

Obesity mostly affected patients treated with atypicals in comparison to conventional antipsychotics (20% vs. 15%). The EAS total score was 46 ± 20 with lower sub-scores in following domains: money earning, management of belongings, social and private relationships. Mean CGI-S score was 4.7 ± 1.0 and IAQ total score was 22 ± 4 . 26% of the patients participated in a psychosocial rehabilitation program for 3 to 4 years.

Conclusions: While improving social functioning has clearly become key in the treatment of schizophrenia, only 26% of the patients were involved in an adequate rehabilitation program and 25% had a conventional antipsychotic.

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Frequency of sexual dysfunction in patients with schizophrenia

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Background: The sexuality of schizophrenics is a neglected dimension. The majority of schizophrenics experience a progressive deterioration in their social and sociosexual functioning. This deterioration often starts before the first psychotic episode and would be one of the negative symptoms of schizophrenia. All type of antipsychotics can lead to sexual dysfunctions. Impaired sexual functioning is believed to negatively impact treatment compliance as well as the quality of life.

Aims: The frequency of sexual dysfunctions in patients taking classic antipsychotics is not known. This study attends to ascertain the level of sexual dysfunction in such patients.

Methods: The level of sexual dysfunction was assessed in 41 patients taking classic antipsychotic medication and 28 normal controls. All the participants were physically healthy. We examined the following complaints or symptoms loss of libido, anorgasmia, impotence, premature ejaculation, galactorrhea, gynecomastia for males; amenorrhea, dysmenorrhea, dyspareunia, galactorrhea, loss of libido and anorgasmia for females.

Results: There were a significantly higher proportion of persons with sexual dysfunctions in the schizophrenic group compared with the normal controls. There were no significant differences in the demographic characteristics (age and gender) between the 2 groups. Male patient had normal levels of libido but were highly likely to report erectile and ejaculatory dysfunctions.

Conclusion: Patient taking conventional antipsychotic medication report high levels of sexual dysfunction. The high level of sexual dysfunctions indicated that clinicians should monitor and openly discuss these issues with patients in order to improve overall satisfaction and adherence to treatment.

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Incidence and severity of tardive dyskinesia in patients receiving aripiprazole or haloperidol for the treatment of schizophrenia or schizoaffective disorder

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Background and aims: Clinical trials suggest that patients receiving atypical antipsychotics are less likely to develop movement disorders than those receiving conventional antipsychotics. We determined incidence of treatment-emergent TD during long-term treatment of schizophrenia or schizoaffective disorder with aripiprazole or haloperidol.

Methods: In a post hoc analysis of pooled data collected from two 52-week double-blind trials involving 1,294 patients treated either with aripiprazole 20-30mg/d (n=861) or haloperidol 5-10mg/d (n=433), treatment-emergent TD was identified based on Research Diagnostic Criteria (RDC) extracted from the Abnormal Involuntary Movement Scale (AIMS) (Schooler-Kane criteria).

Results: In patients without baseline TD (n=1,177), the rate of new-onset TD at any time point following randomization was 5.09% for aripiprazole-treated patients and 11.76% for haloperidol-treated patients (p<0.0001). Using a stricter definition of RDC-defined TD on the last two study visits, new-onset TD was seen in 0.25% of aripiprazole-treated patients versus 4.09% of haloperidol-treated patients (p<0.0001), and was mild in 100% of aripiprazole-treated patients, and mild in 68.75% and moderate or severe in 31.25% of haloperidol-treated patients. Mean baseline to endpoint increase in AIMS score was significantly greater in haloperidol- versus aripiprazole-treated patients in both LOCF (n=1177, p=0.0001) and OC (n=427, p<0.0001) analyses.

Conclusions: Aripiprazole is associated with a significantly reduced risk of new-onset tardive dyskinesia compared with haloperidol in patients with schizophrenia or schizoaffective disorder treated for up to 52 weeks. Aripiprazole's dopamine D2 partial agonist and/or serotonin 5HT2A antagonist receptor binding profile may contribute to this.

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Prevalence of the metabolic syndrome among schizophrenic patients

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Introduction: The schizophrenic patients have a standardized mortality rate greater than expected for the rest of the population. The metabolic syndrome has high prevalence among them, that prevalence of the metabolic syndrome in schizophrenic patients and the sociodemographic, antropometric, clinical, and psychopharmacological variables which are related to it. We aimed to know the coronary risk and its relation with the metabolic syndrome.

Method: Cross-sectional study. We include 136 patients, between 18 and 65 years old, admitted throughout the year 2004 in the Hospital Universitario de Gran Canaria Dr. Negrín with a schizophrenic diagnose and more than two years of evolution, validated through the SCID-I. Metabolic syndrome and coronary risk were defined according to the criteria of the NCEP-ATP III.

Results: The prevalence of the metabolic syndrome was 36% (95% CI = 29.4 - 45.59). It is outstanding the high prevalence of abdominal obesity (78.7%) in women. We can't find any relation between the metabolic syndrome and the different studied variables. The coronary risk in the next 10 years is moderate in 52.3% and high in 2.9% of the cases. The increase in the risk associates with suffering the metabolic syndrome and taking antipsychotics.

Conclusion: The metabolic syndrome is highly prevalent in schizophrenic patients and, therefore, the prevention, diagnosis and