

57.2. Females with SA differentiate from those with SI ( $p = .029$ ) in RE, lower in SI (in males no differences were found).

**Conclusions:** Patients with suicidal activity showed a lower QoL than other psychiatric inpatients. Patients with SA are close similar to those with SI in their QoL profile.

### P01.97.

#### HEALTH STATUS AND ELDERLY PEOPLE

P.A. Sáiz\*, Ma.P. González, J.Ma. Fernández, S. Martínez, Ma.T. Bascarán, J. Bobes. *Department of Psychiatry, University of Oviedo Faculty of Medicine, 6: Julián Clavería, 3 floor, 33006 Oviedo, Asturias, Spain*

**Objective:** To evaluate the health status of an elderly rural population (65 years and over).

**Subjects and Method:** 265 elderly male and female from Proaza (Asturias, Northern Spain) were interviewed between July 1998 and September 1999.

**Evaluation:** Mini Mental State Examination Spanish version (MMSE), CAGE, General Health Questionnaire 28 items (GHQ-28), and Geriatric Depression Scale-15 (GDS).

**Results:** Sociodemographic data.- Mean age (SD): 76.2 (6.69), males (39.6%), married (48.3%) [widowed: 16.0% males vs 42.5% females,  $p = .000$ ], living with family (73.6%) [87.6% males vs 64.4% females;  $p = .000$ ], elementary education (91.7%). Clinical data.- physical illness (96.6%), with treatment (84.2%), mental illness (26.0%), with treatment (15.8%), MMSE < 18 (8.7%) (those subjects who scored lower than 18 points -indicative of severe cognitive impairment- were excluded from the rest of the evaluation), CAGE > 1 (3.3%) [8.3% males vs 0% females,  $p = .000$ ], alcohol consumption (g/d) [13.31 (30.09)] [25.83 (35.32) males vs 5.07 (22.69) females,  $p = .000$ ], GHQ > 6 (13.6%), GDS > 5 (23.1%) [12.5% males vs 30.1% females,  $p = .001$ ].

**Conclusions:** High prevalence of physical impairment, a moderate prevalence of mental and cognitive impairment, and low alcohol consumption are present in our study population.

### P01.98

#### APOLIPOPROTEIN E GENOTYPE AND SCHIZOPHRENIA

P.A. Sáiz\*, M. González-Quiros, V. Álvarez, E. Coto, J.Ma. Fernández, M. Bousoño. *Department of Psychiatry, University of Oviedo Faculty of Medicine, 6: Julián Clavería, 3 floor, 33006 Oviedo, Asturias, Spain*

**Objective:** To investigate the potential association between apolipoprotein E (ApoE) genotype and schizophrenia.

**Patients and Method:** We genotyped 63 schizophrenic outpatients (DSM-IV criteria) and 250 healthy volunteers (hospital staff and blood donors) from Asturias (Northern Spain).

The apoE genotypes (E2, E3, E4 - alleles) were determined after PCR amplification followed by digestion with CfoI, and the fragments were separated by electrophoresis on a 4% ethidium-bromide-stained agarose gel.

**Results:** We found no significant differences in allele frequencies between the two groups although an increase in the frequency of allele E4 was recorded in patients compared with controls (11.1% vs 6.2%,  $p = .086$ ; OR = 1.89; 95% CI = 0.97-3.67). However, E4 carriers (E2E4, E3E4, E4E4) were at a higher frequency in the schizophrenic group than in controls (22.2% vs 12.0%,  $p = .059$ ; OR = 2.09; 95% CI = 1.03-4.24).

**Conclusions:** Variation of the ApoE gene may play a role in the development of schizophrenic disorders. However, larger samples are necessary to confirm or reject the current data.

### P01.99

#### SUICIDAL BEHAVIOUR AND THE TRYPTOPHAN HYDROXYLASE AND THE APOLIPOPROTEIN E GENES POLYMORPHISMS

P.A. Sáiz\*, B. Morales, M. González-Quiros, V. Álvarez, E. Coto, J.Ma. Fernández, M. Bousoño. *Department of Psychiatry, University of Oviedo Faculty of Medicine, 6: Julián Clavería, 3 floor, 33006 Oviedo, Asturias, Spain*

**Objective:** To investigate the potential association between the tryptophan hydroxylase (TPH) and the apolipoprotein E (ApoE) gene polymorphisms and suicidal behaviour.

**Patients and Method:** We genotyped 23 parasuicidal patients (PP) and 311 healthy volunteers (hospital staff and blood donors) from Asturias (Northern Spain). The polymorphism of TPH gene (A218C) was determined after PCR amplification followed by digestion with NheI, and electrophoresis on a 2% agarose gel. The apoE genotypes (E2, E3, E4 - alleles) were determined after PCR amplification followed by digestion with CfoI, and electrophoresis on a 4% agarose gel.

**Results:** TPH gene polymorphism (A218C) genotype (PP and controls).- AA: 21.7%, 21.3%; AC: 47.8%, 45.9%; CC: 30.4%, 32.8% ( $p = 0.978$ ). We found no significant differences in allele frequencies between the two groups (allele A.- PP: 45.7%, controls: 44.3%,  $p = 1.00$ ; OR = 1.058; 95% CI = 0.53-2.09). ApoE genotypes were similar in both groups. We found no significant differences in allele frequencies between the two groups although an increase in the frequency of E4 carriers (E2E4, E3E4, E4E4) was recorded in PP compared with controls (13.0% vs 6.2%,  $p = 0.114$ ; OR = 2.27; 95% CI = 0.89-5.76).

**Conclusions:** Polymorphic variations at the TPH and ApoE genes were not associated with an increased risk of parasuicidal behaviour in this study. However, larger samples are necessary to confirm or reject the current data.

### P01.100

#### LONG-TERM EFFICACY OF OLANZAPINE IN THE CONTROL OF PSYCHOTIC AND BEHAVIORAL SYMPTOMS IN PATIENTS WITH ALZHEIMER'S DEMENTIA

J.S. Street\*, W.S. Clark, B.E. Juliar, P.D. Feldman, D.L. Kadam, A. Breier. *Lilly Research Laboratories, Eli Lilly & Company, One Lilly Corporate Center, Indianapolis, IN 46219, USA*

**Introduction:** A multicenter study was conducted to determine long-term efficacy and safety of olanzapine in treating psychotic symptoms and behavioral disturbances associated with Alzheimer's disease.

**Methods:** Elderly nursing home patients (mean age: 83.1 years) with dementia ( $n = 137$ ) who successfully completed a 6-week double-blind study entered an open-label phase of up to 18 weeks during which they received olanzapine (dose range: 5, 10, or 15 mg/day). Mean change in the sum of the Agitation/Aggression, Delusions, and Hallucinations items of the NPI/NH was used as the primary efficacy measure (Core Total).

**Results:** Following treatment with olanzapine, patients' scores improved significantly on the Core Total (mean, -7.55; SD = 8.53;  $p < .001$ ), Total (mean, -17.85; SD = 23.72;  $p < .001$ ), and 10 of the 13 individual item scores of the NPI/NH, including Occupational Disruptiveness (mean, -2.84; SD = 3.24;  $p < .001$ ). Barnes Akathisia scores improved significantly from baseline (mean, -0.22; SD = 0.80;  $p = .002$ ). Simpson-Angus and AIMS scores were not significantly changed. No significant changes occurred in patient ECGs, including QTc interval, nor in any other vital sign or in weight. Treatment-emergent symptoms