

from baseline in PANSS total score. The effect of ziprasidone IM on agitation was evaluated using the validated 7-item Behavioural Assessment Rating Scale (BARS) scale

**Results:** In the intent-to-treat population, the reduction in total PANSS score at study end point versus baseline was statistically significant ( $n = 150$ ;  $-37.24$ ; baseline  $126.71$ ;  $P < .0001$ ). Regarding agitation, 142/150 (95%) patients were responders (BARS score 3–4), with a median time to response of 0.50 hours. A total of 61.3% of patients completed the study, 25% experienced treatment-related adverse events, and 5% discontinued due to adverse events. The most frequently reported adverse events were insomnia (6%), somnolence (4%), hypotension (3%), and extrapyramidal disorders (2%). No significant change was observed in weight or any clinical laboratory parameter

**Conclusions:** IM-to-oral ziprasidone proved effective and well tolerated in the treatment of patients suffering from acute exacerbation of schizophrenia with agitation, offering the possibility of continued treatment from the acute agitated state through to maintenance treatment without having to switch chemical entity.

## P123

Remission in psychotic chronic patients. Is it really possible?

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**Background and aims:** The criteria of remission in schizophrenia has been reviewed and updated by Dra. Andreasen and collaborators. They define remission of the severity of the diagnostic symptoms of schizophrenia when the patient obtains a punctuation  $\leq 3$  for each of the 8 main items of the PANSS (positive and negative syndrome scale) during a period of 6 or more months.

The aims of this project is to investigate whether there is a significant difference in the rate of remission, as defined by Dra Andreasen et. al., in group of patients treated by either Lon-Action Injectable Risperidone (LAI Risperidone) or conventional depot: Flufenazine decanoate or Zuclopentixole decanoate.

**Methods:** We examined the criteria of remission by Dra. Andreasen in 46 patients with schizophrenia, 21 patients treated with LAI Risperidone and 25 patients treated with conventional depot.

**Results:** By analysing the data obtained after 12 months, the rate of remission in patients treated with LAI Risperidone was 56,4% and the rate of remission in patients treated with conventional depot was 20%. (significant difference  $p < 0,05$ ).

**Conclusions:** LAI Risperidone clearly increases the rates of remission in schizophrenic patients and favours the use of an antipsychotic monotherapy treatment. This results can lead to an improvement in patient compliance to the antipsychotic treatment and therefore a better quality of life and a better progress of the disease.

## P124

Disability and social cognition in schizophrenia

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**Background and aims:**

Disability is presented in schizophrenic patients because of different factor; one of them is neurocognitive disfunction and the others are non cognitive symptoms.

Recent studies have argued that social cognition is important for the patient and that the repercussions of there that basic cognitive disorders on their lives and social integration are serious.

The aims of this project was analyzed disability in schizophrenic patients, and we analyzed their relationship with gender, evolution of the disease and psychopathological symptoms.

We studied schizophrenic social Cognition in relation to a control group.

**Methods:** Our study included 49 schizophrenic patients all diagnosed with ICD-10 Criteria and a control group of 40 normal subject. measues: PANSS Scale

WHO-Disability Diagnostic Scale (WHO-DDS)

Social Cognition Scale (GEOPTe)

**Results:** Total disability and all of their subscales were not significantly diferent with the gender.

Total disability and all of their subscales is significantly higher in the group of long evolution of the disease( $p < 0.01$ )

The psychopathological symptoms that they directly correlate with the disability are the negative symptoms, specially the affective symptoms.

The social Cognitive deterioration is significantly higher in the group of schizophrenic patients than in the control group.( $P < 0,0001$ )

**Conclusions:** There is not relationship between Disability and Gender.

There is a direct relationship between disability and evolution of the disease.

Of an psychopathological symptoms (PANSS Scale) the affective symptoms bear the strongest relationship with disability.

Schizophrenic patients suffer a higher social cognitive deterioration than the control group.

## P125

ESPASS study: Baseline characteristics of the included schizophrenic patients

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**Objective and aims:** Better understanding of functional outcome predictors in schizophrenia has become key in order to face new challenges of the disease. The ESPASS survey aimed at evaluating the impact of antipsychotic therapy initiation or switch on psychosocial functioning in a sample of schizophrenic patients.

**Methods:** The primary objective was to evaluate the change from baseline to 6 months in EAS total score (psychosocial functioning scale). Other criteria were the change in the IAQ total score, CGI-S, and PASAP (satisfaction with care)

**Results (baseline visit):** 5962 were included by 1169 investigators. Mean age was  $37 \pm 12$ , 62% were male, 72% single, 62% were outpatients, 34% of the patients were on therapy for 10 years or more, 47% had paranoid schizophrenia subtype. Prior to baseline, 23% had no antipsychotic therapy, 25% had a conventional and 52% had an atypical antipsychotic. 8% of the total sample were naïve to antipsychotic therapy.

Obesity mostly affected patients treated with atypicals in comparison to conventional antipsychotics (20% vs. 15%). The EAS total score was  $46 \pm 20$  with lower sub-scores in following domains: money earning, management of belongings, social and private relationships. Mean CGI-S score was  $4.7 \pm 1.0$  and IAQ total score was  $22 \pm 4$ . 26% of the patients participated in a psychosocial rehabilitation program for 3 to 4 years.

