We evaluated patients trough the following sequence: clinical interview in order to obtain clinical and social variables; Mini Mental State Examination (MMSE – M. Folstein,1975); Positive and Negative Syndrome Scale (PANSS - Kay SR, 1987),Assessment of Insight in Psychosis Scale (I. Marková, 2002) and Behavioral Assessment of Dysexecutive Syndrome (BADS- N. Alderman, 1996).

Results and Conclusions: The study is now under statistically evaluation.

P100

Number needed to treat (NNT) for all-cause medication discontinuation in catie compared to the schizophrenia outpatients health outcomes (SOHO) study

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Objective: To compare CATIE, a randomized double blind study, and SOHO, a 3-year prospective non-randomized observational European study of outpatients with schizophrenia, on the Number Needed to Treat (NNT) for all-cause medication discontinuation. NNTs place data into a clinically meaningful context - the number of patients needed to be treated with one antipsychotic instead of another to prevent one negative outcome, defined here as one additional medication discontinuation for any cause.

Method: Rate of medication discontinuation for any cause during the 18 months post initiation was calculated for patients newly initiated on olanzapine (N=4247), risperidone (N=1549), quetiapine (N=583), amisulpride (N=256), clozapine (N=274), oral typicals (N=471) or depot typicals (N=348). Cox models were employed to adjust for treatment group differences at baseline. NNTs with their 95% confidence intervals were calculated and compared with published NNTs for CATIE (Phase 1).

Results: The NNTs for all-cause discontinuation of olanzapine vs. each studied atypical antipsychotic during the 18 month following medication initiation in SOHO were comparable to CATIE: 4.3(95% CI: 3.6–5.3) for olanzapine vs. quetiapine (5.5 in CATIE); 16.1(11.0–28.1) for olanzapine vs. risperidone (10.1 in CATIE); 6.9(5.2–10.1) for olanzapine vs. oral typicals (9.0 in CATIE for olanzapine vs. perphenazine).

Conclusions: The NNTs for all-cause medication discontinuation based on CATIE appeared comparable to NNTs based on SOHO. The NNTs for olanzapine therapy were consistently better when compared to each studied atypical antipsychotic (except clozapine) and when compared to typical antipsychotics. Results should be interpreted conservatively, due to the observational design of SOHO.

P101

Aripiprazole in child and adolescent psychiatric disorders: Safety, tolerability, and pharmacokinetics

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Introduction: The primary objective of this FDA-requested study was to examine the tolerability, safety, and pharmacokinetics (PK) of 20, 25, and 30 mg/day of aripiprazole in children and adolescents, ages 10-17.

Methods: 21 patients were enrolled in this open-label, sequential cohort trial that employed a forced escalation paradigm. A 2 mg starting dose was increased to 5, 10, 15, 20, 25, or 30 mg (depending on the final dose) in 2-day, stepwise intervals. After this initial dose-escalation phase, subjects were maintained at their target dose for an additional 14 days. Study medication was given once daily. Preferential enrollment was given to patients with schizophrenia or bipolar illness. Blood samples were collected for aripiprazole concentrations.

Results: Using the described dose-escalation schedule, all 3 dose levels were well tolerated, in general. One subject discontinued treatment due to acute, moderate dystonia. Other adverse events were in the mild/moderate range and were transient in nature. Aripiprazole pharmacokinetics are linear across doses and similar to that observed in adult patients.

Conclusions:

- Doses of 20, 25 and 30 mg/day (following titration from a starting dose of 2 mg) are generally well tolerated in children and adolescents without regard to gender or psychiatric diagnosis.
- Aripiprazole pharmacokinetics are linear in child and adolescent patients.

P102

The "C.A.P. 13": A new clinical assesment of psychosis

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Measuring slow and little changes in schizophrenia is not easy. Authors have censed criterias of improvement in psychiatry, psycho-dynamic literature, and communautary mental health programs for severe mentally ill people. After being clasified following psycho-dynamic point of view, 24 items are defined, covering all the fields of clinical expresion of chronic psychotic states. Most of items have three levels of intensity, following a nearly quantitative manner. More than 100 patients were quotated by several clinicians. Statistic study show a good sensibility to usual changes obtained by five-years periods of treatment. Usually only 4 items among 25 change in five years. That explains under-estimation of improvement among psychotic chronic patients receiving long-term complex comunautary, psychotherapic and psychopharmacologic treatments. Reliability of quotation is tested by measuring Kappas, and appears rather good. Multi-dimensional analysis give an eight-dimensions model of description of schizophrenic chronic states. This confirms need of more complex models to describe slow and little changes in chronic states than to show improvement of acute psychosis. Authors compare their first clasification following psycho-pathological hypothesis of improvement criterias, the groups of criterias that change together with time, and the stucture by criterias of the eight axes.

Training for use appears rather easy for psychiatric teams because each three levels of the 25 items is generally defined by many features. Using this methodic description of chronic states help to perceive the homeostatic and balanced aspects of the clinic stability. So chronic states can be thinked otherwise than immobility.

