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Background and aims: To determine whether depot patients on typical antipsychotics may benefit from a treatment switch.

Methods: Outpatients with a reported diagnosis of schizophrenia attending a depot clinic in Dewsbury, UK, were given full psychiatric and physical reviews. Recommendation of patients' future treatment was based on findings. Treatment switches were made three months after baseline assessments.

Results: Of 111 patients considered for review, 108 (63 men/45 women) were assessed; 94.4% had a diagnosis of schizophrenia. Before review, 98% received typical antipsychotic depot preparations and 2% the long-acting atypical antipsychotic, Risperdal Consta. Nearly two-thirds (63.0%) received flupentixol decanoate. Following review, 74.1% patients received long-acting injectable medication, 24.1% oral medication and two patients discontinued treatment. Of those on long-acting injectable antipsychotics, 85.0% received typical depots; 15.0% Risperdal Consta. Most (92.3%) oral medications were atypical antipsychotics. Nearly two-thirds of patients (62.0%) continued on the same medication. On review, hyperprolactinaemia was found in 28 (25.9%) patients, particularly women; treatment was changed for 17 patients, mainly to Risperdal Consta. Eleven (10.2%) patients had glucose abnormalities; treatment was changed for three to risperidone preparations. 41.7% patients had other biochemical abnormalities, mainly liver function tests and dyslipidaemia. Nearly 40% were hypertensive and around one-quarter had electrocardiogram abnormalities.

Conclusions: Data suggest that depot patients on typical antipsychotics may benefit from medication review to consider use of atypicals and other newer classes of antipsychotics, and that health monitoring of these patients may be prudent.

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Long-acting risperidone improves negative symptoms in stable psychotic patients

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Objective: To evaluate the efficacy of risperidone long-acting injectable (RLAI) for reducing negative symptoms of schizophrenia in patients with predominantly negative symptoms at baseline.

Methods: This subanalysis on data from the 6-month, open-label Switch to Risperidone Microspheres (StoRMi) trial included patients with Positive and Negative Syndrome Scale (PANSS) negative subscale score $>= 21$, which was higher than their PANSS positive subscale score. Improvement in negative symptoms was assessed on the PANSS negative subscale and the negative factor score based on [1]. Additional outcome variables included measures in general functioning, quality of life, and patient satisfaction.

Results: A total of 842 patients were eligible for inclusion in this subanalysis. Six months of treatment were completed by 631 (74.9%) patients. 43 (5.1%) patients discontinued treatment due to an adverse event. Negative symptoms were significantly reduced by 6.1 +/- 6.3 points for the PANSS negative score and 6.1 +/- 6.4 points for the negative factor score1, (P<0.0001 for both). Significant improvements were also noted for total PANSS and other PANSS subscale scores, general functioning, quality of life, and patient satisfaction (P<0.0001). The most common treatment-emergent adverse events (>5%): anxiety (6.8% of patients), exacerbation of disease (6.2%), and insomnia (5.7%). Overall RLAI was well tolerated and associated with significant reductions in movement disorder severity.

Conclusion: RLAI treatment resulted in significant improvement in negative symptom severity and was well tolerated in patients with predominantly negative symptoms, who switched from a stable antipsychotic regimen.

Reference

[1] Marder, et al., J Clin Psychiatry 1997;58:538.

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Patients attending a psychiatric emergency service: What do they really want?

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Background: Mental health-related visits to emergency departments are growing. Research on the decision making process in psychiatric emergency services (PES) has focused on the severity of symptoms and dangerousness as predictors of admission or discharge. Patient requests have been understudied in this predominantly medical approach.

Objectives: The main objective of this study was a standardized evaluation of patient requests in PES.

Methods: The 'Hulpvragenlijst' (HVL), a 61-item self-rating questionnaire was administered to 102 consecutive patients attending the PES of a general hospital. The HVL assesses 7 different components of patient requests: psychological, relational, problem-oriented, medical, information-oriented, and psychiatric. Exclusion criteria were disturbed consciousness and severe psychomotor agitation.

Data processing following the rules of HVL aggregation was performed. Ridit analysis was further used for refined data aggregation. This is a method for comparing ordinal-scale responses. Patient requests were looked at in different subgroups (according to diagnosis and disposition).

Results: Data processing following the rules of HVL aggregation showed that the main request of patients was information-oriented, less relational or medical. Ridit analysis showed a more refined pattern of requests in different diagnostic and dispositional categories: each category characterized by a distinct profile of requests.

Conclusions: Patient requests, besides the severity of symptoms and dangerousness, are a supplemental view on the needs of patients attending PES. These different components should be entered into a ''negotiation'' that ultimately results in a treatment decision. If confirmed in other studies these data could be used for the future development of PES service delivery.

