

RLAI phase, 59% of patients spent more than one month per year in hospital; in the RLAI phase this was reduced to 23%.

The median number of admissions was also lower, but although 55% of patients had no admissions there were also several patients with multiple admissions during RLAI therapy. During the pre-RLAI phase, no patients had an admission rate above 1.5 admissions per year, but in the post phase 10 patients (18%) had admission rates above 1.5. These results are partially explained by the fact that hospitalisation tended to be shorter during RLAI than in the previous 2 years (average 75 days per admission pre-RLAI vs. 34 days during RLAI).

As there was no control group the results should be interpreted cautiously. Any differences could be caused by other confounding factors which changed with time, and there was wide variation between patients.

In summary, RLAI significantly reduced hospitalisation and this may result in substantial cost savings.

## P0264

Efficacy and tolerability of quetiapine in the treatment of schizoaffective disorder: A retrospective study

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**Background and Aims:** The efficacy of QTP in the treatment of schizophrenia has been well established in randomised, double-blind, placebo-controlled trials, but there is a lack of data concerning its efficacy in the medium- term management of schizoaffective disorder. Aim of the study was to evaluate retrospectively the efficacy and tolerability of QTP in preventing relapses of Schizoaffective Disorder (1,2).

**Methods:** The study involved 18 outpatients (4 males and 14 females), at least 18 years of age, with a diagnosis of Schizoaffective Disorder, based on the DSM-IV-TR criteria.

Patients were evaluated by using BPRS, CDSS and CGI-S. Clinical evaluation was assessed retrospectively through the data obtained by the clinical records. Evaluation started when QTP was prescribed (T0), and was performed after six months (T6). Moreover, a clinical evaluation was assessed six months before the start of QTP treatment by using the same rating scale (T-6). The main outcome measure evaluated was the rate of hospitalization caused by depressive, manic or psychotic relapses.

**Results:** At the end of the study (T6), a significant reduction in CGI-S, BPRS and CDSS scores was observed. CDSS mean scores showed a 60% amelioration vs T0. No patients dropped out because of side effects. The mean dosage of quetiapine in our study was 544 mg/die.

**Conclusions:** QTP, alone or in association with benzodiazepines and/or mood stabilizers, seems to be an effective tool in the treatment of Schizoaffective Disorder and in prevention of relapses and consistent with several researches it seems effective in reduction of depressive symptoms.

## P0265

Auricular acupuncture experience among dual diagnosis patients: Randomized controlled pilot clinical trial

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**Background:** The auricular acupuncture (AA) detoxification was first introduced in 1974. Over the past thirty years this technique has been extensively studied, expanded and improved. Unfortunately, there is no empirical evidence to recommend the use of AA for dual diagnosis patients (DDP). The absent data on the efficacy and safety of the AA leads to inappropriate use of this therapeutic intervention in DDP.

**Methods:** Randomized controlled parallel groups clinical trial aimed to investigate the effectiveness and safety of AA in DDP for the management of both psychiatric and addiction issues. The study population group [10 AA treatments at least 20 minutes 4-5 times a week] comprised 10 subjects (9 males (90.0%), mean age 28.8 years (SD=5.7)). The control population group (without AA) comprised 3 subjects (3 males (100.0%), mean age 29.5 years (SD=7.8)). Antipsychotic efficacy was measured by CGI-Severity & CGI-Improvement scales, craving was measured by Drug-DALI and treatment compliance was measured by DAI-10.

**Results:** There were no differences between the groups according to demographic and clinical measures at the beginning of the study. The mean DALI score change in study population was -3.7 (SD=3.9; p<.06), the mean DAI score change was 3.9 (SD=4.6; p<.06) in comparison to -6.0 (SD=4.2; NS) and 5.5 (SD=10.6; NS) in a control population, respectively. There were no differences in CGI-I (NS). There were no adverse events in both populations.

**Conclusions:** There is a trend for effect of AA to craving decrease and a trend for effect to improvement of treatment-compliance in DDP.

## P0266

Metabolic side effects of atypical antipsychotics in early onset schizophrenia: One year follow-up pilot study

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**Objective:** To assess weight gain in adolescents treated with antipsychotic drugs for early onset schizophrenia (EOS).

**Method:** One-year follow-up of 13 consecutive adolescents (10 male, 3 females, age range: 11-16) treated with atypical antipsychotics for early onset schizophrenia (according to DSM-IV criteria). The main outcome measure is sex- and age-adjusted Z scores of Body Mass Index (BMI).

**Results:** BMI, sex- and age-adjusted BMI percentiles and BMI Z scores are significantly increased in schizophrenic adolescents after prescription of atypical antipsychotics (p= 0.025).

**Conclusions:** Despite the limited number of children included, this pilot study confirms a significant link between prescription of risperidone in early onset schizophrenia and increase of adjusted BMIZ scores. Clinicians and caregivers are to be aware of potential metabolic adverse effects of these medications. These findings suggest a regular health monitoring in adolescents treated with atypical antipsychotics, before and along the prescription.

