Conclusions: Ziprasidone was as effective as haloperidol, with faster responses during IM treatment in some measures. Ziprasidone was well tolerated, causing significantly lower movement disorder scores.

P02.08

The outpatient treatment with olanzapine of a 24-year-old male patient suffering from acute psychosis

L. Muzinic-Masle[1]*, M. Herceg[1], E. Koic[2], V. Djordjevic[1], S. Vondracek[2]. [1]*Psychiatric Hospital Vrapce;* [2]*General Hospital Virovitica, Croatia*

Schizophrenia is a chronic psychotic mental disorder with progressive damaging course. Therefore, an early successful treatment is of the greatest importance, which is also important for the cost/benefit analysis, because the treatment of schizophrenia lasts for years, sometimes the whole lifetime. This case is important because it points at good therapeutic effects of olanzapine, without undesirable therapeutic effects in a young patient with the picture of first acute psychosis in the outpatient treatment. Before olanzapine was introduced in the therapy the patient's condition was assessed using three scales: PANSS, CGI severity, Simpson-Angus rating scale for EPS. His follow-up continued every two weeks for two more months. The obtained results are in accordance with the earlier studies. On the basis of the presented case it can be concluded that an atypical antipsychotic is the choice therapy in the first psychotic episode of a young patient, because it reduces both positive and negative psychotic symptoms, does not provoke extrapyramidal side effects, its application is rather simple, contributes to a better cooperation of the patient, enables quick reintegration, prevents hospital treatment. Also, historical pessimistic view on supposed static nature of cerebral dysfunction in schizophrenia should be different, with an emphasis on the possibility for a more positive prognosis than before.

P02.09

No weight gain among demented patients after 1 year of risperidone

J. Rabinowitz[1]*, Y. Barak[1], L. Paanakker[2]. [1]*Bar Ilan University, Department of Psychiatry, Raanana, Israel*
[2]*Janssen-Cilag BV, The Netherlands*

Objective: The goal of this study was to examine whether administration of risperidone to elderly demented patients with behavioral disturbances is associated with weight gain as has been reported with most atypical neuroleptics.

Methods: Data are from an international multicenter 12-week double blind trial of 344 elderly (150 males, 194 females) demented patients (median age, 81 years [range 56–96]) given risperidone, haloperidol or placebo and an open label risperidone add on to that study which included 83 of these elderly (28 males, 55 females), demented patients. At endpoint, the mean dose of risperidone was 1.1 mg/day.

Results: In the double-blind trial there was no significant change in weight for the risperidone group and haloperidol groups and a significant decline in weight for the placebo (1.16 kg) group. During the open label 12 month risperidone phase, there was no significant weight change in patients who completed the trial nor in those who did not complete the entire trial. In the 12-month trial, since many patients did not complete this long trial we also examined the correlation between length of time in the trial and weight change, which we found was not significant (r=-.14, p=0.31, n=57).

Conclusions: The results suggest that risperidone treatment is not associated with weight gain among elderly persons with dementia.

P02.10

Ziprasidone's long-term efficacy and tolerability in schizophrenia

H.Y. Meltzer*. *Psychiatric Hospital of Vanderbilt, Vanderbilt University Medical Center, Nashville, TN, USA*

Objective: To evaluate in randomized, double-blind trials the long-term efficacy and tolerability of ziprasidone in schizophrenia.

Methods: A 28-week, flexible-dose study versus haloperidol in 301 outpatients, using PANSS, CGI-S, and MADRS. A one-year trial versus placebo in 278 inpatients, employing PANSS, CGI, and GAF, in which patients with impending relapse were withdrawn.

Results: 28-week study: Both drugs improved all efficacy variables; more patients on ziprasidone were negative symptom responders (48% vs 33%, P<0.05). Ziprasidone was superior in movement disorder assessments. One-year study: Ziprasidone group had a lower probability of impending relapse than the placebo group (P≤0.002). Only 6% of patients on ziprasidone &61619;6 months reached impending relapse, versus 42% of placebo recipients (P=0.001). Ziprasidone directly affected primary negative symptoms (P=0.024). Ziprasidone was indistinguishable from placebo in movement disorders assessments and was not associated with weight gain.

