

clozapine withdrawal itself. Clinicians should be alert to recognizing catatonia as a possible clozapine withdrawal phenomenon.

## P070

First diagnoses in schizophrenic patients

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Until a patient is diagnosed of schizophrenia often receives another diagnoses. Reasons can be multiple: difficulty for the differential diagnosis in prodromal phases, comorbidity with other psychiatric disorders, abuse of substances, behaviour disorders, etc.

**Objective:** The aim of this study is to analyze the diagnosis that received in the first admission a sample of schizophrenia diagnosed patients.

**Patients and Methods:** Health histories of schizophrenia diagnosed patients who entered the Brief Hospitalization Unit of Dr R. Lafora Hospital in 2005 are analyzed. A total number of 162 patients is obtained. The diagnosis that received in the first entrance to our hospital is extracted from the health history.

**Results:** A 64,4% of the patients with diagnosis of schizophrenia in 2005 were diagnosed of schizophrenia in their first entrance. Another 8,6% were diagnosed of psychotic nonspecified disorder. A 7,4% did not receive psychiatric diagnosis. 6,4% brief psychotic episode. A 3,1% psychotic disorder induced by substances. A 2,5% schizoaffective disorder. A 0,6% bipolar disorder. And a 6,2% received other diagnoses.

**Discussion:** The data of our study indicated that a 28,2% of the schizophrenia diagnosed patients received another diagnosis previously (a 7,4% did not receive diagnosis to the discharge). Of the previously data, a 21,4% received diagnoses of psychotic disorders different from schizophrenia. This must probably response to temporary criteria for the diagnosis of schizophrenia (brief psychotic episode) prodromal forms (psychotic nonspecified disorder) and to substances use (psychotic disorder induced by substances) that make difficult the diagnosis in the early phases of the disease.

## P071

The role of long-acting risperidone in antipsychotic polypharmacy: Retrospective study in a brief hospitalization unit

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**Introduction:** Despite the use of antipsychotics as monotherapy is considered to be the standard treatment for schizophrenia and other psychotic disorders, many studies prove that antipsychotic polypharmacy (AP) is more frequent than expected in accordance to the experts' guidelines.

**Objective:** To analyze the prescription of long-acting risperidone (LAR) for schizophrenic patients discharged after being admitted in our BHU and its relationship with the AP.

**Material and methods:** This retrospective study reviews the antipsychotics prescribed to those discharged patients diagnosed as schizophrenic who were admitted in our BHU during 2005. A total of 209 patients are included. The data are analyzed in relation to the prescription of antipsychotics for discharged patients on LAR

and the antipsychotic combinations for those patients discharged on another antipsychotic regime, both as a complementary treatment and to cover the LAR therapeutic window.

**Results:** 57 patients (27%) were discharged on LAR. 42% were treated with benzodiazepines, 56% with anticholinergics and 16% with mood stabilizers. 79% of patients treated with LAR were discharged with another antipsychotic in combination: oral risperidone (58%), followed by amisulpiride (18%). Similar dosages were used in patients discharged only on LAR and those used in patients prescribed with more than one antipsychotic ( $p>0.05$ ).

**Conclusions:** LAR could be an efficient strategy both to enable the treatment compliance and to achieve a monotherapy treatment. Despite LAR is frequently combined with another antipsychotic, in most cases oral risperidone is used, consequently avoiding the use of two antipsychotics of different kind in the same patient.

## P072

The role of psychiatrist on prescription of psychotropic drugs in schizophrenic patients in a psychiatric brief hospitalization unit

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**Introduction:** Use of antipsychotic drugs in monotherapy is considered the standard treatment for schizophrenia and other psychotic disorders. Nevertheless, exist numerous studies that show as the polypharmacy with antipsychotics (PA) is much more frequent than it would be expected attending to experts recommendations.

**Objective:** The objective is to compare the prescription habits, in reference to the PA as well as to other psychotropic drugs, of 8 psychiatrists of a Psychiatric Hospitalization Unit.

**Material and methods:** Review of the psychotropic drugs prescribed as maintenance treatment in schizophrenia patients ( $n=200$ ) at outcome in 2005.

**Results:** 55,5% of 200 studied patients were registered with PA. This frequency oscillates between 78% and the 33,3% based on the psychiatrist. The patients received an average of 3,06 (DS 1,26) of psychotropic drugs; rank between 2,69 (DS 1,10) and 3,38 (DS 0,52) in relation to the psychiatrist. As maintenance treatment at outcome, it was prescribed an average of 1.61 (DS 0.65) of antipsychotics, rank 1.33 (DS 0,49) – 2,00 (DS 0.7). 33,2% patients received anticholinergics (17,1%-100% according to psychiatrist). Benzodiazepines were prescribed to 62,2% of patients (17,1%-100%). Mood stabilizer in the 16,7% of the cases (8%-41%). It is observed that those psychiatrists who use more PA use less benzodiazepines and anticholinergics.

