Material and methods: In the research we included 30 patients diagnosed by the ICD 10 with Dg. F 20.5. They were from both sexes, randomly chosen, aged 30-60 treated in an out-patient clinic as well as in the Psychiatric clinic, Skopje. The patients were with long-term treatment with conventional neuro-therapy without any significant results. During the research we included the following psychometric instruments: PANSS scale, BPRS and scale to evaluate cognitive functioning. The patients were evaluated in the beginning of the treatment and after 3 month treatment with Olazepine (Zalasta tablets) in dosages of 5-15mg per day.

Results: Expected effects on the part of Olazepine in patients with residual schizophrenia on cognitive, hallucinatory-delusive and behavioral field.

P185

Metabolic risk of atypical antipsychotics: Individualising treatment to improve mental and physical wellness

C.U. Correll [1], L. Hanssens [2]. [1] *Department of Psychiatry Research, The Zucker Hillside Hospital, Glen Oaks, NY, USA* [2] *Bristol-Myers Squibb Company, Braine-l'Alleud, Belgium*

Patients with mental illness show higher rates of obesity and metabolic problems than the general population. There are an increasing number of guidelines regarding physical health in schizophrenia. These include recommendations for metabolic monitoring (weight, waist circumference, blood pressure, blood glucose and lipid levels) and non-metabolic monitoring (cardiac monitoring, prolactin and sexual side-effects, neuromotor side-effects) as well as thresholds for intervention. Metabolic effects are of particular concern as they often go unnoticed and can have serious consequences for overall health. Recent evidence has shown increased understanding and awareness of physical health issues in psychiatry, although much remains to be done concerning implementation into routine psychiatric practice; and effectively managing side effects when they do occur. Weight evaluation should be incorporated in routine clinical evaluations. Monitoring of waist circumference is also a sensitive measure, and combined with fasting blood glucose levels, provides a simple, cost-effective screening for metabolic risk. Treatment strategies should focus on prevention and will involve a combination of continued patient and health staff education, nutritional and exercise interventions, appropriate baseline screening, ongoing monitoring of metabolic risk and consideration to appropriate choice of antipsychotic agent. The ADA Consensus (Diabetes Care 2004;27:596-601) on antipsychotic agents and obesity and diabetes provides useful information on the comparative metabolic effects of atypical antipsychotics that can guide treatment and switching, where necessary. Clear practical recommendations should provide patients with the best chance of treatment success without neglecting physical health issues.

P186

Costs of out-of-area treatment: Patterns in 5 London boroughs

A. Hassiotis [1], C. Parkes [1], B. Fitzgerald [2], R. Romeo [3]. [1] *Camden Learning Disabilities Service, London, United Kingdom* [2] *Enfield Primary Care NHS Trust, Barnet, United Kingdom* [3] *Department of Mental Health Economics, Institute of Psychiatry, London, United Kingdom*

Background: Out of area treatments (OAT) are expensive and contribute to social isolation of individuals with intellectual disabilities and challenging behaviour.

Aims: To identify the needs of those service users who are in OATs with the view of developing a process of assessment and relocation of those service users locally where possible. Finally we aim to reinvest financial flow in each locality to develop high quality services.

Methods: We undertook a scoping project over one year in five London boroughs. We reviewed the existing literature, surveyed mental health and challenging behaviour needs of sample, reviewed current treatment and run focus groups with various stakeholders. We presented a business case

Results: 205 service users were identified costing over £1300 per week. 65.4% were in OATs costing an estimated £403,740 a week across the five boroughs. High expenditure was associated with increased perceived severity of mental illness, complex physical disabilities and presence of autism. Those detained under the Mental Health Act were also in more expensive placements. Private sector placements were used in the majority of cases.

Conclusion: Despite the lack of high level evidence for specialist services for challenging behaviour, a multi-stranded approach with both inpatient spot purchasing, rehabilitation facilities and high quality accommodation with flexible community with variable purchasing patterns and specialist community input could substantially reduce the financial burden.

