Conclusions: Ziprasidone was as effective as haloperidol, with faster responses during IM treatment in some measures. Ziprasidone was well tolerated, causing significantly lower movement disorder scores.

P02.08

The outpatient treatment with olanzapine of a 24-year-old male patient suffering from acute psychosis

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Schizophrenia is a chronic psychotic mental disorder with progressive damaging course. Therefore, an early successful treatment is of the greatest importance, which is also important for the cost/benefit analysis, because the treatment of schizophrenia lasts for years, sometimes the whole lifetime. This case is important because it points at good therapeutic effects of olanzapine, without undesirable therapeutic effects in a young patient with the picture of first acute psychosis in the outpatient treatment. Before olanzapine was introduced in the therapy the patient's condition was assessed using three scales: PANSS, CGI severity, Simpson-Angus rating scale for EPS. His follow-up continued every two weeks for two more months. The obtained results are in accordance with the earlier studies. On the basis of the presented case it can be concluded that an atypical antipsychotic is the choice therapy in the first psychotic episode of a young patient, because it reduces both positive and negative psychotic symptoms, does not provoke extrapyramidal side effects, its application is rather simple, contributes to a better cooperation of the patient, enables quick reintegration, prevents hospital treatment. Also, historical pessimistic view on supposed static nature of cerebral dysfunction in schizophrenia should be different, with an emphasis on the possibility for a more positive prognosis than before.

P02.09

No weight gain among demented patients after 1 year of risperidone

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Objective: The goal of this study was to examine whether administration of risperidone to elderly demented patients with behavioral disturbances is associated with weight gain as has been reported with most atypical neuroleptics.

Methods: Data are from an international multicenter 12-week double blind trial of 344 elderly (150 males, 194 females) demented patients (median age, 81 years [range 56–96]) given risperidone, haloperidol or placebo and an open label risperidone add on to that study which included 83 of these elderly (28 males, 55 females), demented patients. At endpoint, the mean dose of risperidone was 1.1 mg/day.

Results: In the double-blind trial there was no significant change in weight for the risperidone group and haloperidol groups and a significant decline in weight for the placebo (1.16 kg) group. During the open label 12 month risperidone phase, there was no significant weight change in patients who completed the trial nor in those who did not complete the entire trial. In the 12-month trial, since many patients did not complete this long trial we also examined the correlation between length of time in the trial and weight change, which we found was not significant (r=-.14, p=0.31, n=57).

Conclusions: The results suggest that risperidone treatment is not associated with weight gain among elderly persons with dementia.

P02.10

Ziprasidone's long-term efficacy and tolerability in schizophrenia

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Objective: To evaluate in randomized, double-blind trials the long-term efficacy and tolerability of ziprasidone in schizophrenia.

Methods: A 28-week, flexible-dose study versus haloperidol in 301 outpatients, using PANSS, CGI-S, and MADRS. A one-year trial versus placebo in 278 inpatients, employing PANSS, CGI, and GAF, in which patients with impending relapse were withdrawn.

Results: 28-week study: Both drugs improved all efficacy variables; more patients on ziprasidone were negative symptom responders (48% vs 33%, P<0.05). Ziprasidone was superior in movement disorder assessments. One-year study: Ziprasidone group had a lower probability of impending relapse than the placebo group (P≤0.002). Only 6% of patients on ziprasidone &61619;6 months reached impending relapse, versus 42% of placebo recipients (P=0.001). Ziprasidone directly affected primary negative symptoms (P=0.024). Ziprasidone was indistinguishable from placebo in movement disorders assessments and was not associated with weight gain.

Conclusion: Long-term therapy with ziprasidone maintains positive symptom control, improves negative symptoms, and reduces the risk of relapse, with a low incidence of extrapyramidal effects and weight gain.

P02.11

Ziprasidone vs olanzapine in schizophrenia: a double-blind trial

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Objective: To compare efficacy, tolerability, and safety of ziprasidone and olanzapine in acute inpatients with schizophrenia or schizoaffective disorder.

Methods: 6-week double-blind, multicenter trial of 269 acute inpatients randomly assigned to ziprasidone (40–80 mg BID) or olanzapine (5–15 mg QD). Primary efficacy evaluations included BPRS and CGI-S. Secondary assessments included PANSS. Tolerability and safety measurements included weight, fasting laboratory tests (insulin, glucose, total cholesterol, low-density lipoprotein cholesterol [LDL-C], triglycerides), insulin resistance (IR) index (HOMA IR=[Ins x Glu]/22.5), and treatment-emergent adverse events.

Results: There were no statistically significant differences in BPRS total and core scores, PANSS total scores, or CGI-S (all patients, LOCF) in ziprasidone- and olanzapine-treated patients. Both agents were well tolerated, with movement disorder ratings generally improving with each. Patients receiving olanzapine had significantly greater mean weight gain (P<0.0001) and increases from baseline in fasting insulin (P<0.0001), HOMA IR (log) (P<0.0001), total cholesterol (P<0.0001), triglycerides (P<0.0001), and LDL-C (P<0.0004).

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