

Methods: e-STAR is a secure, web-based, international, long-term observational study of schizophrenia patients who commence a new antipsychotic drug. PS was applied to adjust for baseline differences in patients who received RLAI or oral (atypical or conventional) antipsychotics to compare all-cause discontinuation rates, hospitalisation parameters, and Global Assessment of Functioning (GAF).

Results: Data from 1,332 (83%) patients who initiated RLAI and 268 (17%) who initiated a new oral antipsychotic are available. Significant raw baseline differences existed for hospitalisation parameters, unemployment and time since diagnosis, each being more prevalent in the RLAI group. Nevertheless, a significantly greater proportion of patients remained on RLAI at 12 months (84%) than on oral antipsychotics (60.4%) ($p < 0.0001$); this benefit persisted after application of PS. The mean number of days hospitalised at 12 months was 14.3 days lower in the RLAI group (12.9 days, $n = 433$) than in the oral antipsychotic group (27.2 days, $n = 62$) increasing to 19.1 days, significantly in favour of RLAI, when PS was applied ($p < 0.01$ vs oral). The probability of being in hospital was lower in RLAI patients (OR 0.69) and decreased further after PS (OR 0.57) ($p = 0.075$). GAF scores improved more in the RLAI group than the oral group at 12 months, with and without PS, but not significantly.

Conclusions: Although patients initiating RLAI were more severely ill, they had fewer hospitalisations and were less likely than oral antipsychotic patients to discontinue treatment.

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Cardiac risk factors and schizophrenia: An analysis of 18,094 patients enrolled in an international comparative trial of olanzapine and ziprasidone

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Ziprasidone has modest QTc-prolonging effects, but it is not known whether this translates into an increased risk of cardiovascular events. To address this issue, a large, international, open-label, randomized, post-marketing study, the Ziprasidone Observational Study of Cardiac Outcomes (ZODIAC), has been conducted to compare the cardiovascular safety of ziprasidone and olanzapine. Between February 2002 and February 2006, over 18,000 patients with schizophrenia from 18 countries were enrolled from a variety of psychiatry practice settings. A physician-administered questionnaire collected baseline information on demographics, medical and psychiatric history, and concomitant medication use. Data were self-reported by patients or reported by enrolling physicians. Descriptive baseline data on 18,094 patients with schizophrenia are presented here. Patients (mean age, 41.6 years; 55.1% male; 60.0% white) came primarily from the United States or Brazil (73.0%). Approximately 18% of patients had hypertension, 14.8% had hyperlipidemia, 46.5% currently smoked, 28.9% had a body mass index of ≥ 30 kg/m², and 7.7% had diabetes at baseline; all of these characteristics are major cardiovascular risk factors. Mean time since schizophrenia diagnosis was 10.4 years, and average Clinical Impression Score was 5.2 (range, 1–8). At baseline, 71% of patients were using antipsychotic drugs. Although almost 80% of patients were using concomitant medications, less than 3% were using antihypertensive drugs or statins. In

conclusion, the ZODIAC baseline data suggest that this study population has a substantial prevalence of cardiovascular risk factors and that hyperlipidemia and hypertension may be undertreated.

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The impact of psychoeducational intervention on relatives' views on schizophrenia: Results from an Italian multicenter study

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The opinions of relatives of patients with schizophrenia about the causes, treatments, and psychosocial consequences of this disorder can influence its course and outcome.

In 2003, the Italian Psychiatric Association has promoted a study on family psychoeducational interventions to explore the effectiveness of this intervention on relatives' opinions and beliefs about mental illness.

In each of the 10 Italian mental health services selected for the study, 30 patients with schizophrenia and 30 relatives were randomly recruited to receive the experimental intervention or the standard care.

The experimental intervention consisted of 12 manual-based informative sessions on the main aspects of schizophrenia. Each relative was asked to fill in the self-reported Relatives' Questionnaire on the Opinions About Mental Illness.

The treated sample included 107 patients and 112 relatives, the control group consisted of 105 patients and 118 relatives. Stress, traumas, heredity and family difficulties were most frequently mentioned as determinants of the disorder in both groups. Relatives' opinions about patients' civil rights and social competence improved at the end of the intervention. In particular, the right to get married, to have children and to vote increased at the end of the intervention. Moreover, the opinions that patients with schizophrenia are unpredictable and that are kept aloof from others decreased at the end of the intervention.

The results of our study confirm that relatives of patients with schizophrenia should be provided with psychoeducational interventions, particularly in Italy where patients most rely on their relatives, who are in close contact with mental health professionals

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Valuating objectives and effectiveness in psychiatric rehabilitation today: I.C.F. usefulness

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Psychotic major disorders are long lasting and usually life long diseases. Their long term consequences might be described using different dimensions, shift away from focus on medical model towards model of functional disability. Manifest changes in the course and outcome, if any, will be reflected not on symptomatic level only but probably on functional, interpersonal and occupational levels. Actually a new tool is provided by the revised International Classification of Functioning, Disability and Health (ICF): it includes a change from negative descriptions of impairments, disabilities and handicaps to neutral descriptions of body structure and functions, activities and participation. A further change has been the inclusion of a section on environmental factors as a part of the classification, in reason of their