P187

Experience about therapeutic adherence and clinical remission in patients with severe mental disease in a community mental health center

J.L. Hernandez Fleta, M.E. Terres Ruiz, T. Sanchez-Araña Moreno, A. Salesansky Davidovsky, A. Dominguez Santana, E. Zerek Benitez. *Unidad de Salud Mental de Canalejas, Las Palmas de Gran Canaria, Spain*

Objectives: 1. To analyze different aspects related to patients that could influence on therapeutic adherence to a model of ''Long Acting Injectable Clinic''(LAIC). 2. To evaluate therapeutic adherence.

Methods: Sixty patients treated with long-acting injectable risperidone (RLAI) for the previous 24 months in a community mental health center (CMHC) were retrospectively studied. Data concerning sociodemographic characteristics, diagnosis and time since diagnosis, level of insight, GCI, comorbilities, time since last hospitalization, reasons for treatment change, follow-up at the CMHC and remission criteria (according to Remission in Schizophrenia Working Group) were collected. Descriptive data are shown in the present report.

Results: The most common diagnosis were paranoid (53.3%) and residual schizophrenia (15.9%). The main reason for a change in therapeutic strategy was to improve tolerability (29.3%) and non-compliance with previous treatment (26,8%). Retention rate to treatment with RILD were 72.67%; 27.33% of patients withdrew the treatment, mainly due to lack of response and new symptoms appearance. 74% of patients met remission criteria

Conclusion: Most of the patients continue being treated with RILD, while 27.3% had to withdraw due to severity, treatment resistance or adverse effects. 74% of patients met remission criteria according to Remission in Schizophrenia Working Group.

P188

Experience with out-patients treated with long-acting injectable risperidone

P.M. Holgado Madera, J. Diez Martin, E. Bermudez Vazquez, R. Lopez Mateos. *CSM Carabanchel, 12 de Octubre University Hospital, Madrid, Spain*

https://doi.org/10.1016/j.eurpsy.2007.01.504 Published online by Cambridge University Press

Introduction: Among patients with schizophrenia, rates of non-adherence around 40-50% have been reported. Non-adherence increases risk of relapse and it is the main cause of re-hospitalization.

The aim of this study is to describe a sample of outpatients treated with long-acting injectable risperidone (RLAI), as well as to define the retention rates to the treatment.

Methodology: Outpatients treated with RLAI for some psychotic disorder during 2005 have been included in the study. Age, gender, diagnosis, drug abuse, hospitalizations, previous treatments, coadyuvant treatments, compliance with treatment and reasons for treatment withdrawal have been analyzed. Descriptive data are shown.

Results: Seventy-six out-patients treated with RLAI have been analyzed. 55.3% of them were male, and mean age was 41.33±11.33 years. Main diagnosis were schizophrenia and schizoafective disorder (45 and 10 patients, respectively). More than 40% of patients were taking some drug of abuse. Around 75% of patients had some hospitalization in the previous 5 years, and 10.8% of them were hospitalized in 2005. Almost half of the patients were receiving oral risperidone before the start of treatment with RLAI, and 20% had been receiving depot medication. After one year, 73.7% of patients were still under RLAI treatment. The main reason for treatment withdrawal was the loss of follow-up.

Conclusion: Retention rates in RLAI treatment found in the present study were similar to those previously reported. Hospitalizations seem to be reduced after the start of RLAI treatment.

P189

Mean change in panss positive subscale during hospitalization in patients treated with risperidone

C. Huergo, G. Fernandez. *Psychiatric Hospitalization Unit, Hospital Alvarez Buylla, Mieres, Asturias, Spain*

Objectives: To evalute men change in PANSS positive subscale in patients hospitalized for active psychosis treated with oral risperidone.

Methods: Observational retrospective study conducted at Acuted Unit Care, in 24 patients hospitalized with active psychosis treated with Risperidone. Patients were evaluated basal, 24, 48, 72, and 96 hours, and 7 days after the initial dose of risperidone, and at discharge. Efficacy was assessed using PANSS positive subscale. Dose of risperidone, use of other antipsychotic, benzodiacepines, anticholinergic drugs, and medication previous to hospitalization were recorded.

Results: At 24 hours, PANSS mean score decreased by 17,4% and a reduction of 45,9% was observed at discharge.

During the first 24 hours, the items that showed the largest decrease were Hostility (from 6,4 to 4,3) and Excitement (from 6,2 to 4,3).

