EV1279

Efficacy of memantine in schizophrenic patients: A systematic review

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Introduction Several evidences support the hypothesis that glutamatergic dysfunction may be implicated in the pathogenesis of schizophrenia and in the last few year great interest has been focused on the role of the N-methyl-D-aspartate receptor (NMDAR). Memantine is a noncompetitive NMDARs antagonist, binds the same site of NMDARs of Mg2+, endogenous blocker of NMDARs, with moderate affinity, rapid unblocking kinetics and strong functional voltage-dependency. Memantine does not affect the physiological activation of NMDARs whereas it blocks the sustained activation under pathological conditions. Preclinical studies have demonstrated that memantine at high concentrations targets many receptors, including serotonin, nicotinic acetylcholine, sigma-1 and serotonin and dopamine receptors.
Objectives Increasing interest in memantine add-on therapy in schizophrenic patients with negative and cognitive symptoms may suggest that memantine could be a new promising treatment in schizophrenia.
Aims The aim of this update was to evaluate clinical data about the memantine effectiveness in schizophrenic patients.
Methods We searched on PubMed to identify original studies about the use of memantine in treatment of schizophrenic patients. The search conducted on June 16th, 2016 yielded 135 records. Neuf papers met our inclusion criteria.
Results Negative symptoms improved in the large majority of patients treated, however there is not a clear evidence on cognitive and positive symptoms (Table 1)
Conclusions Memantine therapy in schizophrenic patients has given unclear results. It seems that memantine improves mainly negative symptoms, while cognitive and positive symptoms did not improve significantly. Further trials with a more numerous sample are required obtain an objective result.

Table 1 Observation during Memantime administration.

	Positive Symptoms	Negative Symptoms	Cognitive Symptoms	Side Effects of Memantine
Krivoy, 2008	↓	↓	-	-
Lee, 2012	-	-	-	-
Paraschakis, 2014	-	↓	-	-
John, 2014	-	↓	-	-
Veerman, 2015	-	↓	↓	+
Omranifard, 2015	-	↓	-	-
Rezaei 2013	-	↓	-	-
Lieberman 2009	-	-	-	+
Schaefer, 2007	-	-	-	-

Table 1: Observation during Memantine administration.
↓: reduction in severity of symptoms; -: no relevant modifications; +: onset of new symptoms

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Stressors in patients with schizoaffective disorder

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Patients with schizoaffective disorder have recurrent episodes of a mood disorder with severe psychotic symptoms. In many cases, patients have toxic abuse in some situations that could cause confusion in symptoms and ranking it. It is about a patient diagnosed 5 years ago of schizoaffective disorder with decompensation caused by leaving medication and drug consumption. A year ago, the treatment was changed to intramuscular formulation with abilify maintena to ensure compliance and adherence. The patient continues to consume toxic in weekends, with symptoms of self-referentiality and suspicion towards their environment. Two weeks ago, he was with the girlfriend of a friend and after this event, the friend has been threatening him. The patient has a state of anxiety rising, with interpretations and associations delirious about this friend. He sleeps with a knife in bed if the friend entered his home. It is a very overwhelmed situation, magnifying and causing severe impact on their underlying disorder. When the patient is evaluated, it is decided to add treatment with olanzapine a few days to reduce symptoms and anxiety. Patients with mental disorders have stressors that cause anxiety like a healthy patient. It is true that the impact it has on the patients tend to be older and to overvalue the signs and real situations. In these cases should not be considered a decompensation and attribute symptoms to lack of efficacy of treatment. In many cases, if we associate a more sedating antipsychotic profile, they shall reduce symptoms.
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Insight and apathy in patients with paranoid schizophrenia: Rehabilitation approaches

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Introduction For many decades, clinicians were very well aware of lack of insight in patients with paranoid form of schizophrenia. This group of patients is not only less compliant with pharmacotherapy, but also is hard to manage in the rehabilitation setting. This dictates the necessity to develop special approaches to this group of patients, based on clinical data.
Method Fifty patients with schizophrenia spectrum disorder were randomly recruited to be assessed by PANSS scale and Apathy Evaluation Scale (AES), which was introduced both by trained clinicians (C) and as a self-assessment measure (S). Demographic data was collected along with clinical description on prevailing symptoms during acute phase.
Results While AES-C scores were very well correlated with PANSS motivation subscale, AES-S scores showed prominent discrepancies both with PANSS items and AES-C version. Lower scores on AES-S were also associated with paranoid schizophrenia and prevailing delusional symptoms in acute phase. As well AES-C/AES-S ratio also correlated with paranoid form and delusional symptoms in manifest psychoses.
Discussion Patients with paranoid schizophrenia not only lack insight into positive symptoms, but tend to underestimate their negative symptoms such as motivation and apathy. Clinically, this can be described by overestimated strengths, overstated expectations, exaggerated hopes, mistakenly overrated beliefs. But when

