By the other hand, taking drugs and links between violence and disease are considered as a less important problem by the schizophrenic patients.

P080

Comorbidity of schyzophrenia and disorders due to psychoactive substance use

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Introduction: The concurrence of psychoactive substance use and schizophrenia is important in its effect on therapeutic responses and patient prognosis. The prevalence of these disorders depends on the methodology used:retrospective studies and those in which drug consumption information was not collected in a structured way present a prevalence of disorders due to substance use between 3-22%.When this information is gathered systematically, the prevalence goes up to 30-50%. Between the variables that predict a high risk of disorders due to substance use we found: young adult male, first hospital admittance at a young age, greater frequency of hospital re-admittance, better previous social adaptation to the disease and higher frequency of violent and impulsive behaviour.We try to determine the association of sociodemographic variables and the prevalence of disorders due to substance use.

Methods: 331 schizophrenic patients admitted to the Psychiatric Ward of Conxo Hospital.Among these subjects, determination was made of the existence of comorbid disorders due to substance use.A descriptive analysis was carried out based on categorical variables using SPSS.

Results: 23 patients presented comorbidity(7%).The overall sample of schizophrenic subjects consisted of 93% males, however, the subjects with comorbidity were 100% male.With respect to marital status, there were a greater proportion of single patients with comorbidity(95%).There was a higher proportion of institutionalized patients in the group with comorbidity and a lower level of education. The comorbid group included more subjects who were unemployed.

Conclusions:schizophrenic patients with comorbidity are single men with poor social capacity.Iťs important that we collet the drug consumption information by structured way.

P081

Intramuscular aripiprazole for the treatment of acute agitation associated with schizophrenia: Sub-analysis of a double-blind, controlled, dose-ranging study

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Background and aims: To evaluate efficacy and safety of intramuscular (IM) aripiprazole and IM haloperidol in patients with acute agitation associated with schizophrenia.

Methods: Patients (n=232) were randomized to IM aripiprazole 1-mg (0.5 ml of a 2-mg/ml solution), 5.25-mg (0.7 ml of a 7.5-mg/ml solution to approximate 5-mg), 9.75-mg (1.3 ml of a 7.5-mg/ml solution to approximate 10-mg), or 15-mg (2.0 ml of a 7.5-mg/ml solution), IM haloperidol 7.5-mg (1.5 ml of a 5-mg/ml solution) or IM placebo. Over 24 hours, patients received up to three injections, administered ≥2 hours apart. Primary endpoint was mean change from baseline in Positive and Negative Syndrome Scale Excited Component (PEC) score at 2 hours. Secondary endpoints included CGI-I, CGI-S and ACES scores.

Results: Mean PEC improvements at 2 hours were significantly greater with IM aripiprazole 5.25-, 9.75- and 15-mg, and IM haloperidol versus IM placebo (Table). Compared with IM placebo, mean improvements were significantly greater in CGI-S with IM aripiprazole 9.75- and 15-mg, and in ACES with IM aripiprazole 9.75-mg and IM haloperidol (Table). Mean CGI-I was significantly better with IM aripiprazole 5.25-, 9.75- and 15-mg, and IM haloperidol versus IM placebo (Table). Overall, IM aripiprazole was well tolerated, with fewer extrapyramidal side effects versus IM haloperidol.

Conclusion: IM aripiprazole 9.75-mg is effective and well-tolerated for acute agitation associated with schizophrenia.

Mean score	IM placebo (n=39)	IM aripiprazole 1-mg (n=30)	IM aripiprazole 5.25-mg (n=30)	IM aripiprazole 9.75-mg (n=30)	IM aripiprazole 15-mg (n=44)	IM haloperidol (n=43)
PEC						
Baseline	19.5	18.9	19.1	19.0	19.2	18.7
Change	−4.8	−4.9	−6.9*	−7.8**	−6.9*	−7.3*
CGI-S						
Baseline	4.9	4.8	4.8	5.1	4.8	4.8
Change	−0.6	−0.5	−1.0	−1.1*	−1.1*	−1.0
ACES						
Baseline	2.1	2.1	2.2	2.2	2.1	2.1
Change	+1.0	+0.8	+1.2	+1.8**	+1.3	+1.7*
CGI-I	3.4	3.3	2.7***	2.7**	2.7**	2.7***

*p≤0.05; **p≤0.01; ***p≤0.001 vs. IM placebo

P082

Transitioning from intramuscular (IM) to oral aripiprazole in patients with schizophrenia

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Aim: Assess the effectiveness and safety of transitioning patients with acute schizophrenia from IM to oral aripiprazole.

Methods: 360 agitated patients (18-69 years) with PANSS Excited Component (PEC) total scores 15-32 and ≥4 on at least 2 PEC items, were randomized to ≤3 IM injections of aripiprazole 10 mg or haloperidol 6.5 mg within 24 hours. Patients (n=304) were transitioned to oral formulations (aripiprazole 10-15 mg/d or haloperidol 7-10 mg/d) for 4 days. Patients were assessed using PEC, Clinical Global Impression-Improvement (CGI-I), and Clinical Global Impression-Severity of Illness (CGI-S) Scale scores, as well as the Agitation Calmness Evaluation Scale (ACES), and the Corrigan Agitated Behavior Scale (CABS). Mean changes from baseline (last value obtained during IM treatment) to endpoint (Day 5, LOCF)

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were analyzed using an ANCOVA model controlling for treatment, country, and baseline value.