Conclusion: Long-term therapy with ziprasidone maintains positive symptom control, improves negative symptoms, and reduces the risk of relapse, with a low incidence of extrapyramidal effects and weight gain.

P02.11

Ziprasidone vs olanzapine in schizophrenia: a double-blind trial

G. Simpson[1]*, R.L. Horne[2], P.J. Weiden[3], T. Pigott[4], M. Bari[5], S.J. Romano[6]. [1]*Keck School of Medicine, University of Southern California;* [2]*Lake Mead Hospital, Las Vegas, NV;* [3]*SUNY Health Sciences Center, Brooklyn, NY;* [4]*Clinical Trials Program, University of Florida, Gainesville, FL;* [5]*Synergy Clinical Research Center, Crula Vista, CA;* [6]*Pfizer, Inc, New York, NY, USA*

Objective: To compare efficacy, tolerability, and safety of ziprasidone and olanzapine in acute inpatients with schizophrenia or schizoaffective disorder.

Methods: 6-week double-blind, multicenter trial of 269 acute inpatients randomly assigned to ziprasidone (40–80 mg BID) or olanzapine (5–15 mg QD). Primary efficacy evaluations included BPRS and CGI-S. Secondary assessments included PANSS. Tolerability and safety measurements included weight, fasting laboratory tests (insulin, glucose, total cholesterol, low-density lipoprotein cholesterol [LDL-C], triglycerides), insulin resistance (IR) index (HOMA IR=[Ins x Glu]/22.5), and treatment-emergent adverse events.

Results: There were no statistically significant differences in BPRS total and core scores, PANSS total scores, or CGI-S (all patients, LOCF) in ziprasidone- and olanzapine-treated patients. Both agents were well tolerated, with movement disorder ratings generally improving with each. Patients receiving olanzapine had significantly greater mean weight gain (P<0.0001) and increases from baseline in fasting insulin (P<0.0001), HOMA IR (log) (P<0.0001), total cholesterol (P<0.0001), triglycerides (P<0.0001), and LDL-C (P<0.0004).

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Conclusions: Ziprasidone and olanzapine yielded comparable improvement in psychopathology and global illness severity measures, but there were significant differences favoring ziprasidone in important general health parameters.

P02.12

Recent weight gain and cost of acute service use in schizophrenia

P.J. Weiden[1]*, J.A. Mackell[2], D.D. McDonnell[3]. [1]*SUNY Health Sciences Center, Brooklyn, Brooklyn, NY;* [2]*Pfizer Inc, New York, NY;* [3]*Consumer Health Sciences, Princeton, NJ, USA*

Objective: To consider the association between recent weight gain and acute service use in schizophrenia.

Methods: Questionnaires were mailed to people with schizophrenia identified through NAMI and NMHA (N=390). 345 respondents reported lost weight (n=94, 27%), no change (n=106, 31%), some gain (1¡V14 lb; n=70, 20%), and significant gain („d15 lb; n=75, 22%) in last 6 months. Acute service use was defined as emergency room (ER) visit or hospitalization. Cost was estimated conservatively at $817/day for hospital days (average Medicare reimbursement), and at $85 for ER visits.

Results: Patients with significant weight gain were significantly more likely to use acute services (P<0.001, hospitalization; P<0.005, ER), with significance evident even after multivariate analysis. Combined hospitalization/ER costs were highest for those who gained >15 lb ($9,486), followed by those who lost weight ($7,400), those without weight change ($4,095), and those who gained 1¡V14 lb ($3,647).

Conclusions: Significant weight gain is associated with greater use of acute services and higher costs in schizophrenia. If weight gain is due to use of certain newer antipsychotics, it may lead to medication noncompliance.

P02.13

Application of rispolept at heroin addiction in outpatient practice

A. Kozlov*. *Research Institute on Addictions, the Russian Federation Ministry of Public Health, Moscow, Russia*

Objectives: research of efficiency of neuroleptic – rispolept for the prevention of development and reduction of compulsive craving for to heroin at patients in postwithdrawal period.

Method: it is observed 30 patients with heroin addiction. Age of patients was from 18 till 39 years, duration of disease from 1 till 5 years. Clinical-psychopathological and statistical methods of research were used.

