The lack of adherence in antipsychotic treatment is related to the increased number of relapses and, therefore, with a higher incidence of hospitalization and visits to the emergency department; as well as an increase in the family burden and the use of assistance resources.

The introduction of a second generation antipsychotic in a long acting formulation would allow better control for psychotic patients and thus a reduction in the need for extra care

Objective: To assess the effectiveness of long lasting risperidone (LLR) in the drug compliance and its impact on health assistance resources.

Method: A retrospective revision was carried out with patients admitted to the acute unit of our hospital between 1st September 2004 and 31st August 2005, with one of the following diagnosis: schizophrenia, schizoaffective disorder, bipolar disorder and delusional disorder; Choosing from those under treatment with LLR, we obtained a sample of 44 patients.

Clinical and demographical relevant variables were taken into consideration.

The study has a ''mirror image'' design where we compared data before and after the introduction of LLR using Student t test for dependant samples.

Results: We observed a statistically significant decrease in the incidence and length of hospitalization following treatment with LLR. An increase in the number of psychiatric casualties was observed, although it had no statistical significance and the data were subject to bias.

Conclusions: LLR may increase the drug compliance and therefore reduce number and length of hospitalizations.

P222

Long-term efficacy of ziprasidone in treatment-resistant schizophrenia: Results from the 1-year, open-label mozart extension study

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Subjects who completed a randomized, double-blind, 18-week, trial comparing clozapine and ziprasidone in refractory or treatment-intolerant schizophrenic patients and who responded to treatment with ziprasidone ($\geq$ 20% reduction in PANSS total score) were enrolled in a 1-year, open-label, flexible-dose study. Subjects received the same dose of ziprasidone (80-160 mg/day) upon which they completed the double-blind study. Dose changes were permitted based on clinical impression of efficacy or adverse events. The change in PANSS total score from baseline to endpoint and the proportion of patients maintaining $\geq$ 20% PANSS improvement at endpoint were recorded. Safety measures included adverse events, laboratory tests, body weight, vital signs, and electrocardiograms. Of 45 patients who completed the initial study, 42 were enrolled in the study and 40 were included in the intent-to-treat analysis. The mean change from core study baseline in PANSS total score was −37.0 (95% CI, −41.8 to −2.2; $P < 0.001$) on entry to the extension study. Following 1 year of oral ziprasidone, the mean change in PANSS total score from core study baseline was −32.2 (95% CI, −39.1 to −25.3; $P < 0.001$), a change from extension study baseline of 5.1 ± 16.7 ($P = 0.061$). Of the 40 patients, 28 (70%) maintained $\geq$ 20% reduction in PANSS total score (vs core study baseline) at the extension study endpoint. The safety evaluation showed no detrimental effects. These findings show that the efficacy and safety of ziprasidone observed in refractory or treatment-intolerant schizophrenic patients are maintained in a long follow-up period.

P223

Adverse events of antypsychotics during therapy of patients with schizophrenia

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According to the recommendation of the World Health Organization, and also implementation of atypical antipsychotics in every day clinical practice, consequently the question mark appears regarding use of anticolinergic drugs (i.e. biperiden). Therefore it′s prophylactic administration is not recommended in every day clinical practice, except in younger patients and children receiving high potency typical antipsychotic drugs. In this paper we studied frequency of using, or abusing biperiden, and daily dosage of it, during determinate period of one year on the Acute male and Acute female department of the Psychiatric Hospital ″Sveti Ivan″ in patients diagnosed with schizophrenia. The object was to observe the therapy at the time of discharge. Almost 300 were included schizophrenic patients with average age of 40.6, and with prescription rate of biperiden as high as 38%.

P224

Descriptive study about long-acting injectable risperidone (RLAI) in outpatients

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Introduction: Long-acting injectable risperidone (RLAI) is effective and well tolerated in maintenance treatment in patients with schizophrenia. This kind of formulations improves compliance, and it has been recently published that RLAI reduces relapse and hospitalizations.

Objectives: To evaluate whether treatment with RILD for 6 months is able to improve hospitalization rates and length, compliance with treatment and polypharmacy.

Methods: Medical records of 52 patients who had been treated with RILD for at least 6 months were reviewed. Data referred to the 6 months previous to treatment start were compared to those from the 6 months after treatment initiation. The evaluated parameters were: sociodemographic characteristics, number and length of hospitalizations, compliance with pharmacological treatment, attendance to consultations, and polypharmacy rates.

Results: Mean age was 32.2+_11.1 years. The most frequent diagnosis was paranoid schizophrenia (40%). The main reason for the start treatment with RLAI was non-compliance (65%). A reduction of 50% in the number of hospitalizarions was observed after 6 months of treatment with RLAI, as compared to the previous 6 months (36 vs 14). Moreover, length of inpatient stays was also reduced after treatment with RLAI (mean of 17 vs 13.7 days). Compliance with pharmacological treatment and attendance to psychiatric consultation were also improved.

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