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Background and aims: Deficits in executive functioning in schizophrenia spectrum psychosis have been repeatedly reported. However, their relationship to the duration of disease and its psychopathology remains unclear. The purpose of this study was to compare executive functioning between first episode and chronic psychotic patients. The aim was also to investigate whether positive or negative psychotic symptoms are differentially related to executive functioning. The Stroop Color Word Test (SCWT) was chosen for this purpose, as a representative task of executive function, evaluating shifting ability, concentration and selective attention.

Methods: 24 patients with one (n=8) or more (n=16) psychotic episodes and 30 sex and age-matched controls were assessed using the SCWT. Patients were also evaluated with the Positive and Negative Syndrome Scale (PANSS).

Results: Patients with one psychotic episode showed significantly higher speed in all subtasks of SCWT compared to patients with more psychotic episodes, but no significant difference in the accuracy between these two groups was proved. Psychotic patients performed worse -in term of accuracy and speed- in SCWT compared to controls. Accuracy but not speed showed correlation with both Positive and Negative symptom dimensions, as well as with the severity of psychopathology (total PANSS).

Conclusion: Deficits in executive functioning in schizophrenia spectrum psychosis, as they are assessed by SCWT, seem to be associated with the duration of the disease and the severity of both negative and positive psychopathology.

P097

The efficacy and safety of clozapine therapy for the community-based management of psychotic disorders

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Background and aims: Clozapine is the established antipsychotic for patients refractive to, or intolerant to, other antipsychotics. Despite its unfavorable safety profile requiring continued clinical and haematological monitoring, clozapine is tolerated relatively well due to the low risk of associated extrapyramidal effects. Our objective was to assess the safety and efficacy associated with the initiation and continued monitoring of clozapine therapy for the treatment of psychotic disorders in the community.

Methods: A retrospective single-centre study of patients on clozapine therapy (n=45) for the treatment of psychotic disorders managed within the community between 01/07/05 and 30/06/06. Parameters evaluated included pre-therapy clinical/laboratory evaluation, pre-clozapine antipsychotic medication history, clozapine treatment dosage and duration, initial/late adverse effects, reasons for treatment cessation and psychiatric readmission rate.

Results: The mean age of our patient cohort was 42.2 years. There was a male predominance with a male:female ratio of 2.5:1. Patients were treated with an average of 3.5 different antipsychotic regimens prior to clozapine commencement. 97.8% of patients commenced clozapine due to treatment resistance. The most common early side-effect was sinus tachycardia (24.4%) followed by hypersalivation (15.6%), whilst weight gain (8.9%) was the most common late onset side-effect. There was 2.2% psychiatric admission rate on clozapine therapy and was due to treatment non-compliance.

Conclusion: Clozapine is a very effective atypical antipsychotic for managing patients refractive to, or intolerant to, other antipsychotics. Despite its impressive clinical efficacy, clozapine has a significant side-effect profile warranting continued patient vigilance and greater research on its short- and long-term safety.

P098

Transition rates from schizotypal disorder to psychotic disorder for first-contact patients included in the opus trial. A randomized clinical trial of integrated treatment and standard treatment

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Background: Only a few randomized clinical trials have tested the effect on transition rates of intervention programs for patients with sub-threshold psychosis-like symptoms.

Aim: To examine whether integrated treatment reduced transition to psychosis for first-contact patients diagnosed with schizotypal disorder.

Methods: Seventy-nine patients were randomized to integrated treatment or standard treatment. Survival analysis with multivariate Cox-regression was used to identify factors determinant for transition to psychotic disorder.

Results: In the multivariate model, male gender increased risk for transition to psychotic disorder (relative risk = 4.47, (confidence interval 1.30-15.33)), while integrated treatment reduced the risk (relative risk = 0.36 (confidence interval 0.16-0.85)). At two-year follow-up, the proportion diagnosed with a psychotic disorder was 25.0 percent for patients randomized to integrated treatment compared to 48.3 percent for patients randomized to standard treatment.

Conclusion: Integrated treatment postponed or inhibited onset of psychosis in significantly more cases than standard treatment.

P099

Executive dysfunction and insight in schizophrenic patients

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Objectives: There are many studies reporting poor insight in schizophrenic patients. Other studies demonstrated deficits in executive functions in these same patients.

The results of empirical studies that try to establish the relationship between levels of insight and various clinical and neuropsychological variables are not consistent.

The aim of this study was to establish the relationship between the executive functions, as defined by the Behavioral Assessment of Dysexecutive Syndrome (BADS- N. Alderman, 1996) and the level of insight, evaluated by Assessment of Insight in Psychosis scale (I. Marková, 2002). We also tried to correlate some clinical variables (age, gender, age of onset, schoolarity, type of pharmacotherapy, severity of psychopathology) with the level of insight and executive dysfunction.

Population and Methods: we studied 50 schizophrenic outpatients of the Psychiatry Department of our Hospital, whose age ranged between 16 and 60 years, and who had stabilized disease. Informed Consent was obtained from all participants.

