P025

Insight as a predicting factor in the early phases of schizophrenia (Eiffel project)

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Introduction and Aim: Insight in schizophrenia shows critical implications for adherence. Non-adherence is particularly relevant in first-episode patients. Few studies have examined insight in early schizophrenia. The aim of this study is to examine relationship between insight, adherence and outcome in patients with early schizophrenia.

Methods: Observational study in patients diagnosed for schizophrenia, schizophreniform, or schizoaffective disorder for less than 5 years. Data are collected retrospectively from first psychotic episode to study start, and prospectively (1 year). Association of demographic data, clinical measures, remission, relapses, and adherence with level of insight (Scale to Assess Unawareness of Mental Disorder and G12 item of PANSS) was evaluated. Adherence was assessed interviewing patients and family. Remission was defined according to Remission in Schizophrenia Working Group criteria. Preliminary data are shown.

Results: 575 patients have been analyzed. Duration of illness was 3.9±1.6 years. According to G12 item of PANSS, almost 50% of patients had moderate to extreme impairment in baseline insight, while this percentage was 15.8% at 12 mo. (N=291). At baseline, 50% of patients showed good adherence to medication (>80%), and adherence rose to 78% at 12 mo. (N=291). Remission (severity criteria) significantly increased from baseline (23.9%, N=574) to 12 mo. (59.5%, N=291; $p<0.0001$). A significant relationship between insight and remission at baseline ($p<0.001$) was found. Among patients who reached 12 mo. visit (N=289), hospitalization was more frequent in those with poor baseline insight.

Conclusions: Lack of insight is common in early schizophrenia and may be a relevant predictor of poor outcome.

P026

Therapeutic adherence and treatment strategies: Registry in mental disease (Adhere study)

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Introduction and aim: Non-compliance is very common among patients with mental disorders, especially in schizophrenia. Non-compliance increases risk of relapse, hospitalizations, and suicide attempts, which worsens outcome. The aim of this study is to evaluate adherence to a new-onset therapeutic strategy in patients with schizophrenia, and the methods used to evaluate it. Differences between schizophrenia and other mental disorders will be assessed.

Methodology: Epidemiological study in outpatients diagnosed for schizophrenia, bipolar disorder, depression or personality disorder in which a new therapeutic approach was started (pharmacological or non pharmacological). Retrospective information from the previous three months (sociodemographic and clinical characteristics, treatments, adherence) and prospective data (adherence) for the three months after new therapy start were collected.

Results: Preliminary results from 975 patients with schizophrenia are presented. In 83% of patients with schizophrenia, adherence to pharmacological treatment was assessed through questions to the patient or some relative (caregiver o no direct caregiver), while in 10.5%, 12.6%, 17.3% and 23.7% it was assessed through MARS and DAI scales, MEMS, tablets account, and injections delivery. When patient was asked about his compliance with pharmacological treatment, 48% stated optimal compliance (>80% of doses prescribed), while this percentage is reduced to 44%, 38.5% and 35% when more objective methods were used (tablets account, MARS scale or MEMS, respectively). Compliance rose to 80% in patients treated with long-acting injectable antipsychotics.

Conclusion: Less of 50% of patients with schizophrenia show optimal compliance to oral pharmacological treatment, while this rate is 80% among those treated with long-acting injectable antipsychotics.

P027

Olanzapine-induced metabolic side effects, switching from olanzapine to ziprasidone: A pilot study

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Background: Many outpatients with schizophrenia experience severe metabolic side effects such as metabolic syndrome that occurs frequently in the treatment with some atypical antipsychotics that especially with clozapine and olanzapine.

Objective: To determine whether antipsychotic-associated metabolic abnormalities identified through intensive monitoring can be changed by switching from olanzapine medication to ziprasidone in patients with schizophrenia.

Method: Stable outpatients with metabolic side effects on olanzapine (n=20) therapy were switched to a flexible-dose trial of ziprasidone (40-160 mg/day) in this 13-week naturalistic study. All patients underwent an extensive metabolic evaluation at baseline, at 6 weeks, and at 13 weeks post switch. Metabolic abnormalities included the following medical complications: new onset diabetes impaired fasting glucose, impaired glucose tolerance, metabolic syndrome according to various definitions, and dyslipidemia. After 13 weeks of treatment with ziprasidone (mean daily dose 136.4 mg), there was a significant decrease in body weight, body mass index, and waist circumference. There was a significant reduction in fasting glucose, fasting insulin, and serum lipids levels (cholesterol, triglycerides, low-density lipoprotein (LDL), LDL/HDL, Chol/HDL, and non-HDL cholesterol). The metabolic syndrome was reversed in 70% of patients at 3 months.

Conclusion: Switching stable outpatients with schizophrenia from olanzapine to ziprasidone was generally well tolerated and was associated with improvements at 13 weeks. Results support the reversibility of olanzapine-induced metabolic abnormalities when detected early and followed by a switch to ziprasidone.

P028

Ariprazole in acute schizophrenics

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Introduction: Schizophrenia requires new antipsychotic that can relieve suffering and improve the prognosis of schizophrenic patients.

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