

hypertension, and 18% other cardiovascular disease. Similarly, 29% of patients with bipolar disorder reported obesity, 14% diabetes, 21% hypertension, and 8% other cardiovascular disease. A BMI >30 kg/m² was reported in 71% of subjects with schizophrenia and 51% of subjects with bipolar disorder. Health care providers discussed potential long-term consequences of weight gain with 61% of subjects with schizophrenia and 42% of subjects with bipolar disorder, and they discussed the impact of psychotropic medication on comorbidities with 60% of subjects with schizophrenia and 40% of subjects with bipolar disorder. However, only 20% of subjects with schizophrenia and 24% of subjects with bipolar disorder reported receiving a physical examination, 35% and 42% respectively reported being weighed, and 28% and 36% respectively reported having a blood test. These results suggest that subjects in this sample are suboptimally informed about issues surrounding comorbidity and its long-term consequences despite high rates of medical comorbidity.

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Musical hallucinations induced by tramadol

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Background and aims: Auditory and musical hallucinations have been reported in patients as an adverse effect of the use of opioids. Hearing loss, old age, and female gender are considered risk factors in the development of musical hallucinations. The aim of this report is to describe a case of a patient with auditory and musical hallucinations and to discuss the role of an opioid –tramadol– in the origin of those.

Methods: An 80 years old woman experiencing auditory hallucinations was referred to our hospital from an emergency room. The patient had bilateral mild hearing loss and was receiving tramadol 112.5 mg/daily during the last year for cervical pain. In the last ten months, she had been gradually noticing the voice of her dead husband coming from under her pillow, as well as intermittently hearing popular songs being played inside her head. The patient had good insight on both types of abnormal perceptions, which were reported as increasingly unpleasant through time.

Results: Tramadol was discontinued and pimocide (range 1-4 mg/day) and loracepam (2.5 mg/day) were introduced, achieving the improvement of the hallucinations and the anxiety associated with them.

Conclusions: The outcome of this case supports the hypotheses that Opioids could induce musical hallucinations. Hearing impairment, old age, and gender could be underlying risk factors on the development of musical hallucinations.

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Quality of life in patients with schizophrenia: why do physician and patient perspectives differ?

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Background and aims: Perception of Quality of Life (QoL) in patients on antipsychotic treatment may differ depending on the

perspective. This prospective, naturalistic study looked at differences between the "objective" physician perspective using the Quality of Life Scale (QLS) and the "subjective" patient perspective using the Subjective Well-being on Neuroleptics Scale (SWN).

Methods: Data were collected in a prospective, 12-month, prospective naturalistic study in 1462 outpatients on antipsychotic treatment for schizophrenia. Patients were grouped into 4 cohorts depending on the degree of concordance between SWN and QLS ratings. The impact of factors on the concordance was expressed as adjusted odds ratio (OR; QLS=SWN used as reference group).

Results: Linear correlation was found between QLS and SWN ratings: 10 points on the SWN corresponded to 9.35 points on the QLS. Several factors affecting the concordance of both ratings were identified: Compared to the cohort with QLS=SWN, higher QoL ratings by the physician (QLS>>SWN) were more likely in females than in males (OR=1.36) and in older than in younger patients (>30 vs. >50 yrs: OR=0.58), but less likely in patients with high baseline CGI-severity (CGI>4; OR=0.63) or treatment with oral typical before baseline (OR=0.53). Higher QoL ratings by the patient (SWN>>QLS) were less likely in patients with psychotherapy before baseline (OR=0.54), medication intolerance before baseline (OR=0.53) or patient request of treatment change at baseline (OR=0.64).

Conclusions: The combination of several factors predicted concordant QoL ratings, including male sex, young age, high CGI at baseline, and prior treatment with oral typical antipsychotics.

Poster Session 2: PSYCHOGERIATRICS

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Pregabalin for the treatment of generalized anxiety disorder (GAD) in elderly patients: efficacy as a function of baseline symptom severity

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Objective: This secondary analysis of a multicenter, randomized, flexible-dosage, placebo-controlled, double-blind, parallel-group trial evaluated the efficacy of pregabalin, based on baseline anxiety symptom severity, as treatment of GAD in patients ≥65 years.

Methods: Patients underwent an 8-week double-blind, flexible-dosage (150-600 mg/d) treatment phase, including a 1-week dose-escalation period (50 mg/d to 150 mg/d). The study's primary efficacy measure was mean change from baseline to endpoint-LOCF in HAM-A total score. To determine whether baseline symptom severity influenced pregabalin's efficacy, we evaluated patient subgroups with baseline HAM-A total scores of ≥20 (pregabalin n=171, placebo n=95), ≥22 (pregabalin n=146, placebo n=85), ≥24 (pregabalin n=120, placebo n=72), ≥26 (pregabalin n=93, placebo n=48), and ≥28 (pregabalin n=65, placebo n=28).

