**Methods:** e-STAR is a secure web-based, international, long-term (1 year retrospective and 2 year prospective) ongoing observational study of schizophrenia patients who initiate a new antipsychotic drug during their routine clinical management. Data reported here are for patients enrolled to date in B, S and A who had information available about the use of concomitant medication at baseline and at 6 months after the start of RLAI.

**Results:** Of 1,605 evaluable patients (B, n=180; S, n=919; A, n=506), 73.7% received concomitant non-antipsychotic medication at baseline. This proportion had reduced to 60.3% at 6 months after the start of RLAI (82.2% to 71.7% for B, $p<0.001$; 72.8% to 54.8% for S, $p<0.001$; 72.3% to 66.2% for A, $p=0.01$). Reductions between baseline and 6 months were overall: for anticholinergics 29.4% to 17.0% and for antidepressants 22.9% to 19.3% (each $p<0.05$ for B; $p<0.001$ for S); for mood stabilisers 17.6% to 15.8% ($p=0.01$ for S); for benzodiazepines 48.9% to 39.0% ($p<0.001$ for S; $p=0.002$ for A); for somatic medication 16.9% to 16.0%. Conclusions. Following the start of RLAI, the use of concomitant non-antipsychotic medication for the management of symptoms associated with schizophrenia or its treatment declined significantly at 6 months compared to baseline.

## P057

Substance abuse (SA) does not compromise significant improvements in spanish patients with schizophrenia treated with risperidone long-acting injection (RLAI)

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**Objectives:** To determine if there are differences in 6 month outcomes in schizophrenia patients with and without a history of SA treated with RLAI.

**Methods:** Spanish patients enrolled in e-STAR, a secure web-based, ongoing, international, long-term observational study of schizophrenia patients, who initiated RLAI have been followed up for 6 months.

**Results:** Of 1,107 patients enrolled to date 40.1% had a history of SA, including alcohol, prescription medication, and recreational drugs. More males in the SA group (82.2%) than the non-SA group (49.3%); mean age 35.7 and 40.4 years, mean duration of illness 11.7 vs 13.9 years, respectively. At 6 months 92.3% of SA and 94.7% of non-SA patients were continuing RLAI. Baseline mean Clinical Global Impression-Severity (CGI-S) scores were similar (SA 4.77, non-SA 4.63) and 59.0% of SA and 55.0% of non-SA patients had a baseline CGI-S score of 5-7 (marked-very severe illness). At 6 months CGI-S scores had reduced significantly in each group (SA 3.97, non-SA 3.83; both $p<0.001$ vs baseline) and the proportion with CGI-S scores of 5-7 fell to 27.3% of SA and 22.9% of non-SA patients. Mean Global Assessment of Functioning scale scores significantly improved between baseline and 6 months in each group; SA 46.6 to 56.5, non-SA 46.8 to 56.6 (both $p<0.001$). Significant reductions in use of concomitant medication in both groups ($p<0.001$) accompanied these clinical improvements.

**Conclusion:** Although a history of SA may predict poorer outcomes in schizophrenia, SA patients treated with RLAI are similarly compliant and improve equally well as non-SA patients.

## P058

Improvements in illness severity and functioning in Australian schizophrenia patients treated with risperidone long-acting injection (RLAI) for 12 months

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**Objectives:** An interim analysis of 1 year outcomes in schizophrenia patients enrolled in e-STAR in Australia and treated with RLAI continuously for 12 months.

**Methods:** e-STAR is a secure web-based, international, long-term (1 year retrospective, 2 years prospective) observational study of schizophrenia patients who initiate a new antipsychotic drug during their routine clinical management.

**Results:** Currently, 315 patients have received RLAI continuously for 12 months; mean age 39.6 years, 68.9% male, mean duration of illness at baseline 11.8 years. Mean Clinical Global Impression Severity (CGI-S) scores at baseline (4.6) decreased significantly at 3, 6 and 12 months (n=284) (4.0, 3.7, 3.7, respectively; all $p<0.001$ vs baseline) indicating a reduction in illness severity from moderately-marked to mildly-moderate at month 3 and maintained to 1 year. The proportion of patients with CGI-S scores of 1–3 (not ill to mild severity) increased from 12.7% at baseline to 40.8% at 12 months ($p<0.0001$). Mean Global Assessment of Functioning (GAF) scale scores improved from 41.7 at baseline (serious impairment) to 56.7 (moderate impairment) at 12 months with improvements evident from month 3 after the start of RLAI ($p<0.001$ for both timepoints). Other significant improvements included fewer hospital stays ($p<0.001$) and rehospitalisations ($p<0.001$), reduced suicidal ideation ($p=0.008$) and violent behaviour ($p=0.03$), and decreased use of concomitant psychiatric medication.

**Conclusions:** These interim data show that a significant degree of clinical improvement and reduction in hospitalisation occurs early at 3 months in patients treated with RLAI and is maintained with continued treatment over 12 months.

## P059

Duration of untreated psychosis and stigma in psychotic patients - a family view

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**Background:** Longer DUP (duration of untreated psychosis) is associated with poorer outcome in schizophrenia. Factors unrelated to disease pathology (socioeconomic status, availability of care, recognition of illness and stigma) may contribute to DUP.

**Aims:** Investigating the relation between DUP and fear of stigma in patients and their family members.

**Methods and instruments:** 38 patients(diagnosed by ICD X as F20-F29), treated at the Institute of Psychiatry,University Clinical Center in Belgrade and their family members(parents or siblings), were assessed through a questionnaire designed for the purpose of this cross sectional study. Data were obtained on fear of being stigmatized and first contact with psychiatrist (in patients) and stigmatization attitudes,estimated DUP,illness mode of onset,initial treatment mode,present evaluation of patients condition,adherence to therapy (in family members).

