Background: Psychotropic drugs including some of the new generation of antidepressants and antipsychotics can have important effects on the cardiovascular system including changes in blood pressure and effects on the QTc interval. It is good practice to check ECG and blood pressure (BP) before the administration of certain psychotropic agents. It has been suggested that Psychiatrists should be able to interpret ECG's.

Aims and Method: The aim of our study was to assess the facilities available in the Psychiatric clinic to check blood pressure and arrange ECG's. We were also interested to find out whether psychiatrists were confident in interpreting ECG's and clarify any associated training requirements. So, we carried out an anonymous postal survey of 260 consultant psychiatrists in the North West of England. Data were analysed with the Statistical Package of Social Sciences (SPSS) version 13 for windows.

Results: 132 consultants returned the completed questionnaires giving a response rate of 50.7%. A majority of respondents (59%) felt that it was difficult to arrange for ECG in the clinic and worryingly an even higher percentage (61.4%) lacked facilities to check blood pressure. Only a small minority (12.9%) felt confident about identifying QT prolongation on ECG. An overwhelming percentage of respondents (81.8%) respondents felt that doctors working in psychiatry should have regular training in interpreting ECG's.

Conclusions: This survey highlights the lack of facilities in mental health clinics to check blood pressure and arrange simple medical procedures like ECG. It also highlights the need for regular ECG training for psychiatrists

P218

Coercion and antipsychotic medication for voluntary out-patients: Depot versus oral

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Background: Some clinicians consider depot antipsychotics to be stigmatizing and coercive. Former coercion studies have predominantly considered hospital admission rather than medication. This cross-sectional study investigated patients' perspectives of coercion for depot and oral antipsychotics.

Methods: 72 participants, with schizophrenia or schizoaffective disorder on voluntary maintenance medication were randomly selected for further in-depth interviews as a sub-sample from an antipsychotic attitudinal study. The MacArthur Admission Experience (short form) was adapted to explore coercion regarding medication. Scores were compared for formulation groups (depot versus oral).

Results: Only 9 (12.5%) had no concerns about coercion. Coercion scores were higher for depot than oral in terms of total score (mean 4.39 vs 2.80, p=0.027), perceived coercion (2.52 vs 1.73, p=0.041) and negative pressures subscales (1.17 vs 0.33, p=0.009). No significant differences were found for the ''voice'' subscale (0.70 vs 0.73) and affective reactions. Specifically, more participants on depot felt that people try to force them to take medication (30% vs 2%, p<0.001).

Conclusions: To our knowledge, this is study is unique in that it reports specifically on coercion regarding both depot and oral antipsychotics, using systematic quantitative methodology. Participants felt that treatment with depots was more coercive than with oral antipsychotics and was associated with a relative lack of true autonomy. One reason for this might be that depots are ''given'' rather than ''taken''; thus the ''power of others'' may be seen as more potent. Greater perceived coercion may explain why some consider depots to be a more stigmatizing form of treatment.

P219

Depression - Causes and remedies

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The events of life are present in all forms of depression. The major cause of the events who determine depression is the behavior of the others, whether or not it is a reaction to the subject's behavior. In parallel with biological cures and psychotherapy interventions, the author uses a form of re-socialization by religious education, with three objectives: 1) the initiation in the study of human behavior, insisting on the instincts and their actions; 2) The Decalogue- the first step of the greatest importance towards the education of the instincts 3) The Christian belief- the human aspiration to perfection, a maximum of (re)socialization of the human being. Human ontogenesis repeats the evolution of Humanity, but not everyone becomes an adult. Immaturity with moral retardation affects millions of ours contemporary.

Keywords: DEPRESSION, DECALOQUE, CHRISTIANITY, MORAL RETARDATION.

P220

Ziprasidone in hospitalized patients with schizophrenia: Evidence supporting rapid dose titration

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Optimal dosing of psychotherapeutic agents has implications for both symptom control and patient compliance. Trials of ziprasidone in bipolar mania and schizophrenia suggest a target dose of 120-160 mg/d and that rapid titration to this level provides maximum symptom improvement. In this report, data from 2 similarly designed fixed-dose placebo-controlled studies of ziprasidone (rapidly titrated to target doses of 40, 80, 120, or 160 mg/d) in patients with acute schizophrenia were pooled. 369 patients received ziprasidone and 171 patients received placebo. Efficacy was assessed using PANSS at Weeks 1 and 6 (LOCF endpoint) of treatment. Tolerability was assessed by discontinuations (all-cause and due to adverse events). There was a significant linear dose-response relationship between ziprasidone dose and PANSS total score ($F = 12.32$, $P \leq 0.001$). All ziprasidone doses produced statistically significant improvement in PANSS total score; the largest effect size (0.52) was observed for the 160 mg/d group. At Week 6, least-squares mean PANSS total score decreases from baseline were 9.98, 9.54, 11.71, and 14.87 in 40, 80, 120, and 160 mg/d groups, respectively. The corresponding placebo decrease was 2.79. At Week 1, decreases from baseline were 6.18, 5.70, 7.80, and 8.96 in 40, 80, 120, and 160 mg/d groups, respectively. The corresponding placebo decrease was 0.84. Tolerability of ziprasidone 160 mg/d (all-cause/AE discontinuations at week 6: 22%/15% versus 35%/0% for placebo) was comparable with that of lower doses. Rapid titration of ziprasidone to 160 mg/d was associated with greater efficacy compared with lower doses and was well tolerated.

