non-schizophrenic acute and transient psychoses. Although ATPD have a better outcome than schizophrenia, in non-affective psychoses, acute onset and early remission do not independently predict favourable outcome over three years.

P0228

Negative symptoms and quality of life: A randomized, 196-week, double-blind study of ziprasidone versus haloperidol

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Background and Aims: To evaluate long-term treatment with ziprasidone versus haloperidol (up to 196 weeks), as assessed by PANSS negative score and and its association with quality-of-life (QLS).

Methods: The study included two treatment periods: (i) a 40-week, randomized, double-blind phase comparing ziprasidone (ZIP 80-160 mg/d given BID, N=227; ZIP 80-120 mg/d given QD, N=221) versus haloperidol (HAL 5-20 mg/d, N=151), followed by (ii) a 3-year, double-blind extension phase on the same double-blind medications (ZIP BID N=72, ZIP QD N=67, and HAL N=47, respectively). We adapted the Andreasen et al. approach to define negative symptom remission based on attainment of a score $\leq$3 (mild or less) for at least 6 months on all 7 PANSS negative symptom items. MMRM and GEE models were applied to analyze mean changes in PANSS negative, negative symptom remission rate, and QLS scores over time.

Results: In the 40-week core study, ziprasidone was associated with greater improvement in efficacy and QLS outcomes than haloperidol, but the differences were not statistically significant ($p>0.05$). However, MMRM analysis of PANSS negative and QLS scores over 196 weeks demonstrated differential treatment effects favoring ziprasidone (80-160 mg/d BID vs. haloperidol) (all $p<0.05$). Ziprasidone-treated subjects (given BID) were significantly more likely to achieve negative symptom remission (46%) than haloperidol-treated (32%) subjects ($p<0.05$) during the continuation phase; while ziprasidone given QD (46%) showed a trend to enhanced remission ($p<0.08$).

Conclusions: These findings support the potential for enhanced social and functional outcomes during long-term treatment with an atypical antipsychotic agent.

P0229

Tobacco abuse in patients with schizophrenia-first generation vs. second generation antipsychotics treated patients: Results of the clinical study

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Background: Tobacco smoking is leading preventable cause of death in the United States. High prevalence of cigarette smoking was reported among individuals with mental illnesses, and it is extremely high among patients with Schizophrenia. Aims of this paper were to establish frequency of cigarette smoking among patients with Schizophrenia and determinate the difference in frequencies of smoking among patients with Schizophrenia treated with second generation antipsychotics versus first generation antipsychotics treated group.

Methods: Study included 60 patients with Schizophrenia treated with antipsychotics for period of six months or longer. Experimental group included 30 patients treated with second generation antipsychotics, and control group included 30 patients treated with first generation antipsychotics.

Results: In this sample was 75% smokers, and out of this 46.6% consume up to 20 cigarettes per day, 40% consume 20 to 40 cigarettes, 8.8% between 40-60 cigarettes, and 4.4% consume over 60 cigarettes per day. There was no significant differences between groups of patients treated with first and second generation antipsychotics.

Conclusion: Tobacco smoking is very frequent among patients with Schizophrenia. In this study we did not found significant difference in frequency of tobacco smoking between groups of patients treated with first and second generation antipsychotics.

P0230

ITAREPS: Information technology aided relapse prevention programme in schizophrenia. A two-year mirror design follow up evaluation

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ITAREPS presents a mobile phone-based telemedicine solution for weekly remote patient monitoring and disease management in schizophrenia and psychotic disorders in general. The programme provides health professionals with home telemonitoring via a PC-to-phone SMS platform that identifies prodromal symptoms of relapse, to enable early intervention and prevent unnecessary hospitalizations. Its web-based interface offers the authorized physician a longitudinal analysis of the dynamics and development of possible prodromes. Previous one-year clinical evaluation of the programme effectiveness in 45 patients with psychotic disorder showed significant 60% decrease in the number of hospitalizations.

This work presents data from a two-year mirror-design follow-up evaluation of the programme's clinical effectiveness in 100 patients with psychotic illness.

P0231

A comparison of treatment-emergent diabetes among atypical and typical antipsychotic users

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Background and Aim: To compare the risk of treatment-emergent diabetes(TED) in schizophrenic patients treated with atypical(AAP) versus typical(TAP) antipsychotic medications.

Methods: We conducted a retrospective database analysis on episodes of care initiated after 1/1/2000 using data from the California Medicaid program. We included episodes for patients 18 years or older with schizophrenia who switched medications with a minimum

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