Results: PEC scores were reduced 24 hours after IM injection with either aripiprazole or haloperidol (mean change of -8.3 and -8.1, respectively). Improvements in all other scales were also observed 24 hours following IM injection of aripiprazole or haloperidol. Treatment with oral aripiprazole or haloperidol for 4 days further reduced mean PEC scores (-1.4 aripiprazole, -1.4 haloperidol). Reductions in other scales were also maintained for 4 days following the transition to oral therapies. Incidence of AEs, and changes in laboratory values and vital signs were similar for both phases.

Conclusions: The effectiveness of aripiprazole and haloperidol appears to be maintained in patients with schizophrenia following transition from IM to oral formulations.

P083

Treatment of obsessive-compulsive symptoms in schizophrenic patients

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Introduction: Obsessions and compulsions are common in schizophrenic patients. Based on findings of the efficacy of selective-serotonin reuptake inhibitors in the treatment of obsessive-compulsive disorder, we designed an open-trial to examine the effect of adding fluoxetine to the ongoing antipsychotic regimen of schizophrenic patients with obsessions or compulsions.

Method: The study population consisted of 16 schizophrenic patients who had obsessive and/or compulsive symptoms. Fluoxetine (20-60 mg/day) was added to the ongoing antipsychotic treatment for 12-weeks. The patients were evaluated before the trial and at weeks 4, 8 and 12 by the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS).

Results: The results showed a significant improvement in obsessions ($P < 0.02$) and compulsions ($P < 0.01$). At the end point of the study, 9 (56%) of the patients showed significant (more than 50% reduction) in the Y-BOCS score. Although some of the patients experienced somnolence, insomnia or gastro-intestinal problems, but there were no significant clinical side-effects.

Conclusion: It seems that Fluoxetine is an effective medication for treating obsessive and/or compulsive symptoms in schizophrenic patients.

Keywords: Obsession, compulsion, schizophrenia, fluoxetine

P084

Psychogenic psychosis: Validity of diagnosis

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Introduction and objectives: In 1916 Wimmer described psychogenic psychosis as a psychosis secondary to mental trauma.

Currently, psychogenic psychosis is included among acute and transient psychotic disorders (F23) in the ICD-10 and among the brief psychotic disorders (298.8) in the DSM IV-TR.

We review the case histories of patients diagnosed with psychogenic psychosis for the purpose of analysing the stability of the diagnosis and its current validity.

Material and methods: The sample consisted of 15 patients admitted to the Psychiatric Department of the Conxo Hospital in Santiago de Compostela (Spain) with a diagnosis of psychogenic psychosis between 1998 and 2006. A descriptive analysis was made based on a series of socio-demographic and clinical variables. Afterward, in October 2006, patients were followed up in their respective mental health units to verify their current diagnosis and clinical status.

Results: The sample included 14 women and 1 man with mean age of 33,7 years. The most frequent prior personality trait was histrionic (42%). Persecutory delusions (58%) and auditory hallucinations (46%) were the predominant psychotic symptoms. In the months after follow-up, the majority of patients maintained the diagnosis of psychogenic psychosis (73%), while 9% of patients were diagnosed with dysthymia, and 2 patients developed schizophrenia with deterioration.

Conclusions: The majority of patients in our sample diagnosed with psychogenic psychosis maintain a stable diagnosis over time and do not present deterioration.

P085

Negative symptoms predict functional outcome of early-onset psychosis

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Background and aims: Psychosis with onset prior to 18 years of age, or early-onset psychosis (EOP), have a poorer prognosis than adult-onset psychosis. Further, a worse functional outcome of patients with EOP has been related to diagnosis of schizophrenia, severity of negative symptoms, behavioral problems, premorbid functioning, childhood onset, and insidious onset. We aim to examine the functional outcome of patients with EOP over a two-year follow-up.

Methods: A total of 24 patients with first episode psychosis were enrolled. Subjects underwent a cross-sectional evaluation at the baseline visit that consisted of collecting sociodemographic data, including parental socioeconomic status as measured by the Hollingshead-Redlich Scale. Psychotic symptoms were assessed using the Spanish version of the Positive and Negative Syndrome Scale (PANSS). Social disability was measured with the Global Assessment of Functioning disability scale (GAF). Patients were assessed at a two-year follow-up. A linear regression analysis was used to predict the level of functioning (based on GAF scores) over the two-year follow-up. Variables entered into this equation were: GAF at two-year follow-up (as dependent variable), and gender, age at first onset, parental socioeconomic status, diagnosis, positive symptoms at baseline, and negative symptoms at baseline (as independent variables).

Results: Negative symptoms at baseline were the only significant variable that predict the functional outcome at the two-year follow-up ($p = 0.010$).

Conclusions: Functional prognosis of early-onset psychosis depends on the severity of negative symptoms, independently of diagnosis.

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