

Results: 699 medications related to bipolar disorder and its consequences were reported during the 3-month study period. There were antipsychotics prescribed to 92% of the patients, mood-stabilisers (anticonvulsants 64%, lithium 42%) 89%, benzodiazepines (except hypnotics) 64%, corrective treatments (antiparkinsonians, hypotensives, antiarrhythmics) 53%, hypnotics 45%, antidepressants 15%. The duration of prescriptions was from 29 to 37 days. On average patients have received 4.9 medications at hospital and 3.4 in community. The breakdown of treatment strategies initiated at the same time at D1–D2 of the study was as follows: antipsychotic and mood-stabiliser 48% of patients, antipsychotic alone or in association without mood-stabiliser 33%, mood-stabiliser alone or in association without antipsychotic 16%, strategy without mood-stabiliser or antipsychotic 3%. At D30 the breakdown of these strategies were respectively as follows: 64%, 18%, 14% and 4%. Treatment given at the end of the hospitalisation was continued unchanged in the community.

Conclusion: Antipsychotics and mood-stabilisers (mainly anticonvulsants) are initiated at hospital entrance at the same time in half of cases and these treatments are maintained for outpatients.

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SCHIZOTYPY AND HYPOMANIA AS CORRELATES OF CREATIVE ACHIEVEMENT

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The relationship between creativity and the predisposition toward mental illness has attracted a great deal of attention in both popular and research settings. Most of this research would seem to favor the generative capacity of hypomanic states and personalities over schizotypal ones. A study involving eighty-seven subjects (mean age 54) included measures of hypomania and schizotypy in a manner that allows some comparison of these two personality dimensions across ten different domains of creative achievement. While some distinctions do emerge, the degree of overlap between these two dispositions also mirrors some nosological controversies and patterns of comorbidity that may defy easy categorization along cognitive and affective lines.

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SWITCHING TO AMISULPRIDE: FINDINGS FROM A RETROSPECTIVE QUESTIONNAIRE

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Changing (or 'switching') antipsychotic treatment may be necessary in a wide range of circumstances. In order to find out more about the characteristics of patients who switch treatment, their reasons for switching and the processes involved, a questionnaire was applied retrospectively among patients who switched to the atypical antipsychotic amisulpride (Solian®, Sanofi-Synthelabo). Data was analysed from 60 patients (mean age 37 years; 60% male). Their mean duration of illness was 12.8 years and 52% were experiencing an acute episode.

More than 8 out of 10 patients gave at least two reasons for changing treatment. The most common were: insufficient efficacy (66.7%), adverse events (65%), and optimisation of treatment before reintegration (52.5%). The previous treatment was oral in 78% of cases, depot in 17% and a combination in 5%. Among the 50 patients who had received oral treatment, 42% had received only traditional antipsychotic medication whilst the remaining 58%

had received an atypical antipsychotic (with or without a traditional antipsychotic). Three out of four patients (75%) were receiving a concomitant psychotropic drug and 60% were receiving treatment for adverse events. Previous antipsychotics were most frequently stopped abruptly (89%)

The mean dose of amisulpride was 632 mg/day. The doses most often prescribed were between 400 and 800 mg/day (62% of patients); the majority of patients (76%) required no dosage adjustment. The switch to amisulpride was easy in almost all cases (87%) and beneficial effects on efficacy and tolerability were reported both by patients and physicians.

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THE EFFECT OF AMISULPRIDE ON AFFECTIVE AND SOCIAL NEGATIVE SYNDROMES IN SCHIZOPHRENIA

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Background: Experimental data suggests that schizophrenia is an inhomogeneous illness and that different neuropsychopathological processes are related to separate syndromes. Thus some authors identify affective and social negative syndromes.

Method: In order to compare the effect of amisulpride on the affective and social negative syndromes, 270 patients (male: 64.1%; mean age: 32.9 ± 7.5 years) with a disorganized (50.7%) or residual (49.3%) schizophrenia (DSM-IV) were included in a multicentric French prospective trial and treated by amisulpride (50–200 mg/d) for 6 months.

Results: Between D0 and DEnd (intent to treat analysis) the score of the Scale for Assessment of Negative Symptoms (SANS; $p < 0.001$), and those of the 3 factors of the SANS: "decrease of expressions" ($p < 0.001$), "disorganization" ($p < 0.001$) and "social dysfunction" ($p < 0.001$) were significantly improved. The efficacy of amisulpride was greater ($p < 0.0001$) on the "decrease of expression" factor (42.5% improvement) than on the "social dysfunction" one (33.4%). Furthermore, during the study, the decrease of the score of, the Brief Psychiatric Rating Scale ($p < 0.001$), the Scale for Assessment of Positive Symptoms ($p < 0.001$) and the Montgomery and Asberg Depression Rating Scale ($p < 0.001$) were also significant.

A total of 45 patients (16.7%) reported at least 1 adverse event. Treatment discontinuation for adverse events was noticed in 16 patients (5.9%) and serious adverse events in 7 patients. No significant weight gain was observed. The Simpson Angus Scale was improved ($p = 0.04$) during treatment.

Conclusion: According to these preliminary results amisulpride is effective on the different factors of the deficit syndrome, with a greater efficiency on the affective syndrome.

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PATTERN OF PRESCRIPTION OF ANTIPSYCHOTIC DRUGS IN PSYCHIATRIC DEPARTMENTS

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Background: Little data has been published in France concerning the pattern of prescription of antipsychotic drugs in hospitals.

Method: This was a cross sectional study: during 2 days 177 practitioners from the psychiatric departments of 100 French hospitals filled out a questionnaire for each prescription of antipsychotic drugs concerning in and outpatients.