the aripiprazole-treated patients and 6% of those receiving placebo. Among those reporting akathisia, more patients receiving aripiprazole (83%, n=86) reported this AE within the first 2 weeks of the trials when compared to placebo (69%, n=20). The mean and median duration of akathisia was generally low in both groups (Mean: aripiprazole=12.5 days and placebo=4.2 days; Median, aripiprazole=5.0 days and placebo=1.5 days). The percentage of patients reporting akathisia at endpoint (BARS Item 4≥2) was similar between aripiprazole- (16%) and placebo-treated patients (14%).

Conclusions: In the aripiprazole and placebo groups, akathisia appeared to occur early in treatment, was time-limited, and was associated with high rates of concomitant benzodiazepine usage.

https://doi.org/10.1016/j.eurpsy.2007.01.430 Published online by Cambridge University Press