

In the pre-war period the total number of committed suicide was 439 and 50.8% of them were people with mental disorders. During the war committed were 174 suicides, and 35.1% of them were persons with mental disorders. In the post-war period committed were 320 suicides, and 34.7% of them were persons with mental disorders. The average age of people who committed suicide in the pre-war period was 45 ± 2.5 years, while in the war and post-war period suicide rates increased in youths. The leading method of committing suicide in war and peace circumstances was by hanging, but significantly more ($P < 0.05$) in the pre-war period. Suicide by fire arms and hand bombs were significantly higher in war circumstances and post-war period ($P < 0.001$). In peace and war circumstances between those who committed suicide were significantly more addicted to alcohol ($P < 0.05$). The number of those who committed suicide and were schizophrenic was higher in war circumstances, but not significantly. In war and post-war period was a higher number of suicide committed by people with acute psychotic disorders ($P < 0.001$) and a significantly higher number of those who committed suicide and suffered from depressive disorders ($P < 0.05$).

In war circumstances a higher number suicide was committed by people with acute psychotic disorders, young-aged and by fire arms.

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Understanding crisis: First steps of validation of “crisis integration scale” (CIS)

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Crisis is a psychic reaction to stress with the potential to produce psychiatric symptoms. It is also considered as a transition phase which may change attitudes and interpersonal functioning. Special psychotherapeutic interventions have been developed in order to promote these changes. Brief crisis intervention centres (CIC) provide an alternative to hospital treatments and preserve as much as possible social relations and functioning.

In this study, we present the “Crisis Integration Scale” (CIS), a new, brief self-rating scale developed to measure whether or not a patient integrates his/her crisis as a constructive experience of his/her life. This scale is in French language (EIC: “Echelle d’Intégration de la Crise”) and is based on the concept of “integration versus sealing-over” proposed by T. McGlashan.

CIS data of 70 recently admitted patients to our CIC suffering of major depression or anxiety disorders are presented and compared to data assessed at the same time point with BPRS, SCL-90-R, Recovery Style Questionnaire (RSQ) and Global Assessment of Functioning (GAF).

The first statistical analysis shows encouraging results according to reliability (internal consistency, test-retest). However no significant correlations were found between CIS and validity measures (e.g. BPRS items).

The next step for the validation of CIS is to study further the external and internal validities. All these results will then be compared with those concerning a different clinical population (patients with psychotic symptoms) admitted in a specialised outpatient unit.

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What do they think of us? Opinions of general hospital ward staff on a CLP service

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Background and aims: The CLP is the operative area where psychosomatic theories and clinical practice meet, and the moment when psychiatry meets the rest of medicine, aiming at building an efficient communication. CLP activities are founded on a good relationship with colleagues, being the referring physician the actual “first client” of a CLP intervention, even before of the patient.

Methods: We administrated an anonymous and self-compiled questionnaire to 330 doctors and head-nurses of different wards of the Modena General Hospital, questioning about their opinions on usefulness, efficiency, relevance to everyday clinical practice of the CLP Service.

Results: 109 of the 330 questionnaires were answered back (33%); 63.3% of the sample judged “very useful” our Service. 89.9% expressed positive opinion about the presence of a single, “dedicated” consultant for their ward. Most useful aspects of our intervention are considered to be: advices on psychotropic drug therapy (84.4%); talking with the patient (73.4%); interventions on the families (73.4%) and organizing care after discharge (33.9%).

Conclusions: Data from our study support the concept of how useful is the role of psychiatric operators in the contest of GH, and that GH ward staff seem to share this opinion. Very few studies exist on feedback to CLP activities, in spite of the relevance of the subject: being aware of needs, expectations and opinions of our colleagues is (one of) the starting points defining CLP identity and mission.

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Associations between demographic and other factors and outcomes of formal assessment for compulsory admission in Norfolk, UK

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Background and aims: Most studies of patients subject to compulsory admission to psychiatric hospital examine only the population of those already subject to compulsion. This prospective study examines the whole population of patients who have been formally assessed for compulsory admission, and includes those where the decision was taken not to proceed with compulsory admission.

Methods: All Approved Social Workers in the County of Norfolk were asked to complete data collection sheets contemporaneously for each formal assessment for admission taking place in terms of the Mental Health Act 1983 over the period 2001 – 2006 inclusive. This data was then collated centrally and subject to analysis regarding demographic and other factors associated with requests for assessment and decisions to actually use compulsory admission powers.

Results: Data on about 5000 individual formal Mental Health Act 1983 assessments were collected representing over 95% of the total number of such assessments carried out during this period in Norfolk.

Conclusions: There were significant associations between gender, age, marital status and accommodation and both referral for formal assessment and compulsory admission to psychiatric hospital. Some aspects of these associations were unexpected and are discussed further.

