B. Ibach, L. Hargarter, M. Gerwe, J. Czekalla. *Medical and Scientific Affairs, Janssen-Cilag GmbH, Neuss, Germany*

Background: Evaluation of initial treatment course in schizophrenic patients after transition to RIS-CONSTA under clinical routine conditions seems important for understanding of long-term disease stability.

Methods: Pretreated moderate-to-severely ill schizophrenic inpatients were switched to RIS-CONSTA (i.m. two-weekly). Assessments included reasons for transition, co-medication, PANSS, NOSIE, AE, EPMS. Study completion criteria were clinical stability with RIS-CONSTA and/or discharge within/maximum 12 weeks. Criteria for stable adjustment were (1)RIS-CONSTA was the only high-potency/atypical antipsychotic, (2)stable/improved CGI, (3)stable RIS-CONSTA dosage since previous visit.

Results: Prospective naturalistic study with 290 patients (Mean age 40.3y; 56.2% male). Causes for transition were insufficient efficacy (46.9%), tolerability (13.8%), compliance (70.4%), initiation of long-term treatment (70.3%). At discharge n=123 (43.8%) patients were judged as clinically stable (S), n=167 (56.2%) as not stable (NS). Median hospitalization duration (S-group) was 42, for NS-group 28 days. PANSS and NOSIE revealed clinical and psychosocial amelioration in favor of S-group. Most common AEs were EPMS (both groups), although total EMPS-score improved in 63% during the study. Variables that correlated with given definition for stability were not identified.

Discussion: A shorter stay in hospital for clinically NS-patients with schizophrenia may be due to several factors [e.g. higher need of patients for discharge (prior to remission) leading to "revolving door effect", low potential for long-term remission, lack of therapeutic adherence, pressure of external health care providers]. These results raise the question, whether extended hospitalization of NS-patients may foster clinical stability. This study suggests effectiveness and improved tolerability (EPMS) of RIS-CONSTA in moderate-to-severely ill patients with schizophrenia.

P054

Plasma glutathion peroxidase in chronic schizophrenics

A. Intxausti [1], A.L. Morera [2], P. Abreu [3], M. Henry [4], A. Orozco [4], E. Díaz-Mesa [4]. [1] *Service of Psychiatry, University Hospital of La Candelaria, Canary Islands, Spain* [2] *Department of Internal Medicine, Dermatology and Psychiatry. University of La Laguna, Canary Islands, Spain* [3] *Department of Physiology, University of La Laguna, Canary Islands, Spain* [4] *Service of Psychiatry, University Hospital of The Canary Islands, Canary Islands, Spain*

Introduction: Reduced Glutathion Peroxidase (GSH) is a common biologic marker of antioxidant status frequently used in schizophrenic research. Data regarding GSH levels in schizophrenic patients are controversial. Our objective is to study whether or not GSH levels have seasonal or circadian fluctuations in schizophrenic outpatients.

Methods: 23 clinically stable treated chronic schizophrenic outpatients were studied in summer and winter. The same day in July and January, blood samples were extracted between 8:30 and 9:00 after one night fasting. The same routine was followed during the two experimental sessions.

Results: GSH plasma levels were not significant different between summer and winter. There was no significant difference between nocturnal and diurnal GSH levels in neither winter nor summer.

Conclusions: Plasma GSH does not present seasonal levels either a circadian rhythm.

P055

Psychopathology and global functioning in schizophrenic patients on depot antypsychotics and long-acting injectable risperidone: A six month comparative study

A. Intxausti [1], A.L. Morera [2], C.C. González-Hernández [3], D. Alonso-Diaz [3], N. González-Brito [3], D. Hernández-García [1], M. Henry [4], A. Orozco [4], E. Díaz-Mesa [1], E. de Diego-Herrero [5]. [1] *La Candelaria University Hospital, Santa Cruz de Tenerife, Tenerife, Spain* [2] *Department of Internal Medicine, Dermatology and Psychiatry, University of La Laguna, Canary Islands, Spain* [3] *La Vera Outpatient Mental Health Centre, Puerto de La Cruz, Tenerife, Spain* [4] *Service of Psychiatry, University Hospital of The Canary Islands, Canary Islands, Spain* [5] *Psychiatric Hospital, Santa Cruz de Tenerife, Spain*

Introduction: The introduction of the first atypical antipsychotic with a long acting formulation has open new therapeutic options for the treatment of schizophrenic patients. Our objective consists of comparing psychopathology levels and global functioning in patients with paranoid schizophrenia treated in monotherapy either with long-acting injectable risperidone (LAIR) or conventional depot antipsychotics (DA).