P103

Long-term effect of olanzapine on caudate volume in schizophrenic patients

https://doi.org/10.1016/j.eurpsy.2007.01.419 Published online by Cambridge University Press

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Objective: The caudate nucleus is involved in cognitive function. Schizophrenic patients showed cognitive dysfunction. It has been reported that volume reduction of the caudate nucleus was associated with cognitive impairment in schizophrenic patients. Because treatment with olanzapine improves cognitive dysfunction in schizophrenia, olanzapine may affect the caudate nucleus volume in patients with schizophrenia. We measured volumes of grey and white matter in the caudate nucleus of schizophrenic patients.

Methods: Ten schizophrenic patients and ten healthy subjects were examined magnetic resonance imaging. Ten patients were scanned at the time of pre-treatment and post-treatment with olanzapine. MR data analysis was performed using BRAINS software in order to measure grey and white matter volume of the caudate nucleus.

Results: Schizophrenic patients had reduced volume of grey and white matter of the caudate nucleus compared with healthy subjects. The average duration of treatment with olanzapine was 186 days in schizophrenic patients. The volume of grey and white matter in the caudate nucleus at the time of post-treatment was significant larger than that at the time of pre-treatment with olanzapine in patients with schizophrenia. There was no significant difference between the volume of grey matter of the caudate nucleus at the post-treatment with olanzapine and that of healthy subjects.

Conclusion: Schizophrenic patients had reduced volume of the caudate nucleus. Treatment with olanzapine may improve volume reduction of grey matter of the caudate nucleus in schizophrenic patients.

P104

Once-year experience with aripiprazole in acute care units. Recommendations for use

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Background: In the last year, a new antipsychotic (AP) was approved in Spain for treatment of schizophrenia: ariprazole. Objetives: 23 clinical psychiatrists of Acute Units throughout Spain have constituted a regular work group (PSIQ-A) for the purpose of sharing clinical experiences and examining topics of interest to our daily clinical practice.

Methods: In periodic meetings, members of PSIQ-A have made a compilation of different approaches to distinct clinical situations that hospitalized schizophrenic patients may present: approach in Emergency Room to try to reach a consensus, specifically with respect to ariprazole use in each situations.

Results: Usually recommended dosage with predominance of positive symptoms: 25-30 mg/day (generally more than 15 mg/day) and with predominance of negative symptoms: smaller doses are sufficient and effective. Because of the demands of Acute Care rapid changes are chosen (about 1 week), except with clozapine and depot preparations (2 weeks) with full doses of ariprazole in 1-3 days and tapering off of previous AP. The initial, temporary association of drugs with a more sedative profile is frequent (BZD, levomepromazine, quetiapine). Some benefits have been: Reduction of psychotic anxiety; possibility of improving insight; excellent tolerance, even at high doses; response in negative-residual patients: more activity, more eagerness to do things, ''evident improvement in the most chronic patients''.

Conclusion: Ariprazole is a new and interesting drug in the approach to the phase of decompensation and admission of patients with schizophrenia, with good tolerability in major areas of patient concern and feeling well-being and improving insight.

P105

First psychotic episode - a descriptive study

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Background and aim: The importance of early recognition and treatment of the first psychotic episode is well documented in literature. This study aims to describe and analyze the sociodemographic and clinical characteristics of a sample of patients admitted in a psychiatric ward for their first psychotic episode.

Methods: Data from 48 patients was retrospectively analyzed using a specific clinical protocol. Inclusion criteria were admission with a first psychotic episode during January 2003 to June 2005. Patients with primary affective and organic disorder were excluded. ACESS was used for statistic analysis.

Results: Patients were aged 19-56, mainly of the masculine gender (77%), single (68%), living with own family (89%), and receiving any kind of social support (13%).

Main diagnoses were Schizophrenia (54%); Persistent Delusional Disorders (17%); Acute and Transitory Psychotic Disorders (29%).

Age of onset was 28 years (median) for males and 36 years for females. Onset was

insidious for 44% of the patients and the Time Disease Untreated (TDU) mean-2,2 month; median 18,8 month, witch is similar with literature data. Ten percent were involuntarily admitted and 84% were taking oral atypical antipsychotic with total compliance for 33% and partial for 25% of patients.

Only 23% of the patients or their families were attending therapeutic groups.

Conclusion: The results of our study in part agree with the data from the literature on the other hand they reflect the characteristics of our healthcare system and population, and can provide ways to improve care.

P106

Antipsychotic treatment and the need for hospitalization: advantages of long-acting neuroleptics

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Introduction: At present,the need of antipsychotic treatments for the improvement of the condition of people with psychotic disorders is unquestionable.Despite the current availability of highly effective drugs with few secondary effects,the main cause behind hospitalization is still the lack of compliance.

Objectives: Analysis of the determining variables behind the need for hospitalization and the influence of the types of antipsychotic treatments.

https://doi.org/10.1016/j.eurpsy.2007.01.419 Published online by Cambridge University Press