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Integrative index of quality of life and its possibilities in diagnosis and therapy of patients with schizophrenia

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Objects of the investigations were 49 patients with chronic paranoid schizophrenia (average age was 39,4; 31 male and 18 female patients; duration of the disease was 12±4,1 years). 32 healthy persons were examined as a control group.

In the complex of methods of the study the clinico-pathopsychological method, PANSS and MADRS scales, Integrative Index of Quality of Life (IIQL) (J. Mezzich et al., 1999) were used. A peculiarity of our methodical approach was IIQL not only from patient's positions but also from positions of his/her relatives and physicians, thus during course of the study a triple assessment was being performed.

Results of the study demonstrated that the IIQL in patients with paranoid schizophrenia was lower significantly as compared with healthy persons (3,1±0,7;  $p < 0,05$ ). The lowest indexes were for scales of physical well-being, ability to work, personal interactions, social and professional support. For scales of psychological well-being, personal and spiritual self-realization it was pointed out a significant dissociation between rates of patients, relatives and physicians, as relatives and physicians made lower rates for these indexes as compared with patients' ones. During course of treatment (Rispolept in an average dose of 2,6 mg per day during 3 months) it was observed significant positive dynamics both for clinical conditions (supported by PANSS and MADRS scales results) and for the IIQL (statistically significant increasing of rates for scales of psychological well-being, personal interactions and personal self-realization).

The results obtained demonstrate a perspective of usage of the IIQL for diagnosis, assessment of a therapy efficacy and rehabilitation of patients with schizophrenia.

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Left eyedness is associated with a disproportionate birth weight/birth length ratio in schizophrenia

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**Objectives:** Since an atypical leftward shift of both hand and eyedness has been found in schizophrenic patients, we wanted to study pre- and perinatal adverse events (known to be overrepresented in schizophrenic patients) in relation to measures of laterality, in a sample of patients with schizophrenia.

**Methods:** Fifty schizophrenic patients have been examined for handedness, footedness and eyedness. Birth records and data on demographic variables have been collected.

**Results:** Patients with a disproportionate birth weight/birth length ratio were significantly more often left eyed. No significant results concerning handedness or footedness were found.

**Conclusions:** Birth weight/birth length ratio is an estimate of intrauterine growth rate, and we hypothesize that intrauterine stress events may influence eyedness in schizophrenia.

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Body composition changes in patients with schizophrenia

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**Objectives:** Changes in weight, blood glucose and lipid levels have been noticed in patients treated with atypical neuroleptics. To determine whether patients with schizophrenia also show alterations in body composition bio-impedance and caliper assessments were performed.

**Method:** Body composition variables were measured with a multi-frequency bio-impedance analyser in 21 patients with DSM-IV diagnosed schizophrenia, of whom 6 were unmedicated, and 17 sex- and age-matched healthy controls. Water in fat free mass (WFFM) was calculated with a three-compartment model (Forslund et al. 1996)

**Results:** The mean percentage of WFFM was 69,7 in patients and 71,5 in controls ( $p=0,024$ ). The balance of intra- and extracellular water also differed; the mean intracellular compartment of body water was 56,7 % in the patients and 58,8 % in the controls ( $p=0,048$ ). There were no significant differences in BMI or percentage of fat between the two groups.

**Conclusion:** A lowered %WFFM as well as changes in the distribution of intracellular and extracellular fluid was found in patients with schizophrenia. The cause of body composition changes is unknown but the role of neuroleptics must be further elucidated.

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Ziprasidone vs olanzapine in schizophrenia: a 6-month extension study

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**Objective:** To compare the long-term efficacy and tolerability of ziprasidone and olanzapine in schizophrenia or schizoaffective disorder.

**Methods:** In a six-month blinded continuation study, initially hospitalized patients who completed a six-week randomized trial (World J Bio Psychiatry 2(1): abstract PI021-27) with satisfactory clinical response (CGI-I  $< \text{or} = 2$  or  $> \text{or} = 20\%$  reduction in symptom severity as measured by PANSS Total score) and who were discharged remained on olanzapine 5-15 mg QD ( $n=71$ ) or ziprasidone 40-80 mg BID ( $n=62$ ). Primary efficacy measures were BPRS and CGI-S; secondary variables included PANSS total and Positive and Negative Subscale Scores. Tolerability assessments included measurement of fasting lipids, insulin, and glucose and weight.

**Results:** Ziprasidone and olanzapine did not differ significantly in changes from baseline (ie, baseline of six-week study) to endpoint (Month 6 or LOCF) in BPRS, CGI-S, or PANSS Total or Subscale Scores. Significant increases in weight and BMI, LDL cholesterol, insulin, and glucose were observed with olanzapine but not ziprasidone.

**Conclusion:** Ziprasidone and olanzapine demonstrated comparable antipsychotic efficacy in long-term treatment. Olanzapine but