Methods: Patients attending at the community mental health center during the six-month recruitment period were eligible to enter the study. Scores achieved in positive and negative subscales of PANNS and EEAG scale of (Global Activity Evaluating Scale) were evaluated at baseline and 6 months later. Six patients treated with RLAI and six patients treated with DA were recruited. Data were analyzed both with the real sample (N=6 per group) and extrapoling the same results to a bigger sample size (N=24 per group).

Results: Mean increase in scores for both PANNS positive and negative subscales were lower in patients treated with RLAI that in those treated with DA (positive subscale: 0.018±0.06 vs. 0.048± 0.03, RLAI and DA, respectively, p=0.387; negative subscale: 0.232± 0.076 vs. 0.3095±0.123, RLAI and DA, respectively, p=0.579). EEAG scores were higher for patients treated with RLAI than those treated with DA (1.250±0.56 vs. 0.333±0.225, p=0.144). When these results are extrapolated to a sample of 24 patients per group, differences in EEAG reach statistical significance (p=0.034).

Conclusions: After 6 months of treatment, patients treated with RLAI tend to show a greater improvement in their global activity than those treated with DA.

P056

Reduced polypharmacy in patients enrolled in the electronic schizophrenia adherence registry (E-STAR) and treated with risperidone long-acting injection (RLAI) for 6 months

J. Peusekens [1], J.M. Olivares [2], H. Hustig [3], M. Povey [4], A. Jacobs [5]. [1] *Universitaire Psychiatrisch Centrum, KU Leuven Campus UC, St. Jozef, Kortenberg, Belgium* [2] *Servicio de Psiquiatria, Hospital Meixoeiro Complejo, Hospitalario Universitario de Vigo, Vigo, Pontevedra, Spain* [3] *Royal Adelaide Hospital, Adelaide, Australia* [4] *SGS Biopharma, Wavre, Belgium* [5] *Janssen Pharmaceutica, Beerse, Belgium*

Objectives: To evaluate changes in the use of non-antipsychotic concomitant medication related to schizophrenia in patients enrolled in e-STAR in Belgium (B), Spain (S) and Australia (A) who were initiated on RLAI.

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Methods: e-STAR is a secure web-based, international, long-term (1 year retrospective and 2 year prospective) ongoing observational study of schizophrenia patients who initiate a new antipsychotic drug during their routine clinical management. Data reported here are for patients enrolled to date in B, S and A who had information available about the use of concomitant medication at baseline and at 6 months after the start of RLAI.

Results: Of 1,605 evaluable patients (B, n=180; S, n=919; A, n=506), 73.7% received concomitant non-antipsychotic medication at baseline. This proportion had reduced to 60.3% at 6 months after the start of RLAI (82.2% to 71.7% for B, $p<0.001$; 72.8% to 54.8% for S, $p<0.001$; 72.3% to 66.2% for A, $p=0.01$). Reductions between baseline and 6 months were overall: for anticholinergics 29.4% to 17.0% and for antidepressants 22.9% to 19.3% (each $p<0.05$ for B; $p<0.001$ for S); for mood stabilisers 17.6% to 15.8% ($p=0.01$ for S); for benzodiazepines 48.9% to 39.0% ($p<0.001$ for S; $p=0.002$ for A); for somatic medication 16.9% to 16.0%. Conclusions. Following the start of RLAI, the use of concomitant non-antipsychotic medication for the management of symptoms associated with schizophrenia or its treatment declined significantly at 6 months compared to baseline.

P057

Substance abuse (SA) does not compromise significant improvements in spanish patients with schizophrenia treated with risperidone long-acting injection (RLAI)

J.M. Olivares [1], A. Rodriguez [1], J.A. Buron [2], A. Rodriguez-Morales [2], M. Povey [3], A. Jacobs [4]. [1] *Servicicio de Psiquiatria, Hospital Meixoeiro Complejo, Hospitalario Universitario de Vigo, Vigo, Pontevedra, Spain* [2] *Medical Department, Janssen Cilag, Madrid, Spain* [3] *SGS Biopharma, Wavre, Belgium* [4] *Janssen Pharmaceutica, Beerse, Belgium*

Objectives: To determine if there are differences in 6 month outcomes in schizophrenia patients with and without a history of SA treated with RLAI.

Methods: Spanish patients enrolled in e-STAR, a secure web-based, ongoing, international, long-term observational study of schizophrenia patients, who initiated RLAI have been followed up for 6 months.