Results: after the reduction of acute withdrawal syndrome at patients the unstable condition when the craving for heroin is easily actualized is observed. Quite often it is manifested by psychopathological disorders. In this connection patients require in prolong (sometimes about half-year and more) application of neuroleptics with the least by-effects. Rispolept was used to patients from 7–14 days after the last reception of a heroin, in a doze 4–6 mg per day (on 2–3mg in the morning and to night). In a day after application of rispolept the patients marked the improvement of mood, reduction of affective intensity and malice. After the discharge from a hospital, in 3–4 weeks rispolept was used in out-patient practice and, as a rule, in previous dosages. At patients stabilization of an emotional background, dysphoric reactions, psychopathological behavior, compulsive craving for heroin were marked. At the same time the extrapyramid semiology was observed extremely seldom and was insignificantly expressed. Application of rispolept did not require the combined therapy with other neuroleptics, and also proofs. At increasing of depression the antidepressants were used. The prolong application of rispolept including the remission period, reduced a level of affective instability, asthenia, divergences. At patients interest to environmental conditions and life was restored, communicative functions were improved.

Conclusion: the results of research testify to perspectivity of practical application of atypical neuroleptic rispolept, as safe normothymic, as supporting and antireccurent treatment in out-patient practice of heroin addiction.

P02.14

Patient attitude after switch to ziprasidone from other antipsychotics

A.G. Awad[1], L. Vourganti[1], A. Dugar[2]. [1]*Institute of Medical Science, University of Toronto, Toronto, Canada*
[2]*Pfizer, Inc, New York, NY, USA*

Objective: To determine change in patient attitudes/feelings about drug therapy after switching from other antipsychotics to ziprasidone.

Method: Three 6-week multicenter, open-label, parallel-group trials in stable outpatients with schizophrenia who were switched from conventional antipsychotics (n=108), olanzapine (n=104), or risperidone (n=58) to ziprasidone (40–160 mg/day). Patients were randomized to 1 of 3 strategies. A 10-question Drug Attitude Inventory (DAI) was administered at baseline and week 6. Positive total score indicated likely compliance; negative total score, likely noncompliance. Marginal probabilities of favorable responses over total, attitudinal, and subjective question sets were assessed.

Results: Total DAI scores improved significantly in patients switched to ziprasidone from conventionals (P=0.003) or risperidone (P=0.008). Categorical analysis identified significant improvements in patients switched to ziprasidone from conventionals (P=0.05 all items, P=0.02 subjective) and a trend toward improved scores after switching from olanzapine (P=0.06 for both). DAI improvement was driven by positive change in subjective feelings. Ziprasidone was well-tolerated and effective, regardless of dose or switch strategy.

Conclusions: Outpatients with schizophrenia report better subjective feelings about medication use after switching to ziprasidone.

P02.15

Aripiprazole and risperidone versus placebo in schizophrenia

P. Yeung[1]*, R.D. McQuade[2], W.H. Carson[2], A. Saha[3], M.W. Ali[3], G. Ingenito[3]. [1]*Yale University School of Medicine; New Haven, CT;* [2]*Bristol-Myers Squibb;* [3]*Otsuka Maryland Research Institute, USA*

This multicenter, double-blind, controlled study examined the efficacy, safety, and tolerability of aripiprazole, the first of the next generation of atypical antipsychotics in patients with acute relapse of schizophrenia or schizoaffective disorder randomized to aripiprazole 20 mg qd (n=101) or 30 mg qd (n=101), risperidone 3 mg bid (n=99), or placebo (n=103) for 4 weeks. Efficacy evaluations included PANSS and CGI. At week 4, both aripiprazole doses and risperidone were significantly better than placebo on all efficacy measures (p¡Ü0.05). Aripiprazole separated from placebo for all PANSS scores by week 1, as did risperidone (except PANSS-negative score [week 2]). No significant EPS were observed with active treatment versus placebo. Active treatments were associated with minimal weight gain. Mean prolactin level showed no significant change from baseline with aripiprazole, but increased 5-fold with risperidone (p<0.001). Aripiprazole was not associated with clinically significant QTc interval prolongation (mean change

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