(b) 418 patients fulfilling the CIE-10 criteria for schizophrenia received open-label risperidone for their psychotic symptoms, in a long-term (18-month period), multicentric and observational study. Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression (CGI), World Health Organization/International Classification of Impairments, Disabilities and Handicaps (WHO/DDS), and the Udvalg for Kliniske Undersogelsen (UKU) scale for neurological side-effects were used as outcome measures for a 18-month period. An additional analysis of risperidone dosages during the study was performed.

(c) During the 18-month study period, significant and continuous improvements were seen in all the efficacy and disability outcome measures. 22 per cent of patients dropped out due to lack of efficacy or side-effects. There was a significant reduction in the total UKU subscale for neurological side-effects scores from the baseline onwards. Risperidone was generally well tolerated. 4.1 per cent patients discontinued due to adverse reactions. The mean risperidone dose was 5.3 mg/day at the end of the trial.

(d) This study supports the effectiveness and safety of risperidone in long-term treatment of schizophrenic patients, and suggests that sustained and continuous improvements could be expected beyond the first year of treatment.

P01.164

DEPRESSION AND BRAIN PERFUSION: A SPECT STUDY

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A) SPECT provides a picture of the depression as disorder associated with dysfunction of the specific brain area. B) The authors investigated brain perfusion in 15 control subjects and 33 patients suffering from major depression according to ICD-10. The first SPECT examination was performed before treatment, the second after four weeks of antidepressant treatment. The severity of the depression was scaled by 21-items HAMD. According to the reactivity of the treatment the patients were divided into 19 responders and 14 nonresponders. C) In the frontal lobe the basal hypoperfusion of nonresponders was more distinctive and did not even achieve perfusion value of control subjects after treatment. On the contrary of responders no perfusion changes of the nonresponders appeared during treatment in the other followed brain areas. No significant distinction in perfusion between depression and control was detected. No consistent perfusion changes in the relationship to the severity of the depression were observed in followed brain areas. No indicated trends reached statistical significance (p-values > 0.05, t-test). D) In our cohort the changes of brain perfusion were related to the treatment reactivity but not to the severity of the depression.

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TWO CASES OF RISPERIDONE – INDUCED TARDIVE DYSKINESIA AND A REVIEW OF THE LITERATURE

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Background: The relatively new atypical antipsychotic risperidone exerts its, therapeutic action through blockade of both $5HT_2$ and D_2 receptors. Though far lower in comparison with that of classical neuroleptics, its incidence of extrapyramidal side-effects, especially tardive dyskinesia, owing to its blocking effect on D_2 receptors, remains a matter of clinical concern.

Design: The present study reports two cases of risperidone-induced tardive dyskinesia as well as a review of the existing literature relevant to this topic.

Observations: A 26 year old female with DSM-IV undifferentiated schizophrenia exhibited abnormal oral lingual and jaw movements suggestive of tardive dyskinesia following a dose reduction of risperidone administered for eight months from 6 to 4.5 mg/d. Her abnormal movements subsided within three weeks after discontinuation of risperidone. This patient was switched to risperidone after having been exposed initially to neuroleptics for six years because of severe extrapyramidal side-effects. Likewise, a 39 year old female with DSM-IV schizophreniform disorder exhibited similar signs of tardive dyskinesia after a three-month treatment with risperidone 6 mg/d, subsiding after dosage reduction at 3 mg/d in eight weeks.

Conclusions: Both cases are commented upon in relation to the remaining ten cases reported in the literature. From the analysis of these reports one may infer that the co-administration of SSRIs with risperidone even at low doses increases the probability of tardive dyskinesia. Likewise, past exposure to neuroleptics makes more likely the emergence of tardive dyskinesia following the subsequence switch to risperidone. Finally our two case-reports indicate that the emergence of tardive dyskinesia under risperidone may occur both in steady dose and lowered dose regimens, subsiding completely within weeks after its discontinuation or diminution.

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MARITAL STATUS AND EATING DISORDERS. ANALYSIS OF ITS RELEVANCE

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Objectives: This study attempts to understand the clinical impact of marital status on the psychopathology and symptomatology of Anorexia (AN) and Bulimia nervosa (BN) patients.

Method: 332 Eating Disorders (134 AN; 198 BN) consecutively admitted to our Unit participated in this study. All patients fulfilled criteria for those pathologies according to DSM-IV and all were female. Our sample was divided retrospectively into three subgroups based on their marital status: (a) PA + L: living with the partner (N = 41); (b) PA + NL: having but not living with the partner (N = 129); (C) NPA: no partners at all (N = 162). Assessment measures were EAT-40, EDI, BITE, BSQ and BDI, as well as clinical and psychopathological relevant variables.

Results: 2 × 3 ANOVA and ANCOVA (with age as covariance) designs were applied in the current study (diagnostic × marital status). Our results suggested that most of ED in our sample (48.8%) have no actual partner, being this result significant different concerning the factor diagnostic ($p < .001$). Patients from group PA + L were significantly different respect to the other patients in the following variables: higher age ($p < .0001$), greater motivation to change ($p < .004$), perfectionism ($p < .03$), and weekly frequency of purging behavior ($p < .04$).

Conclusions: The main finding in this study is that ED patients who live with a partner are those who presented greater eating symptomatology and psychopathology, but also higher frequency of purging behavior. These patients are those whose are also more motivated. Interpersonal functionality and secondary gains has to be considered in the development and maintenance of ED.

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