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ACTIVITY, DURATION OF REST, DAYTIME SLEEPINESS AND SLEEP QUALITY IN SCHIZOPHRENIA PATIENTS TREATED WITH SERTINDOLE AND OLANZAPINE

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**Objectives:** Low activity and long rest times are frequent in patients with schizophrenia and are related to increased risk for metabolic disorder. We investigated whether patients who were switched from sedative antipsychotics to sertindole, an antipsychotic drug without sedative effect, were more active than patients with good tolerance to sedative effect of olanzapine.

**Methods:** 18 patients with schizophrenia treated with sertindole (9 females, mean age  $27.9 \pm 4.1$ , mean dose  $15.6 \pm 3.0$  mg/d) and 18 sex and age matched patients treated with olanzapine (mean dose  $15.3 \pm 6.5$  mg/d) underwent actigraphy for seven days. Daytime sleepiness and sleep quality were evaluated with Epworth Sleepiness Scale (ESS), Athens insomnia scale (AIS) and sleep diaries. PANSS, UKU, BARS scales were used to rate mental state and medication side effects.

**Results:** At the time of the assessment PANNS score was similar in sertindole ( $43.6 \pm 7.1$ ) and olanzapine ( $42.3 \pm 12.2$ ) groups. The difference in time in bed as measured by actigraphy was not significant between patients treated with sertindole ( $572.7 \pm 54.8$  min.) and olanzapine ( $600.6 \pm 53.6$  min.). Also mean 24-h-activity was comparable in both groups ( $86.6 \pm 29.6$  and  $81.6 \pm 27.9$  units, respectively). There were not any significant differences in AIS and ESS scales.

**Conclusions:** Although sertindole does not induce sedation, patients who were switched from sedative antipsychotics to sertindole were not more active than patients treated with olanzapine. Adjustment of pharmacological treatment has to be supplemented with non-pharmacological interventions to promote activity in patients with schizophrenia.