psychological trauma or only physical agression) and cognitive and psycho-affective variables.

Otherwise, we found a statistical difference on immediate memory as far as the delay of examination was concerned.

Furthermore, most of the cognitive dysfunctions were correlated with the severity of anxiety and depression. PTSD seemed also perturbing work capacity. The details of these data will be demonstrated.

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OBSERVATION OF AN "EMBARASSING" EFFECT DURING THE INITIAL PHASE OF TREATMENT WITH OLANZAPINE ON THE SUBJECTIVE EXPERIENCE IN THREE LONGSTAY SCHIZOPHRENIC PATIENTS WITH PROMIMENT NEGATIVE SYMPTOMS

C.V. de Blécourt*, P.J.S. Michielsen, W.M.A. Verhoeven. *Vincent van Gogh Institute for Psychiatry, POB 5, 5800 AA Venray, The Netherlands*

In three schizophrenic patients in a closed ward (>10 yrs, by law) with prominent negative symptoms, olanzapine was added to the conventional depot medication. In patient A (f, 30 yrs, 105 kg, desorganized type) olanzapine 10 mg/day was added to flupenthixol dec. 80 mg/wk. After a marked improvement in daily activities, dosage was increased to 20 mg/day. She then started to complain about "all kinds of impressions, she couldn't handle" and asked for dose reduction. In patient B (f, 54 yrs, 58 kg, desorganized type) olanzapine 10 mg/day was added to flupenthixol dec. 120 mg/2 wks. While she hardly could concentrate on a talk of 5 minutes, before, she now could have a talk for half an hour, including affective contact. She started complaining then of feeling "strange in her head and hair" with a sad and desperate facial expression. She refused the olanzapine, but accepted it again a few weeks later, in a dose of 5 mg/day. Patient C (m, 37 yrs, 60 kg, paranoid type) got 5 mg/day in addition to haloperidol dec. 150 mg/3 wks and perazin 600 mg/day. After a marked improvement in selfcare and alleviation of positive symptoms as well the patient himself asked for dose increase. After some weeks with 10 mg olanzapine/day he started to express feelings of sexual attraction towards a female nurse, putting forward also his problem in making contact with women. One day he refused the olanzapine definitely.

Conclusion: It seems feasible to start with a rather low dose of olanzapine in chronic patients in order to give them time for adaptation to, for them, uncommon experiences during symptom improvement. Otherwise a possible promising treatment would end prematurely in rejection of the medication by the patient out of sheer "embarassment".

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SILDENAFIL CITRATE (VIAGRA) TREATMENT OF SEXUAL DYSFUNCTION IN SCHIZOPHRENIC PATIENT

I. Reznik*, R. Benatov, Z. Zemishlany. *Ness Ziona, Abarbanel and Geha Mental Health Centers affiliated to Sackler Faculty of Medicine, Tel-Aviv University, Israel*

The sexual functioning of patients suffering from mental disorders has been largely overlooked. A high frequency of sexual problems was reported by treated as well as untreated schizophrenics. Lack of or minimal sexual activity has been reported in the premorbid lifestyle of patients with schizophrenia, due, in part, to a low degree of social competence, lack of experience with sexual relations and a high rate of celibacy. Negative symptoms like anhedonia and lack of interest and initiation may contribute to the reduced sexual desire and performance reported, even by untreated chronic schizophrenic patients. Since in majority of cases underlying causes of sexual dysfunction are multifactorial, the treatment is quite disappointed. Recently introduced, Viagra (sildenafil citrate), is the first oral agent indicated for the treatment of impotence and in double-blind randomized controlled trial oral was found safe and effective treatment for men with erectile dysfunction of organic, psychogenic, and mixed causes. However, the place of sildenafil for treating sexual dysfunction in male schizophrenic patients has remained to be determined. We present a case of 26 years old man suffering from schizophrenia and having significant libidinal, erectile and orgasmic dysfunctions, who was successfully treated with Viagra for 0.5 year. To our best knowledge this is the first report of such beneficial use of Viagra in a clinical psychiatric practice. This case represents the complex character of sexual dysfunction in male schizophrenic patients.

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SWITCHING FROM CONVENTIONAL TO NEW ATIPICAL ANTIPSYCHOTICS IN SCHIZOPHRENIC PATIENTS: A STUDY ON PATIENT'S SATISFACTION

G. Bartkó*, L. Simon, T. Tüske, E. Linka, H. Váradi, T. Szabó. *Jahn Ferenc South Pest Hospital, Department of Psychiatry, Budapest, Hungary*

The purpose of the study was to assess subjective, self-experienced and selfreported changes in schizophrenic patients after switching From conventional to new atypical antipsychotics, as well as to explore the relationship between satisfaction with treatment and clinical improvement. 74 chronic schizophrenic (DSM-IV) have been switched to risperidone, olanzapine or quetiapine after having responded to conventional antipsychotics with unsatisfatory clinical improvement or intolerance of side effects. After third month of the new pharmacotherapy the patient's satisfaction questionnaire was filled out, and the global clinical improvement was estimated by the treating doctor.

More than half of the patients was fully or very satisfied with the new medication and 45 (60%) evaluated it as much better than former therapy. 35 patients experienced no side effects in the last month of the treatment, and 62 (83%) said they wished to continue the therapy. Taking the new atypical antipsychotics, patients experienced most favourable changes in the area of the quality of life. There was no strong relationship between satisfaction with treatment and clinical improvement, which supports the proposed conceptual model for patient's satisfaction, that satisfaction is influenced by several other factors as well. Our results, similarly to data from other authors, indicate that administration of new atypical antipsychotics in schizophrenia results in greater subjective satisfaction than with conventional drugs. This has a favourable effect on compliance, which might indirectly lead to avoidance of complication and thus to a decrease in costs of treatment.

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EARLY ONSET OF SCHIZOPHRENIA AND EFFICACY OF RISPERIDONE

I. Drtílková. *Clinic of Psychiatry, Masaryk University Brno, Czech Republic*

When compared with studies in adults, the number of studies that have been performed in young patients with schizophrenia is

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