

P02.320**SAFETY AND EFFECTIVENESS OF OLANZAPINE VERSUS TYPICAL ANTIPSYCHOTIC DRUGS IN THE TREATMENT OF INPATIENTS WITH SCHIZOPHRENIA (EUROPA STUDY)**

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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**

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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**

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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 cohort 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**

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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 dysregulation develops. Neuroleptics may trigger a malignant catatonic syndrome that in many cases is indistinguishable from lethal catatonia. Neuroleptic 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 hypothesize 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 beginning of the disease and to the sympathetic nervous system activity is paired.

Results: Both cases reported have severe environmental stress in their origin. Both of them coincide also in the progressive instauration of neurovegetative disturbances aggravating the catatoniform stuporous state.

Conclusions: The pathophysiology of malignant catatonia is likewise unknown despite of the multiple etiologies which have been proposed. There is some evidence that a special vulnerability to stress may be an explicative hypothesis.

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DIAGNOSING PSYCHIATRIC COMORBIDITY IN A DRUG-ADDICTION UNIT

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Introduction: The identification of psychiatric comorbidity in substance-abuse patients shows some methodological problems. Several approaches have been used: primary-secondary, organic versus non-organic, and endogenous versus induced distinctions. The use of structured diagnostic instruments has provided an improvement in this field. Nevertheless, most of them have shown some limitations. In the last years a new structured interview (PRISM, Hasin et al, 1996) try to overcome reliability problems in the diagnosis of comorbid psychiatric disorders in substance-abusing samples. The aim of the present study is the use of the Spanish version of the PRISM interview in a sample of drug addiction inpatients.

Subjects and Methods: One hundred and seventy five consecutive in-patients (68% males) with diagnosis of any dependence disorders (DSM-IV) were studied, after written consent, using the PRISM structured interview.

Results: The main current psychoactive use disorders diagnosed found by PRISM were alcohol (20%), benzodiazepine (35.5%), cocaine (57%) and heroin (40%) dependence disorder. The main psychiatric diagnoses found were major depression (10%), affective induced disorder (11.2%), psychotic induced disorder (3.7%) and borderline and antisocial personality disorders (13% and 16%).

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RESIDENTIAL CARE IN ANDALUSIA AND LONDON: A COMPARISON

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In recent years there has been a growing recognition of the need to standardize the assessment of mental health services across Europe, with the ultimate goal of establishing general norms of quality of care.

This collaborative study aims to evaluate the newly developed residential care facilities in Southern Spain, and compare them with the established community network in England.

The Spanish group comprises 77 former long-stay patients, currently living in 18 residential setting in Granada and Seville. The English sample consists of 59 residents, closely matching the characteristics of their counterparts, who live in 14 residential care settings in north London. Data were obtained by schedules commonly used by the Team for the Assessment of Psychiatric Services (TAPS), which were translated into Spanish and tested for reliability.

Various domains are explored, including the profile of residents, the objective measures of the care environments, the cost of services provided and the clients' satisfaction.

The results will be discussed in the context of the cultural and socio-economic differences between the two communities.

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STANDARDISED DESCRIPTION OF PSYCHIATRIC CARE. THE NEED TO PLACE EVERY SERVICE IN ITS SPECIFIC CONTEXT

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In the last two decades, variations in access and utilisation of medical resources have become one of the main issues of debate. The need for a standardised method of comparison and analysis of substantial differences in the provision of psychiatric care to different populations has not been adequately met.

The European Psychiatric Care Assessment Team has addressed this problem by developing an internationally valid technology for assessing scope, structure, levels of utilisation and content of mental health services offered to the population of a specific catchment area.

Every attempt at cross-national comparison of utilisation rates of inpatient or outpatient facilities should be based upon a preliminary assessment of:

- characteristics of the catchment area population (e.g. morbidity, mortality, density, age, gender, marital status, level of unemployment, overcrowding)
- the physical structure of the whole service system, in order to identify different service types and quantify the volume of service provision.
- the extent to which different types of therapeutic activities or modalities (for example, psychological interventions, functional assessment, somatic interventions, etc.) are available in each service module.

This paper will present data from the application of the EPCAT technologies in Italy, in order to identify similarities and discrepancies at these three related levels of analysis of the available psychiatric care.

Rates of utilisation of inpatient beds, commonly used as a relevant measure of resources need, will be compared keeping in mind the characteristics of every specific care network (residential beds, day centres' users, emergency contacts and outpatient users).

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THE INFLUENCE OF THE COMPUTERIZED MANAGEMENT SYSTEM IN THE PHILOSOPHY OF THE DEPARTMENT OF MENTAL HEALTH OF NORTH EAST ITALY

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The use of a computerized system in the management of Department of Mental Health (DMH) represents the changing from a simple technological application to a new philosophical instrument with the aim to reconsider the sense of the daily activity.

From 1990 the Palmanova's DMH has used a structural informatic system and during the last years it has evolved owing to the lack of standard instruments for each service.

The necessity of modifying this instrument is also determined by the difficulty to translate in number and sigles every daily activities, not so easily to code.