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Trp64Arg beta3 adrenergic polymorphism in antipsychotic-induced weight gain and obesity: A meta-analysis

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Background and aims: Schizophrenics differ in their outcome mainly because different response and side effects to treatment, and clinicians do not have good instruments to choose the best antipsychotic (AP) for each individual. Weight gain is a frequently observed side effect with many AP treatments and seems to be underreported and under-recognized in many patients.

Methods: The potential effect of the Trp64Arg variant in beta3 adrenergic receptor gene on weight gain and obesity was investigated applying meta-analytic techniques, combining all published data while restricting our analysis to studies investigating the Trp64Arg in antipsychotic-induced weight gain and obesity. We also investigated whether ancestry (Caucasian versus African-American) and clinical factors moderated any association.

Results: We found no evidence for association of the Arg64 allele with weight gain and obesity (z= 0.49 p = 0.626) but without significant between studies heterogeneity (chi-squared = 0.17 (d.f. = 1) p = 0.678).

Conclusions: Our meta-analysis does not provide support for the association of Trp64Arg in weight gain but indicates that firmly establishing the role of pharmacogenetics in clinical psychiatry requires much larger sample sizes that have been hitherto reported. On the other hand, the number of the studies employing psychotic patients is too small compared to the number of studies that have investigated this polymorphism in obesity.

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Weight gain in patients with risperidone injection

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Introduction: It is well known the difficulties found in making most psychotic patients follow a long-lasting oral treatment.To overcome this problem, injected drugs were developed over the last decades. One of the main side effects of these drugs is weight gain. To asess its importance in the newest long −acting injection of risperidone, a retrospective study was developed.

Material and methods: Clinical records of 61 patients with injected risperidone were reviewed, obtaining data about pre-treatment weight and weight after a year of bimensual injections. Patients with eating disorders or organic pathology were excluded. Other variables were recorded: doses, other injected treatments in the previous year and the weight gain, and coadyuvant oral treatment of neuroleptics during the studied period.

Results: No statistically significant weight differences were found during the first year of treatment (p>0.05). When considering doses, or patients with coadyuvant therapy of low-dose neuroleptics, no difference was found either (p>0.05).

23 of these patients followed another long-lasting injected treatment for at least a year before sweeping to risperidone. A bigger weight gain was was found in that previous period of time than in the following year with risperidone (p=0.037).

Discussion: Compliance to treatment is one of the keys to success in schyzophrenia management. Side effects may hazard this compliance: injected long-lasting risperidone seems to minimize weight gain in these patients, compared to previous injected drugs, making it easier to follow these prolonged treatments.

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Psychiatry and culture: A journey througout mental disorders and its socio-cultural context

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Background and aims: Psychiatric disorders are considered to be universal, being found in all types of societies, from small nomadic groups to large complex civilizations. We can understand Cultural Psychiatry as a perspective that looks for comprehension of psychiatric disorders from the viewpoint of systems of meanings and values prevalent in a society. It went through great developments in the last 20-30 years, becoming extremely relevant in modern societies due to progressive cultural heterogeneity and migrations, which is the case of Portugal.

Methods: The authors undertake a revision of this topic in the literature

Results: In a global picture Mental Disorders tend to be more prevalent in geographical contexts of poverty and that amazingly rich specificities are found throughout all psychiatric conditions, including suicidal behaviour, psychotic disorders, affective and anxiety related disorders, among many others, in what concerns ethnic and religious variability within countries, urban/rural environment and social status. It is now accepted that individuals with different ethnic and ancestral backgrounds might differ significantly in their biological inheritance, including pharmacological responses with its implications in therapeutic range and adverse effects.

Conclusions: It is imperative to take into account all these aspects in every society in order to adequately assess and treat psychiatric patients and ultimately achieve the real meaning of Modern Psychiatry.

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Psychopharmacologic evaluation in a group of psychotic patients

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Objetive: With this work we pretended to detect, to analyse and to investigate the prevalence of the non-compliance psychopharmacological through self-information in 64 ambulatory psychotic patients who come along to revision in a mental health.

For it we have revisioned the psichofarmalogical groups and the diagnostics of the non-adherence patients and the adduce reasons putting in relationship with differents variables sociodemographics and clinics, through a transverse and descriptive study.

Method: We have used the direct question to the patient about pharmacologic compliance and scale of socio demographic variables, and other clinical variables like solicitor, remittent, type of demand, personal and familiar psychiatric background, diagnosis CIE-10, number of drugs and incorrect dosage causes.

We have also applied central tendency and dispersion measures to the quantitative variables establishing comparisons and degrees of correlation. The qualitative variables have been subjected to basic statistic tests, with frequency tables, determination and comparison of percentages and use of Chi-square. It has been accepted a significant level of 5% considering the void hypothesis if p>0.05.