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We evaluated patients trough the following sequence: clinical interview in order to obtain clinical and social variables; Mini Mental State Examination (MMSE – M. Folstein,1975); Positive and Negative Syndrome Scale (PANSS - Kay SR, 1987),Assessment of Insight in Psychosis Scale (I. Marková, 2002) and Behavioral Assessment of Dysexecutive Syndrome (BADS- N. Alderman, 1996).

Results and Conclusions: The study is now under statistically evaluation.

P100

Number needed to treat (NNT) for all-cause medication discontinuation in catie compared to the schizophrenia outpatients health outcomes (SOHO) study

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Objective: To compare CATIE, a randomized double blind study, and SOHO, a 3-year prospective non-randomized observational European study of outpatients with schizophrenia, on the Number Needed to Treat (NNT) for all-cause medication discontinuation. NNTs place data into a clinically meaningful context - the number of patients needed to be treated with one antipsychotic instead of another to prevent one negative outcome, defined here as one additional medication discontinuation for any cause.

Method: Rate of medication discontinuation for any cause during the 18 months post initiation was calculated for patients newly initiated on olanzapine (N=4247), risperidone (N=1549), quetiapine (N=583), amisulpride (N=256), clozapine (N=274), oral typicals (N=471) or depot typicals (N=348). Cox models were employed to adjust for treatment group differences at baseline. NNTs with their 95% confidence intervals were calculated and compared with published NNTs for CATIE (Phase 1).

Results: The NNTs for all-cause discontinuation of olanzapine vs. each studied atypical antipsychotic during the 18 month following medication initiation in SOHO were comparable to CATIE: 4.3(95% CI: 3.6–5.3) for olanzapine vs. quetiapine (5.5 in CATIE); 16.1(11.0–28.1) for olanzapine vs. risperidone (10.1 in CATIE); 6.9(5.2–10.1) for olanzapine vs. oral typicals (9.0 in CATIE for olanzapine vs. perphenazine).

Conclusions: The NNTs for all-cause medication discontinuation based on CATIE appeared comparable to NNTs based on SOHO. The NNTs for olanzapine therapy were consistently better when compared to each studied atypical antipsychotic (except clozapine) and when compared to typical antipsychotics. Results should be interpreted conservatively, due to the observational design of SOHO.

P101

Aripiprazole in child and adolescent psychiatric disorders: Safety, tolerability, and pharmacokinetics

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Introduction: The primary objective of this FDA-requested study was to examine the tolerability, safety, and pharmacokinetics (PK) of 20, 25, and 30 mg/day of aripiprazole in children and adolescents, ages 10-17.

Methods: 21 patients were enrolled in this open-label, sequential cohort trial that employed a forced escalation paradigm. A 2 mg starting dose was increased to 5, 10, 15, 20, 25, or 30 mg (depending on the final dose) in 2-day, stepwise intervals. After this initial dose-escalation phase, subjects were maintained at their target dose for an additional 14 days. Study medication was given once daily. Preferential enrollment was given to patients with schizophrenia or bipolar illness. Blood samples were collected for aripiprazole concentrations.

Results: Using the described dose-escalation schedule, all 3 dose levels were well tolerated, in general. One subject discontinued treatment due to acute, moderate dystonia. Other adverse events were in the mild/moderate range and were transient in nature. Aripiprazole pharmacokinetics are linear across doses and similar to that observed in adult patients.

Conclusions:

- Doses of 20, 25 and 30 mg/day (following titration from a starting dose of 2 mg) are generally well tolerated in children and adolescents without regard to gender or psychiatric diagnosis.
- Aripiprazole pharmacokinetics are linear in child and adolescent patients.

P102

The "C.A.P. 13": A new clinical assesment of psychosis

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Measuring slow and little changes in schizophrenia is not easy. Authors have censed criterias of improvement in psychiatry, psycho-dynamic literature, and communautary mental health programs for severe mentally ill people. After being clasified following psycho-dynamic point of view, 24 items are defined, covering all the fields of clinical expresion of chronic psychotic states. Most of items have three levels of intensity, following a nearly quantitative manner. More than 100 patients were quotated by several clinicians. Statistic study show a good sensibility to usual changes obtained by five-years periods of treatment. Usually only 4 items among 25 change in five years. That explains under-estimation of improvement among psychotic chronic patients receiving long-term complex comunautary, psychotherapic and psychopharmacologic treatments. Reliability of quotation is tested by measuring Kappas, and appears rather good. Multi-dimensional analysis give an eight-dimensions model of description of schizophrenic chronic states. This confirms need of more complex models to describe slow and little changes in chronic states than to show improvement of acute psychosis. Authors compare their first clasification following psycho-pathological hypothesis of improvement criterias, the groups of criterias that change together with time, and the stucture by criterias of the eight axes.

Training for use appears rather easy for psychiatric teams because each three levels of the 25 items is generally defined by many features. Using this methodic description of chronic states help to perceive the homeostatic and balanced aspects of the clinic stability. So chronic states can be thinked otherwise than immobility.

P103

Long-term effect of olanzapine on caudate volume in schizophrenic patients

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