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Safety and effectiveness of intramuscular psychotropic drugs in acutely agitated patients - a Pan-European study

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Background and aims: Agitation is a common symptom in schizophrenia and bipolar mania, causing marked distress and posing considerable risks for patients. Intramuscular formulations of psychotropic medication can provide a fast acting treatment of severe agitation in patients with acute episodes of schizophrenia or mania. As effective as these treatments are, particular antipsychotics can be associated with a heightened risk of dystonia and related Extrapyramidal Symptoms (EPS). Patients presenting to emergency care settings are also likely to have coexisting intoxications and medical conditions that may contribute to this risk.

Methods: The aim of this observational prospective study was to document the safety and effectiveness of all IM psychotropic drugs during the 24 hours following an initial injection in acutely agitated patients suffering from schizophrenia or bipolar disorder under naturalistic conditions.

Results: Two-hundred-thirty-two (232) participating investigator sites (12 European countries) observed 1940 patients (mean age: 39 y, 42% female, 66% schizophrenia diagnosis). The primary endpoint was the occurrence of extrapyramidal symptoms (EPS), further endpoints were clinical severity measured by PANSS-EC and CGI-S. A total of 1311 (68%) patients received a monotherapy injection at baseline. Within 24 hours after the first injection, 190 (10%) of all 1940 patients experienced EPS. All intramuscular psychotropic drugs were shown to be effective in reducing measures of acute agitation.

Conclusion: This study provides favourable results on EPS related adverse events and effectiveness of intramuscular psychotropic medication for the management of acute agitation in patients within a naturalistic setting during the first 24 hours of treatment.

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Schizophrenia and substance use disorders: Effects of zypasidone treatment

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Background and aims: The risk of abuse/dependence of alcohol or drugs in schizophrenia have been estimated about 4 times the prevalence in general population. This fact difficults the treatment results and efficacy: more relapses, more treatments withdrawal and poorer prognosis. The aims of our study is to evaluate the effect of Zypasidone, an atypical antipsychotic with 5HT properties, in patients with schizophrenia and comorbid substance use disorder in a single, open, prospective-naturalistic design.

Method: 36 outpatients were selected with Schizophrenic disorder diagnosis (DSMIV) and abuse/dependence of at least 1 substance in which Zypasidone was recommended (inefficacy, intolerance of prior treatments...). They were evaluated clinically and data about actual consum and craving were collected at initial visit and follow-up monthly (3 to 6 months). Results were analyzed with SPSS pack.

Results: The mean follow-up period was 3 month. 28 patients finished the evaluation showing a decrease in clinical measures (PANSS, ICG) with good tolerance (only 4 drop-outs associated to undesirable effects). The most frequent drug use disorder was tobacco followed by alcohol and cannabis. The results on number and frequency of drug use shows a slow tendency to reduce at the end of the evaluation

as well the craving measures but no significant differences were found.

Conclusions: Our exploratory study with Zypasidone, although metodological limitations, suggests that clinical schizophrenic symptoms can improve but also drug pattern use. Naturalistic studies of schizophrenia with comorbid substance use disorder can be useful to show the efficacy of antipsychotics in real clinical practice

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Changes in prolactin in olanzapine-treated adolescents with schizophrenia or bipolar mania: A pooled analysis of 4 studies

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Introduction: Prolactin (PRL) data from adolescents treated with olanzapine are presented.

Methods: Data from 454 adolescents (13-18, mean=15.9 yrs) with schizophrenia or bipolar mania were pooled from 4 olanzapine (2.5-20.0mg/day) studies (4-32 weeks; 2 double-blind, placebo-controlled studies [combined for acute phase endpoint PRL levels] with open-label extensions; 2 open-label studies). Age- and sex-specific Covance reference ranges defined normal PRL; categorical increases were based on multiples of the upper limit of normal (ULN). Baseline-to-endpoint PRL changes in adolescents were compared with data pooled from 84 olanzapine clinical trials in adults with schizophrenia or bipolar disorder.

Results: Olanzapine-treated adolescents had mean PRL increases at both the acute (11.4µg/L) and open-label endpoints (4.7µg/L). Of those patients with normal PRL levels at baseline (N=311), high PRL occurred in 54.7% at anytime; 32.2% at endpoint. The percentage of patients in which PRL levels shifted from normal-to-abnormal was smaller at endpoint than at anytime during treatment; 26.7% shifted to a higher category. Among patients with normal baseline PRL, 32.7% remained ≤1X ULN; 32.3% increased to 1-<=2X; 6.0%, >2-<=3X; and 1.2%, >3X at anytime; 4.6% had at ≥=1 potentially PRL-related adverse event. Adolescents had significantly higher mean changes at endpoint (p=.004), and a greater incidence of high PRL levels at anytime during olanzapine treatment (p<.001) versus adults.

Conclusion: Incidence of high PRL was significantly higher, and mean increases in PRL were significantly greater in adolescents versus adults. Mean increases and high PRL incidence were lower at the open-label compared with the acute phase endpoint.

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Changes in metabolic parameters in olanzapine-treated adolescents with schizophrenia or bipolar I disorder: A pooled analysis of 4 studies

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