Results: Patients' mean age was 72 years, and mean duration of their GAD was 17 years. 77% were women. 177 patients received pregabalin; 96 received placebo. Pregabalin was significantly superior to placebo on the primary outcome measure: mean change from baseline in HAM-A total score was -12.84 for pregabalin and -10.7 for placebo (P=.044). Treatment differences between pregabalin and placebo for each symptom-severity stratum were: ≥20, -2.18 (P=.044);

≥ 22 , -2.37 ($P=.047$); ≥ 24 , -2.80 ($P=.035$); ≥ 26 , -2.70 ($P=.096$); ≥ 28 , -3.07 ($P=.156$). Comparison of effect sizes (pregabalin vs placebo at endpoint) showed sustained benefit as the severity of baseline anxiety symptoms increased: ≥ 20 , 0.261 ; ≥ 22 , 0.276 ; ≥ 24 , 0.324 ; ≥ 26 , 0.301 ; ≥ 28 , 0.332 .

Conclusions: Pregabalin efficaciously reduced the symptoms of GAD in patients aged 65 years and older, regardless of the severity of their anxiety symptoms at baseline.

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Use of antipsychotic depot medication in the elderly in UK

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Background: The use of antipsychotic depot medication in old age needs to be reviewed for knowing the adequacy on its prescription in this part of the population. The patterns of depot medication use in an area of England are presented.

Aims and objectives: Know patient's sociodemographic characteristics, type of diagnoses, care status, and type of depot medication.

Review if depot medication is prescribed between the recommended frequencies and doses.

Value the suitability of depot treatments in these patients.

Value the follow up, included recommended investigations.

Methods: Retrospective and descriptive study over a Sample of 23 patients on depot medication (Age >64 years old).

Sociodemographic, clinical, care, suitability, follow up and monitoring variables are collected.

The results are analyzed in accordance with the NICE guidelines recommendations.

Results: The profile of an old patient receiving depot medication is a woman, about 73 years old, single, living in a residential home or alone and with a diagnoses of schizophrenia (30 years on illness).

The 2 most prescribed medications were Zuclopentixol and Fluphenazine.

The majority of patients didn't relapse with depot medication.

Conclusions: The patients have been seen by the community team between the recommended intervals; depot medications have been given between the recommended limits of frequency and range of dose.

In an important proportion of patients it's unknown the time on depot and which other oral medications have been tried.

About the follow up of the patients, The recommended monitoring hasn't been followed or it hasn't been recorded in the case notes.

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Suicide attempts in over 60 years old patients

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Aims: To study the characteristics of the population attended in the Service of Urgencies of a General Hospital with a suicide attempt, and particular characteristics of patients' subgroup of sixty or more years in comparison with the rest of patients.

Methods: Of all urgencies attended by psychiatry in the year 2003 in our hospital we selected those in which consultation motive was suicide attempt. In all of them were analyzed following variables: age, sex, psychiatric history, previous history of suicide attempts, need of income

and suicide method used. Characteristics of patients over 60 years old were analyzed, comparing them with the rest of patients.

Results: Middle age of the sample ($n=286$) were 35,7 years, 26 patients (9,1%) were 60 years or more. Among elders 46,2% was men and 53,8% women. 81% of elders had some psychiatric diagnosis (77% the rest of patients), most frequent was depression. Two (7,7%) of 26 elder patients had some personality disorder, opposite to 19,5% of other patients. 65,4% of elders committed suicide attempt by drugs ingestion, more employees were benzodiazepines (47,4%). All elders attended by suicide attempt needed to be income.

Conclusions: In over 60-year-old people psychiatric comorbidity is more frequent than in the rest of patients who commit suicide attempt, though personality disorders are minor. Method used does not differ from rest of patients. There is frequent these patients need to income.

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Chronic pain, depression and opioids misuse in elderly people. A case report.

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Background: Chronic pain is associated with opioid prescription. Chronic pain, as well as mental disorders are associated with initiation and use of prescribed opioid in the general population. Furthermore, psychiatric disorders are associated with increased physical symptoms and may be associated with opioid use (Sullivan et al., 2005).

Aims: To report a case in order to underline the relationship between chronic pain, depression and opioids misuse.

Methods: Case study and description of a patient admitted in a General Hospital.

A literature's review about chronic pain, depression and opioids misuse in elderly people was made through PubMed.

Results: A 73 year old woman was admitted in a General Hospital's emergency room for renal failure related to opioid abuse. The patient was prescribed opioid 10 years ago, to treat spinal cord pain, which she followed until 2 years ago. At that time, she began to misuse her treatment. The case review showed that the patient had been suffering from an under diagnosed depression. The depression may have diminished her pain tolerance threshold, inducing opioid misuse.

Conclusions: In patients with chronic pain, there is a need to deal with patient's psychopathology when considering opioid treatment.

Pain tolerance threshold may diminish when patient suffers from a mental disorder.

When opioid medication is less effective, psychiatric comorbidities should be evaluated, instead of increasing opioid medication.

As many elderly patients suffer from chronic pain, it's recommended that they are evaluated for opioid misuse, especially when presenting with an unexpected clinical profile.

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Depression and its pharmacological approach in Spanish nursing home

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