P221

Use of long lasting risperidone in hospitalized patients

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https://doi.org/10.1016/j.eurpsy.2007.01.537 Published online by Cambridge University Press

The lack of adherence in antipsychotic treatment is related to the increased number of relapses and, therefore, with a higher incidence of hospitalization and visits to the emergency department; as well as an increase in the family burden and the use of assistance resources.

The introduction of a second generation antipsychotic in a long acting formulation would allow better control for psychotic patients and thus a reduction in the need for extra care

Objective: To assess the effectiveness of long lasting risperidone (LLR) in the drug compliance and its impact on health assistance resources.

Method: A retrospective revision was carried out with patients admitted to the acute unit of our hospital between 1st September 2004 and 31st August 2005, with one of the following diagnosis: schizophrenia, schizoaffective disorder, bipolar disorder and delusional disorder; Choosing from those under treatment with LLR, we obtained a sample of 44 patients.

Clinical and demographical relevant variables were taken into consideration.

The study has a ''mirror image'' design where we compared data before and after the introduction of LLR using Student t test for dependant samples.

Results: We observed a statistically significant decrease in the incidence and length of hospitalization following treatment with LLR. An increase in the number of psychiatric casualties was observed, although it had no statistical significance and the data were subject to bias.

Conclusions: LLR may increase the drug compliance and therefore reduce number and length of hospitalizations.

P222

Long-term efficacy of ziprasidone in treatment-resistant schizophrenia: Results from the 1-year, open-label mozart extension study

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Subjects who completed a randomized, double-blind, 18-week, trial comparing clozapine and ziprasidone in refractory or treatment-intolerant schizophrenic patients and who responded to treatment with ziprasidone ($\geq$ 20% reduction in PANSS total score) were enrolled in a 1-year, open-label, flexible-dose study. Subjects received the same dose of ziprasidone (80-160 mg/day) upon which they completed the double-blind study. Dose changes were permitted based on clinical impression of efficacy or adverse events. The change in PANSS total score from baseline to endpoint and the proportion of patients maintaining $\geq$ 20% PANSS improvement at endpoint were recorded. Safety measures included adverse events, laboratory tests, body weight, vital signs, and electrocardiograms. Of 45 patients who completed the initial study, 42 were enrolled in the study and 40 were included in the intent-to-treat analysis. The mean change from core study baseline in PANSS total score was −37.0 (95% CI, −41.8 to −2.2; $P < 0.001$) on entry to the extension study. Following 1 year of oral ziprasidone, the mean change in PANSS total score from core study baseline was −32.2 (95% CI, −39.1 to −25.3; $P < 0.001$), a change from extension study baseline of 5.1 ± 16.7 ($P = 0.061$). Of the 40 patients, 28 (70%) maintained $\geq$ 20% reduction in PANSS total score (vs core study baseline) at the extension study endpoint. The safety evaluation showed no detrimental effects. These findings show that the efficacy and safety of ziprasidone observed in refractory or treatment-intolerant schizophrenic patients are maintained in a long follow-up period.

P223

Adverse events of antypsychotics during therapy of patients with schizophrenia

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According to the recommendation of the World Health Organization, and also implementation of atypical antipsychotics in every day clinical practice, consequently the question mark appears regarding use of anticolinergic drugs (i.e. biperiden). Therefore it′s prophylactic administration is not recommended in every day clinical practice, except in younger patients and children receiving high potency typical antipsychotic drugs. In this paper we studied frequency of using, or abusing biperiden, and daily dosage of it, during determinate period of one year on the Acute male and Acute female department of the Psychiatric Hospital ″Sveti Ivan″ in patients diagnosed with schizophrenia. The object was to observe the therapy at the time of discharge. Almost 300 were included schizophrenic patients with average age of 40.6, and with prescription rate of biperiden as high as 38%.

P224

Descriptive study about long-acting injectable risperidone (RLAI) in outpatients

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Introduction: Long-acting injectable risperidone (RLAI) is effective and well tolerated in maintenance treatment in patients with schizophrenia. This kind of formulations improves compliance, and it has been recently published that RLAI reduces relapse and hospitalizations.

Objectives: To evaluate whether treatment with RILD for 6 months is able to improve hospitalization rates and length, compliance with treatment and polypharmacy.

Methods: Medical records of 52 patients who had been treated with RILD for at least 6 months were reviewed. Data referred to the 6 months previous to treatment start were compared to those from the 6 months after treatment initiation. The evaluated parameters were: sociodemographic characteristics, number and length of hospitalizations, compliance with pharmacological treatment, attendance to consultations, and polypharmacy rates.

Results: Mean age was 32.2+_11.1 years. The most frequent diagnosis was paranoid schizophrenia (40%). The main reason for the start treatment with RLAI was non-compliance (65%). A reduction of 50% in the number of hospitalizarions was observed after 6 months of treatment with RLAI, as compared to the previous 6 months (36 vs 14). Moreover, length of inpatient stays was also reduced after treatment with RLAI (mean of 17 vs 13.7 days). Compliance with pharmacological treatment and attendance to psychiatric consultation were also improved.

https://doi.org/10.1016/j.eurpsy.2007.01.537 Published online by Cambridge University Press