Results: Of 1,107 patients enrolled to date 40.1% had a history of SA, including alcohol, prescription medication, and recreational drugs. More males in the SA group (82.2%) than the non-SA group (49.3%); mean age 35.7 and 40.4 years, mean duration of illness 11.7 vs 13.9 years, respectively. At 6 months 92.3% of SA and 94.7% of non-SA patients were continuing RLAI. Baseline mean Clinical Global Impression-Severity (CGI-S) scores were similar (SA 4.77, non-SA 4.63) and 59.0% of SA and 55.0% of non-SA patients had a baseline CGI-S score of 5-7 (marked-very severe illness). At 6 months CGI-S scores had reduced significantly in each group (SA 3.97, non-SA 3.83; both $p<0.001$ vs baseline) and the proportion with CGI-S scores of 5-7 fell to 27.3% of SA and 22.9% of non-SA patients. Mean Global Assessment of Functioning scale scores significantly improved between baseline and 6 months in each group; SA 46.6 to 56.5, non-SA 46.8 to 56.6 (both $p<0.001$). Significant reductions in use of concomitant medication in both groups ($p<0.001$) accompanied these clinical improvements.

Conclusion: Although a history of SA may predict poorer outcomes in schizophrenia, SA patients treated with RLAI are similarly compliant and improve equally well as non-SA patients.

P058

Improvements in illness severity and functioning in Australian schizophrenia patients treated with risperidone long-acting injection (RLAI) for 12 months

H. Hustig [1], T. Lambert [2], B. Emmerson [3], M. Povey [4], A. Jacobs [5], C. Methven [6]. [1] *Royal Adelaide Hospital, Adelaide, Australia* [2] *University of Melbourne, Melbourne, Australia* [3] *Royal Brisbane and Women's Hospital, Brisbane, Australia* [4] *SGS Biopharma, Wavre, Belgium* [5] *Janssen Pharmaceutica, Beerse, Belgium* [6] *Janssen-Cilag Pty Ltd., North Ryde, Australia*

Objectives: An interim analysis of 1 year outcomes in schizophrenia patients enrolled in e-STAR in Australia and treated with RLAI continuously for 12 months.

Methods: e-STAR is a secure web-based, international, long-term (1 year retrospective, 2 years prospective) observational study of schizophrenia patients who initiate a new antipsychotic drug during their routine clinical management.

Results: Currently, 315 patients have received RLAI continuously for 12 months; mean age 39.6 years, 68.9% male, mean duration of illness at baseline 11.8 years. Mean Clinical Global Impression Severity (CGI-S) scores at baseline (4.6) decreased significantly at 3, 6 and 12 months (n=284) (4.0, 3.7, 3.7, respectively; all $p<0.001$ vs baseline) indicating a reduction in illness severity from moderately-marked to mildly-moderate at month 3 and maintained to 1 year. The proportion of patients with CGI-S scores of 1–3 (not ill to mild severity) increased from 12.7% at baseline to 40.8% at 12 months ($p<0.0001$). Mean Global Assessment of Functioning (GAF) scale scores improved from 41.7 at baseline (serious impairment) to 56.7 (moderate impairment) at 12 months with improvements evident from month 3 after the start of RLAI ($p<0.001$ for both timepoints). Other significant improvements included fewer hospital stays ($p<0.001$) and rehospitalisations ($p<0.001$), reduced suicidal ideation ($p=0.008$) and violent behaviour ($p=0.03$), and decreased use of concomitant psychiatric medication.

Conclusions: These interim data show that a significant degree of clinical improvement and reduction in hospitalisation occurs early at 3 months in patients treated with RLAI and is maintained with continued treatment over 12 months.

P059

Duration of untreated psychosis and stigma in psychotic patients - a family view

D.B. Jovanovic. *Department of Organic Mental Disorders, Institute of Psychiatry, University Clinical Center of Serbia, Belgrade, Serbia*

Background: Longer DUP (duration of untreated psychosis) is associated with poorer outcome in schizophrenia. Factors unrelated to disease pathology (socioeconomic status, availability of care, recognition of illness and stigma) may contribute to DUP.

Aims: Investigating the relation between DUP and fear of stigma in patients and their family members.

Methods and instruments: 38 patients(diagnosed by ICD X as F20-F29), treated at the Institute of Psychiatry,University Clinical Center in Belgrade and their family members(parents or siblings), were assessed through a questionnaire designed for the purpose of this cross sectional study. Data were obtained on fear of being stigmatized and first contact with psychiatrist (in patients) and stigmatization attitudes,estimated DUP,illness mode of onset,initial treatment mode,present evaluation of patients condition,adherence to therapy (in family members).

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