patients. A 2 x 2 repeated measures analysis of variance (ANOVA) contrasting the comparison group to the clozapine patients both before and after the index date indicates a significant time by group interaction, thus documenting the greater relative decrease in rehospitalization rate in the clozapine gr.

We also used a compliance scale pre and post-begining of treatment with clozapine for evaluate the adherence to treatment. Clozapine improve the compliance of treatment, in comparison to the neuroleptics that patient has taken before.

Conclusions: the clozapine seems to be more effective than other antipsychotics in decrease the risk of hospitalizations, and improve the adherence to treatment

P0261

Comparative mortality associated with ziprasidone vs. olanzapine in real-world use: The ziprasidone observational study of cardiac outcomes (zodiac)

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Background: Whether the modest QTc-prolonging effect of ziprasidone increases cardiovascular event risk is unknown.

Methods: The Ziprasidone Observational Study of Cardiac Outcomes (ZODIAC), an open-label, randomized, postmarketing study, enrolled patients with schizophrenia from routine clinical practice settings in 18 countries. The primary outcome was non-suicide mortality in the year after initiation of assigned treatment. A total of 18,154 subjects were randomized to ziprasidone or olanzapine, dosed according to enrolling physician's clinical judgment. A physician-administered baseline questionnaire collected information on demographics, medical and psychiatric history, and concomitant medication use. Brief follow-up questionnaires elicited hospitalization data since the last study visit, vital status, study medication continuation, and concomitant antipsychotic medication(s) use. ZODIAC study subjects reflected the general population of patients with schizophrenia.

Results: The incidence of nonsuicide mortality within one year of initiating therapy was 0.91% for the ziprasidone group and 0.90% for the olanzapine group (both n = 9,077), relative risk (95% confidence interval [CI]) of 1.01 (0.75, 1.37). This finding was robust in numerous secondary and sensitivity analyses. Regarding secondary endpoints, the risk of all-cause mortality or cardiovascular mortality was similar among ziprasidone and olanzapine users; the incidence of all-cause hospitalizations was higher among ziprasidone users. The proportion of patients remaining on treatment at 6 months was lower for the ziprasidone group.

Conclusions: ZODIAC is one of the largest randomized studies conducted to date of patients with schizophrenia. With substantial statistical power, the study found no difference in risk of nonsuicide death associated with the use of ziprasidone vs. olanzapine.

P0262

Risperidone and liver function tests in children and adolescents: A short term prospective study

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Objective: Revealing of unknown adverse effects of atypical antipsychotics on pediatric population may take a long period of time. The purpose of this prospective study is to document changes in the liver function tests (LFTs) associated with Risperidone usage in a group of children and adolescents.

Method: Study subjects consist of 120 youths with ages ranging from 3-17 years. For this study, patients' baseline and follow-up weight and liver function tests (LFT) including alanine aminotransferases(ALT) and aspartat aminotransferases (AST), gamma gluatamyl transerase (GGT), alkaline phosphatase (ALP) and serum bilirubin levels were measured before and after the treatment period of one month.

Results: Only one eight years old male patient's ALT levels increased up to three-fold and AST levels increased up to two-fold of the basal levels. First month mean levels of liver enzymes and billuribin of the patients were significantly higher than the baseline. One or more of the liver enzymes and/or billuribin levels of sixty-three patients (52,5%) showed an asymptomatic increase in the first month of this study. Weight gain was observed in 58 patients (57.4%). There was no significant association between changes in weight and liver enzymes and billuribin levels.

Conclusion: We found asymptomatic LFT abnormalities mostly in the form of ALP elevation in 52.5% and marked liver enzymes elevation in 0.8% of risperidone treated subjects. These findings suggest that risperidone treatment in the short term commonly leads to liver function changes however it rarely may induce a serious hepatic toxicity at therapeutic doses in children and adolescents.

P0263

Effect of risperidone long-acting injection on hospitalisation: A mirror image analysis

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The aim of this study was to assess the effect of risperidone long-acting injection (RLAI) on hospitalisation using a mirror image analysis.

Data on the number of admissions and number of days in hospital were analysed during the two-year period before starting RLAI and the duration of therapy in 56 patients.

Admission rates and length of hospitalisation both decreased for approximately 60% of patients during RLAI therapy.

The time in hospital was significantly lower (p=0.002) during RLAI therapy compared to the previous two years. During the pre-

https://doi.org/10.1016/j.eurpsy.2008.01.929 Published online by Cambridge University Press