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faced with reality, these patients are unable to adjust themselves and frequently are negativistic to offered help and therapies.
Conclusion We assume that paranoid patients should be treated not with straightforward strategies, such as psychoeducation, but with less stigmatizing methods that work on metacognitive and motivational levels.
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A systematic review of the pharmacological treatment of delusional disorder

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Introduction Pharmacological treatment is the gold standard in delusional disorder (DD), moreover the second generation antipsychotics (SGA) are widely used in the treatment of DD, in spite of this, none SGA is authorized for the treatment of DD.
Objectives To evaluate the evidence available for pharmacological treatment in adults with DD. Especially, that concerning SGA.
Methods A systematic review on pharmacological treatment of DD was conducted. We selected the best evidence available. Then, we analysed them critically, assessing its biases and quality, finally performed a narrative and quantitative synthesis.
Results The quality of the evidence was very low. There were not randomized clinical trials. $n = 385$, 177 SGA. Antipsychotics achieved a good response in a 33.6% of the patients. First generation antipsychotics (FGA) did show superiority compared to SGA (39% good response vs. 28%, respectively. $P \leq 0.02$). We could not find data about superiority of any drug over other. Pimozide, traditionally considered the most effective drug, did not confirm to be a superior treatment compared to others. Reasons for superiority of FGA were analyzed. The role of another treatments were testimonial, but antidepressants can be a promising treatment.
Conclusions There is no evidence to make strong recommendations, although antipsychotics in general appear to be an effective treatment for DD. Superiority of FGA against SGA was shown. We need to develop clinical trials in DD and SGA, since their better tolerance profile might be the best candidates to do.
Keywords Delusional disorder; Pharmacological treatment; FGA; SGA
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Seroprevalence of toxoplasma gondii in Romanian psychiatric patients

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Introduction Toxoplasma gondii infection has been recently associated with schizophrenia and other psychiatric disorders.
Aim The aim of the present study was to evaluate the prevalence of T. gondii antibodies among acute psychiatric patients from Western Romania.
Methods This study included 214 consecutive patients admitted at the psychiatric clinic, Country Clinical Emergency Hospital in Timisoara, Romania, between 30.06.2011 and 12.01.2012. Clinical and laboratory investigations were performed in these hospitalized patients, including serologic tests for T. gondii IgG and IgM antibodies.
Results The 214 patients aged 19 to 71 years (mean = 42.5), 64.9% were females. T. gondii antibodies were detected in 117 (54.7%) of 214 psychiatric patients. When the data were analyzed by diagnostic groups, T. gondii antibodies were demonstrated in 30 (50.84%) of 59 patients with schizophrenia, in 28 (59.57%) of 47 with persistent delusional disorder, 10 (31.25%) of 32 with acute and transient psychotic disorder, 13 (54.16%) of 24 with schizoaffective disorder and 35 (70%) of 50 with bipolar disorder. A high prevalence of T. gondii antibodies was found among patients with bipolar disorder compared to those with schizophrenia ($P = 0.043$) acute and transient psychotic disorder ($P < 0.0001$) and healthy controls ($P < 0.0001$). Of the 18 patients with schizophrenia and a BPRS score <51, T. gondii antibodies were detected in 13 (72.2%) compared to 17 (41.4%) of 41 in whom BPRS score was >51 ($P = 0.03$).
Conclusion These findings suggest that T. gondii infection may be associated with several psychiatric disorders. A high seroprevalence of T. gondii was demonstrated in patients with bipolar disorder.
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A descriptive study of a sample of 42 male outpatients diagnosed psychotic disorder

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Aims The approach to mental illness and specifically in serious mood disorders, long-term treatments that improve adhesion as continuous treatments ensure compliance are needed, they minimize the risk of relapse and readmission and therefore increase the chances to have a good fit and social, relational and even occupational functioning.
Method We analysed a sample of 42 male diagnosed with schizophrenia, schizoaffective disorder, chronic delusional disorder that starts treatment with Paliperidone Palmitate in outpatients. It is analysed the dose of paliperidone palmitate employed for stabilization and family satisfaction at the time of stabilization is analysed in the study.
Results The mean dose of Paliperidone Palmitate is 138 mg. The patient diagnosed with schizophrenia are 47.6% and the average dose is 132.5 mg. Chronic delusional disorder is 2.3% and the mean dose 50 mg. Other comorbility mood disorders are 21.4% and the mean dose is 183 mg. Other disorders (F70, F72...) are 28.5% and mean dose 133 mg. The average family satisfaction (minimum 1 up to 5) is 4, with the highest score among patients diagnosed with F20 Schizophrenia.
Conclusions Long lasting injectable medications achieve important adherence and a high percentage of antipsychotic monother-