

Conclusion: In this prospective, non-randomized study, interim-analysis from 45% of 400 planned patients with initial CONSTA or OATYP treatment shows comparable improvement of psychopathology and EPS and a tendency towards higher treatment adherence with CONSTA, considering initially more non-compliant patients in this group.

P032

Diagnostic stability of early-onset psychosis over a two-year follow-up

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Background and aims: Early-onset psychosis (EOP) are a heterogeneous group, with high diagnostic stability for schizophrenia and bipolar disorder, in contrast to the lack of diagnostic stability of other EOP.

Methods: We recruited 24 adolescents consecutively admitted, who presented a first psychotic episode, in the adolescent psychiatric unit of the Gregorio Marañón General Hospital in Madrid, between May 2002 and May 2003, for a two year follow-up. Only one was lost at the two-year assessment.

Diagnosis of the psychotic disorders was assessed using the Kiddie-Sads-Present and Lifetime Version (K-SADS-PL).

Results: The agreement between the baseline and the one-year follow-up diagnoses was 54.2%. Positive Predictive Value (PPV) was 100% for schizophrenia and depression with psychotic features, and 71.4% for bipolar disorder, while only 50.0% for schizo-affective disorder and 16.7% for psychosis NOS. From the one-year to the two-year follow-up, only one patient changed the diagnosis, so the agreement was 95.7%.

Eight patients were diagnosed with schizophrenia at the follow-up, but only four of them had received this diagnosis at the baseline assessment. The diagnosis of bipolar disorder was given at the follow-up to eight patients, from whom only four subjects received this diagnosis at baseline.

Conclusions: The results of the our longitudinal study on diagnostic stability support the Kraepelinian distinction between dementia praecox and manic-depressive psychosis.

P033

Frequency of diabetes in 114 French patients with schizophrenia

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Background patients with schizophrenia may be at increased risk for diabetes mellitus Aims: to assess the frequency of diabetes in a population of French patients with schizophrenia Methods: The Positive and Negative Syndrome Scale (PANSS) was used to assess the psychotic symptomatology. All patients with schizophrenia or schizoaffective disorder according to the DSM-IV criteria, consecutively hospitalized in a psychiatric department or admitted in a day hospital for 2 years, were included in the study. Results : 114 patients were included in the study. The patients had a mean age of 35.2 years (SD=11.1), 70% were male, 30% were female. There were 92% Caucasian patients, 6% black, 2% Asian. Six per cent of the subjects (n=7) included in the study presented type 2 diabetes. Four patients received oral antidiabetic agents, including gliclazide (n=3),

gliclazide and metformine combination (n=1). One patient received insulin. Two patients remained without treatment. The onset of diabetes occurred before the onset of atypical antipsychotics treatment for all patients. All patients with diabetes presented weight gain. The mean Body mass index was 29.9 kg/m² (SD=6.5). Limitations: the fasting plasma levels of glucose were not systematically assessed in all patients included in the study. Conclusions : The frequency of diabetes mellitus in the present study is higher than in French general population (2-3%). However, the rate of diabetes is lower than in previous studies conducted in USA (10-15%). The frequency of diabetes, higher in US general population (6%), than in French general population could explain the differences.

P034

Olanzapine and pregnancy

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Background: Reports about the course of pregnancy in women treated with atypical antipsychotics are rare.

Methods: Case report of a woman who presented an overdose with olanzapine during pregnancy. Results : Ms. A. was a 21-year-old Caucasian woman with a 3-years history of schizophrenia according to the DSM-IV criteria. She was successfully treated with olanzapine during 2 years before the onset of pregnancy. While Ms. A. was stabilized with olanzapine treatment, she became pregnant. Olanzapine treatment was switched to haloperidol 10mg/day at week 2 of gestation. However, she stopped haloperidol after 15 days. While she stopped antipsychotic treatment, her symptoms increased, particularly irritability, anxiety, attentional disorders and disorganized behaviors. At week 16 of gestation, feeling psychological distress, she took 112.5 mg of olanzapine of her own. Olanzapine was started again after giving her informed consent. She showed significant symptomatic improvement and received olanzapine 7.5mg/day from week 16 of gestation until delivery. She had no side effects from olanzapine treatment, in particular blood sugar levels were normal, from 4.6 to 5.4 mmol/l. Her weight was 60 kg (BMI=20) before the onset of pregnancy, 72 kg at the delivery. At week 37, a healthy baby girl was delivered. The baby weighed 3.415 kg. Her height was 52 cm. Her Apgar scores were 7 at 1 minute and 7 at 5 minutes. Ms. A. did well and was discharged 12 days after delivery to improve her psychosocial education. However, more studies are needed to ascertain the safety of olanzapine during pregnancy.

P035

COMPARING risperidone long-acting injection (RLAI) with oral antipsychotics in Spanish patients with schizophrenia using propensity scoring

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Objective: To compare 12 month outcomes in schizophrenia patients enrolled in e-STAR in Spain who received RLAI or oral antipsychotics.