

**P0197**

Combined application of psychotropic drugs in schizoaffective disorder

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Thirteen years ago the clinical symptoms of the patient has begun as depression. Main symptoms was the psychomotor retardation, fatigue, markedly diminished interest in all and mutizmus. At this time the diagnosis was Major Depressive Disorder, the therapy were changed antidepressant drugs (fluvoxamine, fluoxetine after paroxetine), and the patient's symptoms resolved -, but the recovery was slow. Later – years after – her depressive symptoms were resumed again, but joined psychotic symptoms. So the therapy consisted of antidepressant and – temporary - antipsychotic medication (haloperidol). The remission was total too, but brief : just the main symptoms were the alogia, affective flattening, lack of emotional resonance, severe insomnia, depressed mood and delusion symptoms. Longitudinal the diagnose became Schizoaffective Disorder. We must changed the antidepressant drugs four times (sertraline, venlafaxine, bupropion and after duloxetine) , and the antipsychotics three times (risperidone, amisulpride and finally olanzapine) by the time the symptoms disappeared. We saw, that a psychotic disorder might start with mild affective symptoms as a differential diagnostic problem, and the psychosis fulfill for many years.

**P0198**

Pellagra psychosis: Clinical case and revision

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**Introduction:** We present the case of a psychotic patient with a previous diagnosis of pellagra, admitted to an acute care unit of Miguel Bombarda Hospital, Lisbon. Pellagra is a systemic disease caused by niacin deficit; its clinical presentation is revised, taking into account psychiatric disease.

**Objectives:** We will focus the following items:

- definition of pellagra and description of its main clinical symptoms
- historical issues of psychiatric symptoms of pellagra
- pellagra psychosis – evolution of classifications
- neuropsychiatric features of pellagra
- diagnosis, treatment and outcome of psychiatric illness of pellagra

**Methods:** Medline Research. Bibliography revision.

**Results/Conclusions:** Clinical presentation of pellagra includes gastrointestinal, dermatological and neuropsychiatric symptoms.

The first description of pellagra dates back to 1863. In the beginning of the 20th century, approximately 30% of admissions in psychiatry were due to this disorder, which was included in the first classification of mental illness of the American Psychiatric Association.

Pellagra psychosis should be diagnosed in a patient with typical symptoms and signs of pellagra and psychotic symptoms which respond to treatment with niacin.

Pellagra is currently a rare disorder, but the diagnosis should be taken into account in alcoholic patients, undernourished, with anorexia nervosa or tuberculosis treated with isonyazid.

With proper treatment, there is a complete recovery.

**P0199**

A simulation model to estimate the coronary heart disease risk in schizophrenic patients treated with second-generation-antipsychotic drugs: A Spanish perspective

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**Objective:** To describe a generalizable stochastic-simulation model for schizophrenia treatment related with the cardiovascular associate risk of SGA.

**Methods:** A model to simulate the expected 10-year occurrence of all-type cardiovascular events (CVE) in a hypothetical cohort of 100.000 patients with schizophrenia treated with SGA drugs in Spain was developed. The model considered, as a baseline health state, outpatient treated with SGA with characteristics of patients enrolled in the CLAMORS study; a cross-sectional study in schizophrenia spectrum disorders aimed to ascertain prevalence of metabolic syndrome in such patients together with CHD. Three other states were considered: suffering a CVE, death due to CVE and death due to other causes. The CVE risk for each SGA drugs was estimated through a locally-adjusted Framingham risk equation. Treatment outcomes were simulated using the expected mean change of the cardiovascular (CV) risk factors from the CATIE clinical trial. Death by CVE or others causes were estimated from published literature.

**Results:** The 10-year rate of CVE following SGA treatment was 0.181, 0.179, 0.176 and 0.172 for olanzapine, quetiapine, risperidone and ziprasidone, respectively. Relative risk was calculated relative to no-treatment, and the corresponding values were 1.03, 1.02, 1.00 and 0.97. The total estimated CVE were 25,269 events; 25,157; 24,883 and 24,514, respectively.

**Conclusions:** A generalizable, flexible model was developed through stochastic simulation of the CV risk for SGA drugs. The estimated clinical outcomes suggest different levels of CVE risk for each SGA drugs. Ziprasidone showed the lower rate with no association with increased risk for CHD.

**P0200**

Yalom's therapeutic factors in the long-term, psychodynamic, outpatient group psychotherapy with psychotic patients

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Therapeutic factors in group psychotherapy could result with symptomatic, behavioral, and personality changes. According to Yalom (1985), therapeutic factors are: instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal input, interpersonal output, group cohesiveness, catharsis and existential factors. Their importance varies during group process.

Although therapeutic factors of group psychotherapy with nonpsychotic patients are well investigated, there are few studies regarding group psychotherapy with psychotic patients.