P02.320

SAFETY AND EFFECTIVENESS OF OLANZAPINE VERSUS TYPICAL ANTIPSYCHOTIC DRUGS IN THE TREATMENT OF INPATIENTS WITH SCHIZOPHRENIA (EUROPA STUDY)

J.C. Gomez*, J.A. Sacristan, P.R. Carrasco, E. Alvarez, J. Bobes, F. Cañas, J. Gascon, J. Gibert, M. Gutierrez. *EUROPA, Lilly S.A. Madrid, Spain, 30 Apartado de Correos 585, 2808 Madrid, Spain*

Objective: To assess the safety and effectiveness of olanzapine compared to typical antipsychotic drugs in the treatment of inpatients with schizophrenia at Acute Psychiatric In-patient Units.

Method: Data were collected from a prospective, comparative, non-randomized, open, observational study of 904 inpatients with schizophrenia. Patients were followed-up during their entire hospital stay. Safety was evaluated through the collection of spontaneous adverse events and a specific questionnaire for extrapyramidal symptoms (EPS). Clinical status was measured through the Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression of Severity (CGI-S), Patient Global Impression of Improvement (PGI) and the Nursing Observational Scale for Inpatient Evaluation (NOSIE).

Results: A total of 483 patients received olanzapine as monotherapy or in combination with another antipsychotic (olanzapine group), and 421 received typical antipsychotics as monotherapy or in combination (control group). Incidence of adverse events and, specifically, EPS was significantly lower in the olanzapine group compared to the control group ($p = 0.001$). Mean improvement in the CGI-S, BPRS Total, BPRS Positive and NOSIE were similar between both treatment groups. Mean improvement in BPRS Negative was significantly higher in the olanzapine group compared to the control group ($p < 0.001$). Endpoint PGI score was significantly lower (greater improvement) in the olanzapine group compared to control group ($p < 0.001$). Mean hospital stay was 23.1 days in the olanzapine group and 23.4 days in the control group (p = N.S.).

Conclusions: The results of this observational naturalistic study show that olanzapine is safe and effective in a non-selected sample of acute hospitalized schizophrenic inpatients, and are consistent with results of previous controlled trials.

P02.321

OCCURRENCE OF *CYP2D6* GENE DUPLICATION IN HONG KONG CHINESE

L.Y. Chow*, M. Garcia-Barceló, K.L. Lam, H.F.K. Chiu, Y.K. Wing, M.M.Y. Waye. *The Chinese University of Hong Kong, Hong Kong, China*

Background: The cytochrome P450 CYP2D6 enzyme debrisoquine 4-hydroxylase metabolizes many different classes of commonly used drugs such as tricyclic antidepressants and neuroleptics. Genetic polymorphism of the *CYP2D6* gene is responsible for pronounced interindividual and interracial differences in the metabolism of these drugs. Duplication or multiplication of an active *CYP2D6* allele results in an increment of the CYP2D6 enzyme activity, which accounts for the ultrarapid metabolizer phenotype. The occurrence of gene duplication varies among populations.

Methods: One hundred and fourteen Hong Kong Chinese subjects were screened for *CYP2D6* gene duplication. Three different polymerase chain reaction (PCR) tests were used.

Results: The frequency of duplicated *CYP2D6* alleles was 5.7%. However, only seven individuals had genotypes involving duplication of functional gene copies, hence, the frequency of duplication of functional *CYP2D6* alleles was that of 3%.

Conclusions: Our results are in agreement with those obtained in the only two other studies conducted on Chinese. We found some discrepancies in the results obtained by each of the PCR tests applied. Some discrepancies may be due to the structure of the Chinese *CYP2D6* locus.

P02.322

EFFECTIVENESS OF BIOLOGICAL AND NON BIOLOGICAL TREATMENTS IN SCHIZOPHRENIA

P.L. Marconi*, L. Fonticoli. *Department of Psychiatry, Centro Clinico Colle Cesarano, 22 Via Amba Aradam, 00163 Roma, Italy*

Background and Study Aim: The last challenge of the treatment of schizophrenia is to positively affect the cognitive performance besides positive symptoms and psychomotor poverty combining non biological treatments with drugs. The outcome of such integrated approach has still to be investigated in depth. This prospective, naturalistic study evaluated the outcome of treatments in a coohort of chronic schizophrenic patients.

Methods: Involved have been 108 psychiatric outward services with a perspective of including more than 1000 patients for a 6 months follow up. main inclusion criteria were the stability of drug treatment, the use of only one neuroleptic and the absence of acute episodes 2 months prior to inclusion. Outcome parameters: Disability Assessment Scale, PANSS integrated by 6 items to compare results with BPRS-24), WHO Quality of Life-brief, Simpson & Angus scale for EPS, biological and non biological treatments at entry and during the 6 months follow up.

Preliminary Results: On May 2000, 500 patients were included. Drug-treatment figures were as follows: 33% typical neuroleptics, 67% atypical (clozapine, risperidone, olanzapine). Social (31%) or economical (37%) support was associated to drug therapy, as well as family interventions (16%), home assistance (14%), psychoeducational assistance (13%), protected job (13%), psychosocial rehabilitation (10%), cognitive rehabilitation (3.5%). Patient disability and QoL related to treatments will be assessed.

P02.323

AUTONOMIC DISTURBANCE IN MALIGNANT CATATONIA

A. Ruiz, Ma.M. Laya, R. Coronas, C. Doménech, G. García, N. García, S. Escoté*. *Department of Psychiatry, Corporació Sanitària Parc Taulí, s/n Parc Taulí, Centre Salut Mental, 08208 Sabadell, Barcelona, Spain*

Introduction: Catatonia is a neuropsychiatric syndrome that includes mutism, akinesia, negativism and other motor abnormalities like rigidity, waxy flexibility and catalepsy. The syndrome becomes lethal or malignant when hyperpirexia or autonomic disregulation develops. Neuroleptics may trigger a malignant catatonic syndrome that in many cases is indistinguishable from lethal catatonia. Neuoleptic malignant syndrome and lethal catatonia share common final symptoms and there are not distinguishing laboratory markers between them. At the end, they both are malignant catatonias.

Aims: To hypothetize about basic mechanisms related to stress, as trigger features of the malignant catatonia.

Material and Methods: After a bibliographic review about the disease similitudes existing between two cases of malignant catatonia recently admitted in our hospital have been referred. Special attention related to stress factors in the begining of the disease and to the sympathetic nervous system activity is paired.

Results: Both cases reported have severe environmental stress in their origen. Both of them coincide altso in the progressive instauration of neurovegetative disturbances aggravating the catatoniform stupurous state.

https://doi.org/10.1016/S0924-9338(00)94729-1 Published online by Cambridge University Press