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**Results:** Patients included in this study were mostly female (68,42%), with high school education (84,2%), single(84,2%), with average age of 30 and 2,53 hospitalizations.

47,37% of family members,as well as 31,58%of patients were afraid of stigmatization by psychiatric treatment-which prolonged DUP. 42,10%of patients felt that they are presently stigmatized.100%of patients have never heard for antistigma programs.

Average period from first behavioral changes to first contact with psychiatrist was 16,34 weeks and 32,6 weeks until starting a continuous treatment (via hospitalization in 57,9%; abrupt illness onset in 42,10%)

**Conclusions:** Correlation found between DUP and fear of stigma in patients and their family members requires focused antistigma interventions in order to improve psychotic disorders treatment strategies.

## P060

Efficacy and tolerability of once-daily quetiapine sustained release in patients with acute schizophrenia: A randomised, double-blind, 6-week, placebo-controlled study

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**Aim:** To evaluate efficacy and tolerability of quetiapine sustained release (SR) in a 6-week study (D1444C00132).

**Methods:** 588 patients with acute schizophrenia (PANSS total $\geq$70; CGI-S $\geq$4) were randomised to fixed-dose quetiapine SR 400, 600 or 800 mg/day (once-daily), quetiapine immediate release (IR) 400 mg/day (200 mg twice-daily; 5-day dose-escalation schedule), or placebo. Quetiapine SR doses: 400, 600 mg reached by Day 2; 800 mg by Day 3. Primary endpoint: change from baseline to Day 42 in PANSS total score (LOCF; ANCOVA). Other assessments: PANSS response rate (% patients with $\geq$30% reduction in total score from baseline); CGI-I response rate (% patients with rating $\leq$3); CGI-S; AEs.

**Results:** 446 patients (76%) completed the study (similar across groups). LS mean change from baseline in PANSS total score at Day 42 showed significant improvement versus placebo (-18.8): -24.8 ($p=0.03$), -30.9 ($p<0.001$), and -31.3 ($p<0.001$), quetiapine SR 400, 600, and 800 mg, respectively; -26.6 ($p=0.004$), quetiapine IR. Statistical separation from placebo at Day 42 for: change from baseline in CGI-S (quetiapine SR 600 and 800 mg; IR); PANSS and CGI-I response rates (all active treatments). Most common AEs with quetiapine: somnolence and dizziness. There were no unexpected AEs with quetiapine SR. Incidence of EPS-related AEs was similar to placebo. Two quetiapine SR and two IR patients discontinued due to AEs in Week 1.

**Conclusions:** Once-daily quetiapine SR (400-800 mg) was effective versus placebo in patients with acute schizophrenia. Rapid dose escalation was well tolerated, with a therapeutically effective dose reached by Day 2.

## P061

Reconciling previous DTI studies in schizophrenia

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Previous DTI studies in schizophrenia have all found decreased white matter integrity in the patients, though the location of these differences has varied. This may be due to the use of region-of-interest methods and underpowered studies. We used voxel-based DTI to examine a much larger sample of patients with schizophrenia and controls.

**Methods:** Seventy-six patients with DSM-IV schizophrenia and 76 controls matched for age, gender, handedness, IQ, and education were scanned with an optimized DTI sequence at 1.5T. FA maps were co-registered using SPM2 and group differences calculated using non-parametric XBAM_v3.4. Mean FA was extracted from each significant cluster and correlated with illness duration in the patients. Cluster FA was compared between the 15 patients with a few days exposure to antipsychotics and 30 matched patients who had been treated for over a year.

**Results:** At thresholds of $<$1 false positive (voxel $p<0.01$, cluster $p<0.0005$), there were widespread reductions in FA in the patient group. These areas included bilateral cingulum, superior & inferior longitudinal fasciculus, left uncinate and the genu of the corpus callosum. There were no areas of increased FA in patients relative to controls. In our secondary analyses, there were no significant correlations between the mean FA extracted from any of these clusters and duration of illness, and no significant differences between the briefly medicated and chronically medicated groups.

**Conclusions:** Schizophrenia is associated with FA reductions distributed widely in white matter, but these differences do not correlate with duration of illness, and do not segregate with medication.

## P062

Correlation indexes between quality of life (QoL) and the current psychopathology in Greek chronic schizophrenics

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**Background and aims:** There is considerable concern in quality of life research in determining the influence of clinical variables upon the quality of life of schizophrenic patients With reference to the psychopathology, a number of researchers agree that there is an influence upon QoL in schizophrenic patients. In our study, we try to find a possible correlation between the perceived satisfaction in daily life domains in Greek chronic schizophrenic patients residing in intermediate structures, and their positive – negative and general psychopathological symptoms, just five years after their deinstitutionalization.

**Methods:** To that end, the following questionnaires – scales: a) the Baker and Intagliata questionnaire ''Satisfaction with Life Domains Scale'' (S.L.D.S.) b) the Positive and Negative Syndrome Scale (PANSS) c) the Global Assessment of Fuctioning (GAF) Scale were administered to a random sample of three hundred fifty five (325) chronic schizophrenics, residing in boardinghouses, transitional hostels, protected apartments in the whole Greece.

**Results:** The total level of perceived satisfaction in daily life domains, as well as partial indexes, were investigated in relation to the intensity of positive - negative and general symptoms of the existing schizophrenic psychopathology at the time of the patients assessments.

**Conclusions:** We found that the satisfaction of these patients draw from their whole daily life a) is correlated negatively with the

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