

Methods: Retrospective study of prescription charts of 14 patients representing the most recent who have been prescribed clozapine as in-patients. Data would be compared against the titration doses recommended by the British National Formulary and by the manufacturers (Novartis).

Results: 5/14 patients were admitted solely for clozapine initiation. 1/14 did not tolerate it after 5 days. 2/14 patients were re-started clozapine following a period of discontinuation and their discharge dose was achieved faster than initial titration as recommended. 9/14 patients' titration was slower than recommended by the guidelines with a minimum difference of 113 days if using the slower recommended titration or a maximum of 208 days if using the faster one. None of the patients' titration appeared to be slowed down due to the presence of emerging side-effects.

Conclusions: Prescribing practice appears to lengthen hospital admissions due to delays in changing doses. This was less relevant for patients admitted exclusively for clozapine initiation. The development of a policy for community initiation and the development of a pre-printed up-titration chart for clozapine are potential solutions to minimise bed occupancy therefore improving both patients' experiences and bed management.

P0252

Similar subjective response and adherence rates for long-acting risperidone and conventional depots

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Background and Aims: Amongst oral antipsychotics, tolerance and adherence are thought to be higher with atypicals versus conventional agents. Fewer data exist for parenteral antipsychotics regarding the atypical–conventional comparison.

Aim: to compare adherence rates and subjective response between long-acting risperidone (LAR) and conventional depots.

Methods: Cross-sectional, naturalistic, one-site study of all outpatients with severe mental disorders treated with injectable antipsychotics over a 12-month period at one Spanish mental health unit. Different sets of broadly- and narrowly-defined criteria for adherence were calculated from mental health nurses registry data. Patients' subjective response was self-assessed with the Subjective Well-being under Neuroleptic treatment (SWN) and the Drug Attitude Inventory (DAI-10).

Results: Subjects treated with LAR (n=27) and conventional depots (n=22) were similar in clinical and demographic terms. Both groups reported mostly positive subjective responses with the SWN (LAR=71.8+18.4 vs depots=81.7+15.3) and the DAI-10 (LAR=3.0+4.8 vs depots=4.0+4.5), with non-significant differences. Regardless the criteria of adherence used, rates of non-adherent subjects were also comparable, ranging from 36% (narrowly-defined) to 82% (broadly-defined). Although mean telephone prompts were higher for the LAR group (p=0.002), this difference disappeared when interval of administration (14 vs 28 days) was taken into account (ANCOVA: F=0.76; p=0.4).

Conclusions: In this small study, atypicality would not influence attitudes or subjective response to parenteral antipsychotics. Furthermore, the two-fold administration frequency of long-acting risperidone compared to depots does not seem to lead to higher rates of non-compliance amongst outpatients with severe mental disorders.

P0253

Risk factors for partial adherence to parenteral antipsychotics in outpatients with severe mental disorders

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Background and Aims: Effectiveness of parenteral antipsychotics (PAP) to prevent relapses in persons with severe mental disorders (SMD) is limited by adherence. However, data about potential risk factors for non- or partial compliance with PAP are relatively scarce and inconsistent.

Aim: to determine variables associated with partial compliance in a naturalistic one-site study.

Methods: The sample comprised all outpatients with SMD treated with PAP over a 12-month period at one mental health unit in Spain. Different sets of broadly- and narrowly-defined criteria for adherence were calculated from mental health nurses registry data. Retrospective chart review yielded sociodemographic (age, gender, educational level, civil and vocational status) and clinical (ICD-10 diagnosis, age of onset, illness duration, number of admissions, past/current substance abuse disorders, and community treatment order) variables.

Results: Forty-nine patients were identified; most were single (83%), received a government pension (73%) and lived with their family (67%). When the strictest criteria for adherence were used, illness duration was positively associated with a > 4 day-delay in PAP injection (r=0.36; p=0.01). Furthermore, patients under community treatment orders ($\chi^2=7.5$; p=0.006) and those with past substance abuse ($\chi^2=8.9$; p=0.003) showed higher rates of non-compliance. This latter variable was the only predictor of non-compliance (exp. $\beta=0.15$; IC 95%=0.04–0.6; p=0.007) and correctly classified 80% of the sample ($\chi^2=8.3$; R²=0.23; p=0.004).

Conclusions: Confirming previous results, substance abuse may lead to a poorer compliance with parenteral antipsychotics. Conversely, demographic variables would play a less relevant role in adherence to PAP.

P0254

Prediction of response in 160 patients with schizophrenia, schizoaffective and bipolar disorder after olanzapine or risperidone treatment

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Background: There is extensive evidence that clozapine and olanzapine produce the largest increase in weight or BMI among the atypical antipsychotic drugs. There is also considerable, if controversial