Mean dose of risperidone during the first week was 15,1 mgs / 24 hour. No other antipsychotic medication was used. Benzodiacepines were used in 79,2% of patients. Anticholinergic medication was used just in 1 patient. The mean number of days in institutional care was 12,8 days.

Conclusions: High doses of risperidone are able to achieve significant reduction in PANSS positive score whit a minimal incidence of adverse events. These results suggest that oral risperidone is effective and well tolerated in treating acute agitation and active psychosis.

P190

Risk of violence in hooligans using the PFAV scale

L. Jimenez-Trevino [1], M. Navio-Acosta [2], C. Larena [3], L. Villoria [4], P.A. Saiz-Martinez [6], M.P. Garcia-Portilla [6], M.T. Bascaran [6], M. Bousono-Garcia [6], J. Saiz-Ruiz [5], J. Bobes [6]. [1] *Servicio de Psiquiatria, Hospital Universitario Central de Asturias, Oviedo, Spain* [2] *Servicio de Psiquiatria, Hospital Doce de Octubre, Madrid, Spain* [3] *Servicio de Urgencias, Hospital Ramon Y Cajal, Madrid, Spain* [4] *Servicio de Psiquiatria, Hospital General de Ciudad Real, Ciudad Real, Spain* [5] *Area de Psiquiatria, Universidad de Oviedo, Oviedo, Spain* [6] *Servicio de Medicina, Area de Psiquiatria, Universidad de Oviedo, Oviedo, Spain*

Background: Hooliganism has become recognised by governments and the media as a serious problem since the 1960s. Scientists have been offering explanations of football hooliganism mainly from a psychosocial approach.

Aims: The primary objective of this study was to collect measurable data of violence risk in football hooligans.

Methods: We used the Plutchik and van Praag's Past Feelings and Acts of Violence (PFAV) Scale to measure the risk of violent acts in three samples: hooligans from a professional football team, standard football supporters, and a control sample.

Results: We found an increased risk of violent behaviour in all the individuals from the hooligan sample, but not in the standard supporters' sample.

Conclusions: Football hooligans have extremely high risk of committing violent acts. Standard football supporters are not more violent than general population.

P191

The impact of food on absorption of ziprasidone

A. Jina, J. Alderman, J. Miceli, K. Wilner. *Pfizer Inc., New York, NY, USA*

Oral ziprasidone shows increased bioavailability when taken with food. Here we describe 2 pharmacokinetic studies to quantify the impact of food on ziprasidone absorption. The first, an open-label, 6-way crossover study, investigated ziprasidone absorption in 8 healthy males. Subjects received oral ziprasidone (20, 40, and 80 mg) after an 8-hour fast or immediately following an FDA standard meal (60% fat). The second, an open-label, randomized, 3-way crossover study, explored the impact of dietary fat on ziprasidone absorption in 14 healthy subjects. Subjects received ziprasidone (40 mg) under 3 conditions: fasting, with an FDA standard meal (60% fat), and with a 30%-fat meal. In the first study, AUC was greater in fed than fasting states at each dose (20 mg, +48%; 40 mg, +87%; 80 mg, +101%). Increases in AUC and Cmax with dose were only linear in the fed state. In the second study, decreasing the fat content had a modest impact on ziprasidone absorption. AUC increased by 100% (60%-fat meal) and 80% (30%-fat meal) relative to the fasting state. These increases can be attributed to enhanced ziprasidone solubilization, leading to greater intestinal absorption. Less pharmacokinetic variability was observed in the fed state, suggesting more consistent absorption of ziprasidone when taken with food. These results demonstrate that administration of ziprasidone with food is crucial to ensure optimal absorption and necessary for linear pharmacokinetics. Food will also provide greater consistency in daily systemic exposure to ziprasidone and, thus, better symptom control and tolerability.

P192

Psychiatric disorders in homeless Iranian adolescent girls

S. Karami, M.R. Eskandari. *Department of Psychiatry, Zanjan University of Medical Sciences, Beheshti Hospital, Zanjan, Iran*

https://doi.org/10.1016/j.eurpsy.2007.01.504 Published online by Cambridge University Press