Introduction: Among patients with schizophrenia, rates of non-adherence around 40-50% have been reported. Non-adherence increases risk of relapse and it is the main cause of re-hospitalization.

The aim of this study is to describe a sample of outpatients treated with long-acting injectable risperidone (RLAI), as well as to define the retention rates to the treatment.

Methodology: Outpatients treated with RLAI for some psychotic disorder during 2005 have been included in the study. Age, gender, diagnosis, drug abuse, hospitalizations, previous treatments, coadyuvant treatments, compliance with treatment and reasons for treatment withdrawal have been analyzed. Descriptive data are shown.

Results: Seventy-six out-patients treated with RLAI have been analyzed. 55.3% of them were male, and mean age was 41.33±11.33 years. Main diagnosis were schizophrenia and schizoafective disorder (45 and 10 patients, respectively). More than 40% of patients were taking some drug of abuse. Around 75% of patients had some hospitalization in the previous 5 years, and 10.8% of them were hospitalized in 2005. Almost half of the patients were receiving oral risperidone before the start of treatment with RLAI, and 20% had been receiving depot medication. After one year, 73.7% of patients were still under RLAI treatment. The main reason for treatment withdrawal was the loss of follow-up.

Conclusion: Retention rates in RLAI treatment found in the present study were similar to those previously reported. Hospitalizations seem to be reduced after the start of RLAI treatment.

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Mean change in panss positive subscale during hospitalization in patients treated with risperidone

C. Huergo, G. Fernandez. *Psychiatric Hospitalization Unit, Hospital Alvarez Buylla, Mieres, Asturias, Spain*

Objectives: To evalute men change in PANSS positive subscale in patients hospitalized for active psychosis treated with oral risperidone.

Methods: Observational retrospective study conducted at Acuted Unit Care, in 24 patients hospitalized with active psychosis treated with Risperidone. Patients were evaluated basal, 24, 48, 72, and 96 hours, and 7 days after the initial dose of risperidone, and at discharge. Efficacy was assessed using PANSS positive subscale. Dose of risperidone, use of other antipsychotic, benzodiacepines, anticholinergic drugs, and medication previous to hospitalization were recorded.

Results: At 24 hours, PANSS mean score decreased by 17,4% and a reduction of 45,9% was observed at discharge.

During the first 24 hours, the items that showed the largest decrease were Hostility (from 6,4 to 4,3) and Excitement (from 6,2 to 4,3).

Mean dose of risperidone during the first week was 15,1 mgs / 24 hour. No other antipsychotic medication was used. Benzodiacepines were used in 79,2% of patients. Anticholinergic medication was used just in 1 patient. The mean number of days in institutional care was 12,8 days.

Conclusions: High doses of risperidone are able to achieve significant reduction in PANSS positive score whit a minimal incidence of adverse events. These results suggest that oral risperidone is effective and well tolerated in treating acute agitation and active psychosis.

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Risk of violence in hooligans using the PFAV scale

L. Jimenez-Trevino [1], M. Navio-Acosta [2], C. Larena [3], L. Villoria [4], P.A. Saiz-Martinez [6], M.P. Garcia-Portilla [6], M.T. Bascaran [6], M. Bousono-Garcia [6], J. Saiz-Ruiz [5], J. Bobes [6]. [1] *Servicio de Psiquiatria, Hospital Universitario Central de Asturias, Oviedo, Spain* [2] *Servicio de Psiquiatria, Hospital Doce de Octubre, Madrid, Spain* [3] *Servicio de Urgencias, Hospital Ramon Y Cajal, Madrid, Spain* [4] *Servicio de Psiquiatria, Hospital General de Ciudad Real, Ciudad Real, Spain* [5] *Area de Psiquiatria, Universidad de Oviedo, Oviedo, Spain* [6] *Servicio de Medicina, Area de Psiquiatria, Universidad de Oviedo, Oviedo, Spain*

Background: Hooliganism has become recognised by governments and the media as a serious problem since the 1960s. Scientists have been offering explanations of football hooliganism mainly from a psychosocial approach.

Aims: The primary objective of this study was to collect measurable data of violence risk in football hooligans.

Methods: We used the Plutchik and van Praag's Past Feelings and Acts of Violence (PFAV) Scale to measure the risk of violent acts in three samples: hooligans from a professional football team, standard football supporters, and a control sample.

Results: We found an increased risk of violent behaviour in all the individuals from the hooligan sample, but not in the standard supporters' sample.

Conclusions: Football hooligans have extremely high risk of committing violent acts. Standard football supporters are not more violent than general population.

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The impact of food on absorption of ziprasidone

A. Jina, J. Alderman, J. Miceli, K. Wilner. *Pfizer Inc., New York, NY, USA*

Oral ziprasidone shows increased bioavailability when taken with food. Here we describe 2 pharmacokinetic studies to quantify the impact of food on ziprasidone absorption. The first, an open-label, 6-way crossover study, investigated ziprasidone absorption in 8 healthy males. Subjects received oral ziprasidone (20, 40, and 80 mg) after an 8-hour fast or immediately following an FDA standard meal (60% fat). The second, an open-label, randomized, 3-way crossover study, explored the impact of dietary fat on ziprasidone absorption in 14 healthy subjects. Subjects received ziprasidone (40 mg) under 3 conditions: fasting, with an FDA standard meal (60% fat), and with a 30%-fat meal. In the first study, AUC was greater in fed than fasting states at each dose (20 mg, +48%; 40 mg, +87%; 80 mg, +101%). Increases in AUC and Cmax with dose were only linear in the fed state. In the second study, decreasing the fat content had a modest impact on ziprasidone absorption. AUC increased by 100% (60%-fat meal) and 80% (30%-fat meal) relative to the fasting state. These increases can be attributed to enhanced ziprasidone solubilization, leading to greater intestinal absorption. Less pharmacokinetic variability was observed in the fed state, suggesting more consistent absorption of ziprasidone when taken with food. These results demonstrate that administration of ziprasidone with food is crucial to ensure optimal absorption and necessary for linear pharmacokinetics. Food will also provide greater consistency in daily systemic exposure to ziprasidone and, thus, better symptom control and tolerability.

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Psychiatric disorders in homeless Iranian adolescent girls

S. Karami, M.R. Eskandari. *Department of Psychiatry, Zanjan University of Medical Sciences, Beheshti Hospital, Zanjan, Iran*

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