

RLAI phase, 59% of patients spent more than one month per year in hospital; in the RLAI phase this was reduced to 23%.

The median number of admissions was also lower, but although 55% of patients had no admissions there were also several patients with multiple admissions during RLAI therapy. During the pre-RLAI phase, no patients had an admission rate above 1.5 admissions per year, but in the post phase 10 patients (18%) had admission rates above 1.5. These results are partially explained by the fact that hospitalisation tended to be shorter during RLAI than in the previous 2 years (average 75 days per admission pre-RLAI vs. 34 days during RLAI).

As there was no control group the results should be interpreted cautiously. Any differences could be caused by other confounding factors which changed with time, and there was wide variation between patients.

In summary, RLAI significantly reduced hospitalisation and this may result in substantial cost savings.

## P0264

Efficacy and tolerability of quetiapine in the treatment of schizoaffective disorder: A retrospective study

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**Background and Aims:** The efficacy of QTP in the treatment of schizophrenia has been well established in randomised, double-blind, placebo-controlled trials, but there is a lack of data concerning its efficacy in the medium- term management of schizoaffective disorder. Aim of the study was to evaluate retrospectively the efficacy and tolerability of QTP in preventing relapses of Schizoaffective Disorder (1,2).

**Methods:** The study involved 18 outpatients (4 males and 14 females), at least 18 years of age, with a diagnosis of Schizoaffective Disorder, based on the DSM-IV-TR criteria.

Patients were evaluated by using BPRS, CDSS and CGI-S. Clinical evaluation was assessed retrospectively through the data obtained by the clinical records. Evaluation started when QTP was prescribed (T0), and was performed after six months (T6). Moreover, a clinical evaluation was assessed six months before the start of QTP treatment by using the same rating scale (T-6). The main outcome measure evaluated was the rate of hospitalization caused by depressive, manic or psychotic relapses.

**Results:** At the end of the study (T6), a significant reduction in CGI-S, BPRS and CDSS scores was observed. CDSS mean scores showed a 60% amelioration vs T0. No patients dropped out because of side effects. The mean dosage of quetiapine in our study was 544 mg/die.

**Conclusions:** QTP, alone or in association with benzodiazepines and/or mood stabilizers, seems to be an effective tool in the treatment of Schizoaffective Disorder and in prevention of relapses and consistent with several researches it seems effective in reduction of depressive symptoms.

## P0265

Auricular acupuncture experience among dual diagnosis patients: Randomized controlled pilot clinical trial

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**Background:** The auricular acupuncture (AA) detoxification was first introduced in 1974. Over the past thirty years this technique has been extensively studied, expanded and improved. Unfortunately, there is no empirical evidence to recommend the use of AA for dual diagnosis patients (DDP). The absent data on the efficacy and safety of the AA leads to inappropriate use of this therapeutic intervention in DDP.

**Methods:** Randomized controlled parallel groups clinical trial aimed to investigate the effectiveness and safety of AA in DDP for the management of both psychiatric and addiction issues. The study population group [10 AA treatments at least 20 minutes 4-5 times a week] comprised 10 subjects (9 males (90.0%), mean age 28.8 years (SD=5.7)). The control population group (without AA) comprised 3 subjects (3 males (100.0%), mean age 29.5 years (SD=7.8)). Antipsychotic efficacy was measured by CGI-Severity & CGI-Improvement scales, craving was measured by Drug-DALI and treatment compliance was measured by DAI-10.

**Results:** There were no differences between the groups according to demographic and clinical measures at the beginning of the study. The mean DALI score change in study population was -3.7 (SD=3.9; p<.06), the mean DAI score change was 3.9 (SD=4.6; p<.06) in comparison to -6.0 (SD=4.2; NS) and 5.5 (SD=10.6; NS) in a control population, respectively. There were no differences in CGI-I (NS). There were no adverse events in both populations.

**Conclusions:** There is a trend for effect of AA to craving decrease and a trend for effect to improvement of treatment-compliance in DDP.

## P0266

Metabolic side effects of atypical antipsychotics in early onset schizophrenia: One year follow-up pilot study

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**Objective:** To assess weight gain in adolescents treated with antipsychotic drugs for early onset schizophrenia (EOS).

**Method:** One-year follow-up of 13 consecutive adolescents (10 male, 3 females, age range: 11-16) treated with atypical antipsychotics for early onset schizophrenia (according to DSM-IV criteria). The main outcome measure is sex- and age-adjusted Z scores of Body Mass Index (BMI).

**Results:** BMI, sex- and age-adjusted BMI percentiles and BMI Z scores are significantly increased in schizophrenic adolescents after prescription of atypical antipsychotics (p= 0.025).

**Conclusions:** Despite the limited number of children included, this pilot study confirms a significant link between prescription of risperidone in early onset schizophrenia and increase of adjusted BMIZ scores. Clinicians and caregivers are to be aware of potential metabolic adverse effects of these medications. These findings suggest a regular health monitoring in adolescents treated with atypical antipsychotics, before and along the prescription.