**P0267**

Atypical vs. Conventional antipsychotic drugs — effects on quality of life

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The study analyzes effects of using atypical antipsychotic drugs (risperidone and clozapine) as compared with effects of using conventional antipsychotic drugs (haloperidol) in treatment of schizophrenic and schizoaffective disorders. The analysis focuses on assessing quality of life and subjective association with applied treatment in examinees during the administration of a medicament therapy. Level and pace of reducing social dysfunction, as well as of improving quality of life, is measured by Heinrichs-Hanlon-Carpenter scale, while the subjective association with applied antipsychotic treatment in examinees is measured with a specifically designed scale. The study covers 160 examinees split into two groups of 80 - experimental and control. The experimental group's examinees are treated with atypical antipsychotic drugs, and the control groups examinees are treated with conventional antipsychotic drugs. The study encompasses one year of examinee observation with a following frequency: at a beginning of the analysis, after 2 weeks, after 4 weeks, after 8 weeks, after 3 months, after 6 months, after 9 months, and finally after 12 months. Statistical analysis and inter-group comparison of examinees treated with atypical antipsychotic drugs and those treated with conventional antipsychotic drugs followed the observation period.

**Results:** Indicate a significantly better social rehabilitation and subjective association with therapy in examinees treated with atypical antipsychotic drugs compared with those treated with conventional antipsychotic drugs.

**P0268**

Acute use of antipsychotics: The issue of dose

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Data on the use of antipsychotics in acute psychiatric patients are based almost entirely on RCT trials with fixed or flexible dosing inside registered dosing intervals. Usually antipsychotic monotherapy is used in such trials. Real-life clinical experience might differ from such data and put in question recommendations and guidelines.

Inpatients admitted to PICU at University Psychiatric Hospital in Ljubljana during one month in 1999 and in 2006 were compared by clinical variables using CGI and GAS and by the use of antipsychotics. The doses of used antipsychotics were calculated into CPZ equivalents and compared with recommended as well as registered doses.

Results showed that samples for 1999 and 2006 did not differ in major demographic data. Clinical data however showed that 2006 patients were admitted more ill and discharged less ill (1 point average difference in CGI). The average doses of antipsychotics rose from 383 mg/day in 1999 to 689 mg/day in 2006. Although the atypical/typical ratio changed 5-fold during observed time, change in the observed doses is attributed to atypicals only. The doses of typical antipsychotics did not change comparing 1999 and 2006 sample.

The study was able to show important changes in the acute use of antipsychotics during the era of atypical or newer antipsychotics. Our results put in question some of the recommended dosing for

antipsychotics in the acute psychiatric patients and confirm the practice of off-label use of antipsychotics regarding the dose in acute psychiatric states.

**P0269**

Quetiapine reduces sib in non-psychotic BPD: A case report

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Self injurious behavior (SIB) is a core feature of borderline personality disorder (BPD). BPD is a potentially life threatening psychiatric disorder causing considerable intraindividual distress, impairment of psychosocial functioning, disturbed relationships and high rates of treatment utilization. The use of antipsychotics in BPD implies differential etiopathogenetic thinking in specialists who are convinced that BPD is a heterogen diagnosis representing "borderline schizophrenia" or bipolar disorder. Quetiapine decreases psychotic symptoms in hallucinating BPD and may be effective in "borderline schizophrenia" or "borderline bipolar patients". Several articles have speculated on the effectiveness of quetiapine in borderline symptoms as SIB targeting on reduction of causal pervasive affective dysregulation.

A 24 years old female patient was referred to a psychiatric inpatient unit due to an increase of SIB. Initial diagnostic process solidified diagnosis of BPD. Axis I diagnosis were alcohol abuse, recurrent major depression, eating disorder nos. A protocol on inner tension and frequency of SIB was introduced. HAM-D, CGI-S, CGI-I and Barrat-Impulsiveness-Scale were administered weekly respectively monthly for 3 month. After informed consent the initial polypharmacy excluding the antidepressant was terminated within the following 10 days and quetiapine was started with 25mg/day. The following days quetiapine dosage was titrated to 250mg/day with only mild sedation. There was a marked decrease of SIB over 3 month of treatment. All other measures improved over 3 month of observation time. Decrease of symptom pressure activated the patient to increase use of solving skills to reduce/control inner tension.

**P0270**

Psychiatrists' attitudes to antipsychotic depot injections (i): Preferences and choice

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**Background:** Antipsychotic depot injections can improve adherence compared to tablets. However, depot prescribing practices differ amongst psychiatrists. Previously, some clinicians perceived an "image" problem for typical antipsychotic depots. This study investigated psychiatrists' attitudes and knowledge concerning antipsychotic depots (typical and atypical) in an era when patient choice is a pertinent issue.

**Method:** Cross-sectional postal survey of consultant psychiatrists working in NorthWest England. A pre-existing questionnaire on clinicians' attitudes and knowledge regarding depots was updated.

**Results:** The sample comprised 102 consultant psychiatrists (response rate 102/143, 71%). Their use of depots over the past 5 years had: decreased (50%), not changed (27%), increased (23%). In