Methods: The study group consisted of 64 acute schizophrenic inpatients (39 male) with a mean age of 30.3 (±8.9) years, consecutively admitted at the Eginition Hospital, Athens, from January 1996 to October 1996. Patients were interviewed on admission on the following scales: The Calgary Depression Scale for Schizophrenia (CDSS), the Hamilton Depression Rating Scale (HDRS), the Positive and Negative Syndrome Scale (PANSS) including the PANSS-Depression subscale (PANSS-D) and the Expanded Brief Psychiatric Rating Scale-Depression subscale (EBPRS-D).

Results: The mean scores both on the CDSS and on the EBPRS-D showed no significant correlations with that of each of the seven negative symptoms-items. Both the mean HDRS score and the mean PANSS-D score were significant correlated with that of the negative item of passive/apathetic social withdrawal ($r = 0.311$ and $r = 0.313$ respectively). Besides, there was a significant correlation between the mean score on the HDRS and that of the negative item of emotional withdrawal ($r = 0.279$).

Conclusions: Only CDSS and EBPRS-D can discriminate between depression and either PANSS negative symptoms subscale score or negative items score.

P02.190

ATHENS FIRST-EPISODE SCHIZOPHRENIA STUDY: EFFICACY OF TREATMENT WITH RISPERIDONE

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Background: Risperidone (RIS) is an atypical antipsychotic drug, benzisoxazole derivate, with antagonistic action at serotonine 5-HT_2, as well as, dopamine D_2 receptors. This is the first study examining the efficacy of treatment with RIS given once daily in drug-naïve first-episode schizophrenic inpatients.

Methods: The sample included 25 drug-naïve patients suffering from schizophrenic disorder (DSM-IV criteria). They were 14 women (mean age 27.8 ± 6.5) and 11 men (mean age 27.7 ± 7.5). Clinical assessments consisted of the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning Scale (GAF). Ratings were recorded during the drug-naïve state (baseline) and at endpoint of the 8 weeks trial. All patients were treated openly with risperidone given once daily in the evening according to standard guidelines.

Results: Two patients who manifested high levels of impulsivity and aggression were excluded. Two subjects were characterized as risperidone non-responders and switched to haloperidol with good results. Twenty-one patients (91%) responded to risperidone treatment. The mean daily RIS dosage was 4.7 (±2.5) mg. Among responders significant improvement was observed (baseline vs endpoint) in the score of the following parameters: PANSS total (110.61 vs 57.04, $p < 0.0001$), PANSS-positive subscale (26.71 vs 11.90, $p < 0.0001$), PANSS-negative subscale (27.42 vs 15.52, $p < 0.0001$), PANSS-general psychopathology subscale (56.47 vs 29.61, $p < 0.0001$), GAF (33.16 vs 65.00, $p < 0.0001$).

Conclusion: Risperidone given once daily proved to be effective in treating drug-naïve first-episode schizophrenic patients.

P02.191

ATHENS FIRST-EPISODE SCHIZOPHRENIA STUDY: SAFETY OF TREATMENT WITH RISPERIDONE

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Background: The conventional antipsychotic drugs are associated with a wide range of unwanted effects while the atypical antipsychotics are less liable to cause adverse reactions. The aim of this study is to examine the safety of treatment with risperidone (RIS) given once daily in drug-naïve first-episode schizophrenic patients.

Methods: The sample consisted of 25 drug-naïve schizophrenic patients (DSM-IV criteria). There were 14 women and 11 men. Their mean age was 27.8 (±6.8) years. All patients were treated openly with risperidone given once daily. Adverse events were detected using the modified version of the UKU-Side Effects Rating Scale, the Rating Scale for Extrapyramidal Side-Effects, the Barnes Drug-Induced Akathisia Rating Scale and the Abnormal Involuntary Movement Scale.

Results: Two patients were excluded from the treatment project because of high levels of agitation and impulsivity. The mean daily dose of RIS was 4.7 (±2.5) mg. The most common adverse reactions observed were that of the motor type. Out of the twenty-three patients, four developed parkinsonism (17%) and one akathisia (4%). The motor side-effects disappeared rapidly patients receiving biperiden or propranolol respectively. None of the patients experienced acute dystonic reactions. Four patients (17%) developed orthostatic hypotension and received etilephrine with good results. Two women complained for amenorrhea (8%). There were no drop-outs due to adverse events.

Conclusion: This open study suggests that risperidone is well-tolerated in the treatment of drug-naïve schizophrenic patients.

P02.192

SUICIDALITY AND CLINICAL SYMPTOMS IN ACUTE SCHIZOPHRENIC INPATIENTS

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Background: The increased risk of suicide among schizophrenic patients is well documented. The aim of this study is to consider the psychopathological risk factors associated with suicidal thoughts and attempts (suicidality) in acute schizophrenic inpatients.

Methods: A total of 93 schizophrenic inpatients (male 69%) defined according to DSM-IV criteria, representing consecutive admissions to the Eginition Hospital, Psychiatric Department, Athens, from October 1996 to October 1997 were included in the study. All patients were assessed using the Calgary Depression Scale for Schizophrenia (CDSS) and the Positive and Negative Symptom Scale (PANSS) on admission (during the first week). Schizophrenic patients rating 1 or more on the CDSS item 8 "suicidality" (N = 19, mean age 31.3 years, Group A) were compared with schizophrenics matched for age and sex and scoring zero on the same item (N = 19, mean age 31.2 years, Croup B) in many psychopathological parameters (PANSS and CDSS items). Data were analyzed by using the SPSS package. Wilcoxon matched pairs signed-rank tests or paired t-tests were used when appropriate. Because variables that are potentially associated with suicidality are interrelated, multiple regression analysis was performed in order to assess their independent effect.

Results: Statistical analysis revealed that patients' score on the items of depression ($\beta = 0.408$, $p < 0.01$), guilt feelings ($\beta =$

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