**Conclusions:** PA extended practice in spite of therapeutic guides recommendations. Although differences between the psychiatrists from the study are observed, most of the patients have 3 psychotropic drugs as maintenance treatment at outcome: 1 or 2 antipsychotics, benzodiazepines and anticholinergic drugs.

## P073

Predicting the “revolving door” phenomenon in schizophrenic patients

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**Introduction:** There is a subpopulation of schizophrenic patients sometimes referred to as “revolving door” patients due to the frequency of readmissions in psychiatric units. Substance abuse and noncompliance with medication are the most important factors related to frequency of hospitalization. It has been related also with the number of previous admissions.

**Aims:** To describe the profile of the “revolving door” schizophrenic patient.

**Methods:** This retrospective study examines demographic and diagnostic features of the patients who met criteria for schizophrenia and have been admitted in our brief hospitalization unit during 2005. 209 adult patients were included. We compared the data of patients with only one admission (n=132) with those who have been admitted two or more times (n=77) in the period of study.

**Results:** We detected a significant difference between the two groups in the number of previous hospitalizations. The group with one admission during 2005 had 3.75 previous hospitalizations (SD 5.34) vs. 6.37 previous hospitalizations (SD 5.75) for the group with two or more admissions during 2005 (p<0.01). No differences were found between the two groups about gender, age, the subtype of schizophrenia, substance abuse, the presence of another psychiatric illness, or the length of the stay.

**Conclusions:** Our study shows that the number of previous readmissions could be used as a main predictor of the risk of rehospitalization. This fact supports the results of other studies. However, we have not found the substance abuse as a predictor of earlier readmission, as other studies do.

## P074

Challenges and options in the treatment of schizophrenia

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**Background:** When considering antipsychotic treatments for patients with schizophrenia, efficacy must be balanced against the side effects associated with each available treatment option. This balance of benefit versus risk in the choice of treatment should not exclusively depend on the clinical symptoms exhibited by each patient, but should also consider the individual's health and lifestyle characteristics.

**Methods:** A number of agents are available for the management of schizophrenia. To evaluate the advantages and disadvantages of the available antipsychotics, clinicians can use a number of variables to examine available data, such as numbers of patients in the study, the clinical relevance of the scales used to measure efficacy, and statistical significance. In addition, the clinician's evaluation may include a consideration of monitoring of various physiological parameters, which is a requirement with some antipsychotics.

**Results:** Good practice would dictate the regular monitoring of physical health needs as a matter of course, and may improve patient outcome. Monitoring of parameters such as weight gain, and dental health might enable a more effective relationship between clinician and patient. These physical health parameters might differentiate patients whose treatment is effective against symptoms and those whose

quality of life is being optimised. By drawing on the experience of clinicians, we considered which physical health parameters should be measured routinely, and which measures should be considered on an individual patient basis.

**Conclusion:** It is straightforward to combine individualised patient monitoring with antipsychotic and behavioural therapy and might increase the impact of treatments on patients' quality of life.

## P075

Akathisia in schizophrenia patients treated with aripiprazole, haloperidol, or olanzapine - analysis of three double-blind, long-term trials

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**Background and aims:** Akathisia occurs less frequently in second generation antipsychotics (SGAs) compared to first generation antipsychotics (FGAs). This analysis was performed to quantify and qualify akathisia in schizophrenia patients receiving one of two SGAs, aripiprazole or olanzapine, or a FGA, haloperidol, in the first 12 weeks of treatment.

**Methods:** A post hoc analysis of the safety dataset was conducted to assess akathisia parameters in three double-blind randomized trials: a 52-week comparison of aripiprazole 30mg/d (n=859) versus haloperidol 10mg/d (n=431); and pooled data from two trials (26- and 52-week) comparing aripiprazole 15-30mg/d (n=504) and olanzapine 10-20mg/d (n=505).

**Results:** In the haloperidol comparative trial, akathisia was reported by 12.5% in the aripiprazole group and 24.1% in the haloperidol group. Akathisia occurred within the first 12 weeks after randomization in 89.6% of aripiprazole-related events and 92.5% of haloperidol-related events. In the olanzapine comparative trials, akathisia was reported by 10.7% of aripiprazole-treated patients and 6.1% of olanzapine-treated patients. Akathisia occurred within the first 12 weeks in 94.4% of aripiprazole-related events and 90.2% of olanzapine-related events. Akathisia was rated as mild or moderate by the majority of patients (≥80% of reports).

**Conclusions:** Consistent with previous reports, the FGA haloperidol was associated with higher rates of akathisia than the SGAs aripiprazole and olanzapine. Under double-blind conditions, for all antipsychotics, akathisia occurred early in treatment, was time-limited, and of mild to moderate severity. Contrary to previous reports, akathisia was not associated with high rates of discontinuation.

## P076

A clinical trial with olanzapine in schizophrenia with allele variation of the DRD4 and maoa gene

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