

Poster Session 1

Sunday, 18 March—Monday, 19 March 2007 Poster Session 1: SCHIZOPHRENIA AND OTHER PSYCHOSIS

P001

Evaluation of compliance with mems in schizophrenic patients and its relationship with clinical and psychopathological variables. Preliminary data

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Background: Among schizophrenic patients, prevalence of non-compliance is 25-40%, and it is the most important factor for relapse and bad outcome. MEMS provides of a more precise tool for compliance monitoring than other systems.

Aims: 1. To evaluate compliance in schizophrenic outpatients and its relationship with clinical and psychopathological variables. 2. To evaluate the degree of agreement between compliance estimated by psychiatrist, family and patients with 'real' compliance. 3. To evaluate psychopathological differences between patients treated with oral antipsychotics (APs) and long-acting injectable (LAI) or depot APs.

Methods: Data concerning clinical variables, psychopathology (insight, psychotic, negative and general psychopathology symptoms), and compliance with treatment (information reported by psychiatrist, caregiver and patient) are recorded. In patients treated with LAI/depot APs, reasons for instauration is also recorded. Compliance of oral APs is evaluated through MEMS, with a follow-up period of three months. Statistical analysis will be performed with the appropriate tests (Pearson's correlation coefficient, T-Student tests and ANOVA test).

Results: To date, 106 patients have been recruited. 77 patients are treated with oral APs (with or without LAI/depot APs) and 29 are receiving only LAI/depot APs. The reasons of instauration of treatment with LAI/depot APs was confirmed non-compliance (24 pat.), suspected non-compliance (3 pat.) and 'posological comfort' (2 pat.).

Conclusion: To date, few studies have investigated compliance in schizophrenic patients through MEMS. Identification of variables related to non-compliance seems very relevant in order to establish preventive strategies.

P002

Factors associated to persistence of negative symptoms in psychotic patients: Results from the CLAMORS study

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Background and aims: This study assessed the factors associated to persistence of negative symptoms in patients treated with antipsychotics.

Methods: A retrospective, cross-sectional, multicenter study was carried out by 117 Spanish Psychiatrists (The CLAMORS Collaborative Group). Consecutive outpatients meeting DSM-IV criteria for Schizophrenia, Schizophreniform or Schizoaffective Disorder, under antipsychotic treatment for at least 12 weeks, were recruited. Negative symptoms were assessed using the PANSS scale (1-blunted affect; 2-emotional withdrawal; 3-poor rapport; 4-social withdrawal; 5-abstract thinking; 6-verbal fluency; 7-stereotyped thinking). Persistence of a negative symptom was defined by severity score >3. Multivariate logistic regression models were applied including gender, age, civil status, work situation, BMI, time on antipsychotic treatment and dose, CGI and Total and Positive PANSS scores, cardiovascular risk by SCORE (10-year death) and Framingham (10-year all CV events) equations and Metabolic Syndrome.

Results: 1452 evaluable patients (863 men, 60.9%), 40.7±12.2 years (mean±SD) were included. Negative symptoms (one or more) were presented in 60.3% of patients. All negative symptoms were associated to worst clinical severity (higher CGI and Total PANSS scores). Negative symptoms were also associated to gender (symptoms 4), age (symptoms 1,2,4,5), civil status (symptoms 2,4), work situation (symptoms 3,4,5), time on antipsychotic treatment (symptoms 1,2,3,6,7), and dose (symptom 2).

Conclusions: Persistence of negative symptoms plays an important role in patients treated with antipsychotics, being all of them associated to clinical severity but also to other sociodemographic and time and dose with current antipsychotic treatment.

On behalf of the CLAMORS Collaborative Group.

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Mental health and dental health: Severe and chronic mental disorders and odontostomatological health. Clinical and care implications

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