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Early cognitive response to treatment in first episode psychosis

R. Schoeman, B. Chiliza, R. Emsley. *Department of Psychiatry, University of Stellenbosch, Cape Town, South Africa*

Background and Aims: Cognitive impairment is well documented in schizophrenia, and improves to some extent with treatment. Early cognitive changes in response to antipsychotic treatment are not well documented. We assessed early (12wk) cognitive changes and their relationships to psychopathology in 20 patients in an interim analysis of an ongoing study.

Methods: Patients with a first episode of schizophrenia underwent MATRICS Consensus Cognitive Battery assessment at baseline, 4 and 12wks. PANSS ratings were completed. Treatment with low doses of oral and depot flupenthixol was commenced.

Results: The sample consisted of 4 females and 16 males, with an average age of 21.22 years. The mean modal dose of flupenthixol was 10mg 2 weekly IML. Two patients were withdrawn due to side-effects. The average premorbid IQ of the sample was on the 91st percentile as estimated by the Vocabulary subtest of the WAISS. Early changes in attention and concentration from baseline were present. Other cognitive domains (speed of processing, working memory, and visual learning) also improved and were correlated with changes in PANSS scores.

Conclusion: Low doses of a long-acting conventional antipsychotic are effective in improving some aspects of cognitive function after a first episode of schizophrenia. The response was rapid, and coincided with improvement in positive symptoms. The failure of previous studies to demonstrate cognitive benefits of conventional antipsychotics may have been related to excessive doses being prescribed.

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Strategies for switching from amisulpride to ziprasidone in chronic outpatients with schizophrenia or schizoaffective disorders

D. Sechter¹, E. Haffen¹, V. Millet². ¹ *Service Psychiatrie, Hopital St Jacques, Besançon, France* ² *Pfizer, Paris, France*

Background: Due to the limitations of certain antipsychotic treatments with respect to efficacy and safety, clinicians may sometimes wish to switch a patient to another antipsychotic. The comparative risks associated with different methods of antipsychotic drug discontinuation are relatively unknown. The present study compared 3 strategies to determine an optimal method for switching from amisulpride to ziprasidone in patients suffering from schizophrenia or schizoaffective disorder.

Method: This was a 3-month randomized, multicenter, open-label study in three-parallel groups. 102 chronic outpatients with schizophrenia or schizoaffective disorder were randomized at D1 to one of three switching strategies. Strategy I: abrupt discontinuation of amisulpride before initiation of ziprasidone; strategy II: reduction to 50% of previous dose of amisulpride from D1 to D7 then discontinuation; strategy III: reduction to 50% of previous dose of amisulpride from D3 to D7 then discontinuation. At D1 all patients received the same dose of ziprasidone. Main efficacy assessments included the Negative and Positive Syndrome Scale (PANSS), Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impression of Severity and Improvement (CGI-S and CGI-I). Main safety assessments included the Extrapyramidal Symptom Rating Scale (ESRS), and Barnes Akathisia Scale (BAS).

Results: Clinical improvement was comparable whatever the switching strategy used. Safety and tolerability of ziprasidone in switching were confirmed. The strategy III was associated with an increased incidence of adverse events leading to patient withdrawal during the switch.

Conclusion: similar efficacy results were obtained with the three switching strategies. However, one of them was less well tolerated.

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Remission in patients with psychotic disorder and treatment with risperidone of long liberation

M. Serrano Vazquez, M.C. Serrano Carton, M.M. Serrano Carton. *Psychiatry Service of Juan Canalejo Hospital, A Coruna, Spain*

Aims: To consider the different levels of remission of negative, positive or disorganization disorders, following Andreasen's criteria in a population of Schizophrenic and Schizoaffective patients in treatment with Risperidone Consta and the relationship between levels of therapeutic fulfillment and functionality achieved.

Methods: 138 patients admitted to Acute Unit that required Risperidone Consta have been evaluated. After 6 months of treatment, 80 patients were interviewed and grouped in patients "in remission" and in "not remission". It applied protocol with demographic data, questions about medication, disease, current status, scale for Remission (Andreasen), DAI, EEAG and WHO/DAS.

Results: The average age was 39 years. The sample was mostly males (63.8%), singles, widowed or divorced (90%), living in a family environment (80%), with basic educational level (84%), unemployed (63.8%), they live in urban areas (71.3%). Diagnoses in order of frequency were Schizophrenia (87.5%), Bipolar Disorder (5%), Schizoaffective disorder (2.5%), paranoia (5%). The 83.8% of patients supported Risperidone Consta during 6 months and 16.3% abandoned medication. The average time development of the disease was 12.16 years.

Conclusions: Most of patients (80%) achieved remission. Those who achieved remission presents fewer admissions, a higher satisfaction level, a better perception of health, with significant differences. The abandon of the medication is the fundamental reason of not remission of symptoms.

Patients who got remission relate to higher performance (EEAG) and lowest values of disabilities (WHO-DAS), both in employment levels, in family and social life, with significant differences. The fulfillment and therapeutic adherence is an important factor in remission (DAI).

P0221

Guidelines on use of antipsychotic medication in schizophrenia in a group of acute hospitalary units in first and successive admission

M. Serrano Vazquez¹, M.C. Serrano Carton¹, M.M. Serrano Carton¹, M. Paramo Fernandez², G. Iglesias Lorenzo³, A. Barroso Canizares⁴, I. Lozano Olmos⁵, F. Romero Rubiales⁶. ¹ *Psychiatry Service of Juan Canalejo Hospital, A Coruna, Spain* ² *Psychiatry Service of Conxo Hospital, Santiago de Compostela, A Coruna, Spain* ³ *Psychiatry Service of Novoa Santos Hospital, Ferrol, A Coruna, Spain* ⁴ *Psychiatry Service of Toledo Hospital, Toledo, Spain* ⁵ *Psychiatry Service of Arrixaca Hospital, Murcia, Spain* ⁶ *Psychiatry Service of Punta Europa of Algeciras Hospital, Cadiz, Spain*