**Conclusions:** While improving social functioning has clearly become key in the treatment of schizophrenia, only 26% of the patients were involved in an adequate rehabilitation program and 25% had a conventional antipsychotic.

## P126

Frequency of sexual dysfunction in patients with schizophrenia

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**Background:** The sexuality of schizophrenics is a neglected dimension. The majority of schizophrenics experience a progressive deterioration in their social and sociosexual functioning. This deterioration often starts before the first psychotic episode and would be one of the negative symptoms of schizophrenia. All type of antipsychotics can lead to sexual dysfunctions. Impaired sexual functioning is believed to negatively impact treatment compliance as well as the quality of life.

**Aims:** The frequency of sexual dysfunctions in patients taking classic antipsychotics is not known. This study attends to ascertain the level of sexual dysfunction in such patients.

**Methods:** The level of sexual dysfunction was assessed in 41 patients taking classic antipsychotic medication and 28 normal controls. All the participants were physically healthy. We examined the following complaints or symptoms loss of libido, anorgasmia, impotence, premature ejaculation, galactorrhea, gynecomastia for males; amenorrhea, dysmenorrhea, dyspareunia, galactorrhea, loss of libido and anorgasmia for females.

**Results:** There were a significantly higher proportion of persons with sexual dysfunctions in the schizophrenic group compared with the normal controls. There were no significant differences in the demographic characteristics (age and gender) between the 2 groups. Male patient had normal levels of libido but were highly likely to report erectile and ejaculatory dysfunctions.

**Conclusion:** Patient taking conventional antipsychotic medication report high levels of sexual dysfunction. The high level of sexual dysfunctions indicated that clinicians should monitor and openly discuss these issues with patients in order to improve overall satisfaction and adherence to treatment.

## P127

Incidence and severity of tardive dyskinesia in patients receiving aripiprazole or haloperidol for the treatment of schizophrenia or schizoaffective disorder

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**Background and aims:** Clinical trials suggest that patients receiving atypical antipsychotics are less likely to develop movement disorders than those receiving conventional antipsychotics. We determined incidence of treatment-emergent TD during long-term treatment of schizophrenia or schizoaffective disorder with aripiprazole or haloperidol.

**Methods:** In a post hoc analysis of pooled data collected from two 52-week double-blind trials involving 1,294 patients treated either with aripiprazole 20-30mg/d (n=861) or haloperidol 5-10mg/d (n=433), treatment-emergent TD was identified based on Research Diagnostic Criteria (RDC) extracted from the Abnormal Involuntary Movement Scale (AIMS) (Schooler-Kane criteria).

**Results:** In patients without baseline TD (n=1,177), the rate of new-onset TD at any time point following randomization was 5.09% for aripiprazole-treated patients and 11.76% for haloperidol-treated patients (p<0.0001). Using a stricter definition of RDC-defined TD on the last two study visits, new-onset TD was seen in 0.25% of aripiprazole-treated patients versus 4.09% of haloperidol-treated patients (p<0.0001), and was mild in 100% of aripiprazole-treated patients, and mild in 68.75% and moderate or severe in 31.25% of haloperidol-treated patients. Mean baseline to endpoint increase in AIMS score was significantly greater in haloperidol- versus aripiprazole-treated patients in both LOCF (n=1177, p=0.0001) and OC (n=427, p<0.0001) analyses.

**Conclusions:** Aripiprazole is associated with a significantly reduced risk of new-onset tardive dyskinesia compared with haloperidol in patients with schizophrenia or schizoaffective disorder treated for up to 52 weeks. Aripiprazole's dopamine D2 partial agonist and/or serotonin 5HT2A antagonist receptor binding profile may contribute to this.

## P128

Prevalence of the metabolic syndrome among schizophrenic patients

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**Introduction:** The schizophrenic patients have a standardized mortality rate greater than expected for the rest of the population. The metabolic syndrome has high prevalence among them, that prevalence of the metabolic syndrome in schizophrenic patients and the sociodemographic, antropometric, clinical, and psychopharmacological variables which are related to it. We aimed to know the coronary risk and its relation with the metabolic syndrome.

**Method:** Cross-sectional study. We include 136 patients, between 18 and 65 years old, admitted throughout the year 2004 in the Hospital Universitario de Gran Canaria Dr. Negrín with a schizophrenic diagnose and more than two years of evolution, validated through the SCID-I. Metabolic syndrome and coronary risk were defined according to the criteria of the NCEP-ATP III.

**Results:** The prevalence of the metabolic syndrome was 36% (95% CI = 29.4 - 45.59). It is outstanding the high prevalence of abdominal obesity (78.7%) in women. We can't find any relation between the metabolic syndrome and the different studied variables. The coronary risk in the next 10 years is moderate in 52.3% and high in 2.9% of the cases. The increase in the risk associates with suffering the metabolic syndrome and taking antipsychotics.

**Conclusion:** The metabolic syndrome is highly prevalent in schizophrenic patients and, therefore, the prevention, diagnosis and