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Schizophrenia and bipolar disorder represent serious mental disorders with polygenic inheritance. Neurocognitive deficits have been linked to psychotic phenomena and are candidate endophenotype for the illness. We have analyzed the case of a family consisting of mother diagnosed with bipolar disorder, a daughter with schizophrenia and one free of psychiatric disorders. The genetic associations between a functional polymorphism in the MTHFR, COMT, APOE and MnSOD genes and cognition have been investigated. Genotyping was carried out using a PCR-RFLP method. Neuropsychological tests regarding executive functions (WCST, TMT-B), memory (RAVLT), attention (TMT-A) and phonetic and semantic verbal fluency have been applied. No significant association was found.

## P0249

Geographical trends of mental disorders of the elderly people in Lithuania

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**Objective:** to look peculiarities of mental disorders in the elderly in different regions of Lithuania.

**Method:** We analyzed three regions of Lithuania: Panevėžys region, Palanga region and Varėna region. They are in the different parts of Lithuania. We have chosen data about mental disorders according International Statistical Illness and Health Problems Classification. We collected data with code F20- F25. We have analyzed case-records, which were filled in January 2006.

**Results and Conclusions:** In Panevėžys region the elderly was 28, 89% (n= 39) of all collected data about mental disorders. Respectively in Varėna region- 42, 86 proc. (n= 6); in Palanga region- 21,05 proc. (n= 4). Average age of elderly was 66, 65 years. Respectively in Panevėžys region- 66,31 years; in Varėna region- 67,17 years; in Palanga region- 69,25 years. 65, 31% of all elderly with mental disorders were women. 75, 51% of all elderly diagnosis was schizophrenia (F20) in all regions. Mental disorders identified before 2006 were 95, 92% and mental disorders identified in January 2006 were 4, 08%. The difference in the disease rate in studied regions correlate with P, Li, Zn, Mn concentrations in the soil and possibly had an effect via the food chain. Also, the drinking water can be of some importance. Comparing these three regions, there was seen clear natural environment differences. Magnetic field has different activity in these regions. All through Panevėžys region pass the largest tectonic zone in Lithuania.

**Key words:** psychiatric disorders, schizophrenia, elderly people, regions of the Lithuania.

## Poster Session I: Neuroleptics and Antipsychotics

### P0250

Prescribing practice of risperidone long-acting injection

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**Background:** Risperidone the first atypical antipsychotic available in a long-acting injection formulation. In the United Kingdom is licensed to use in psychosis in patients tolerant of oral Risperidone and the Summary of Product Characteristics clearly defines the methods of initiation and titration.

**Methods:** We performed a naturalistic observation of 25 patients belonging to 3 different community mental health teams and one in-patient facility that have been prescribed Risperidone long-acting injection (RLAI) and collected data about immediate prior use of antipsychotic medication, patient preference, compliance with treatment, documentation of effectiveness and tolerance of Risperidone oral, supplementation with Risperidone oral during the first three weeks, initial dose, intervals between dose changes, monitoring of benefits and side-effects, and reasons for discontinuation.

**Results:** Only 7/25 patients have been prescribed oral Risperidone prior to the injectable formulation and none had received clozapine. 13/25 received oral supplementation during initiation, 3/25 dose was changed in less than 4 weeks intervals. 14/25 non-compliance was suspected and only 2/25 patients stated a preference for an injectable formulation. 17/25 continued to receive RLAI and those discontinued in 3/25 due to patient refusal, 1/25 not tolerated, 1/25 patient did not attend treatment, 1/25 not effective, 1/25 patient deceased, 1/25 no reason was specified.

**Conclusions:** prescribing of RLAI did not follow the recommendation from the manufacturers mainly during initiation. Non-compliance with previous medication was the main reason for use of an injectable formulation but use of RLAI seems to be associated with low discontinuation rates.

### P0251

Does prescribing practice of clozapine affect length of stay in psychiatric in-patient units?

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**Background and Aims:** Clozapine remains the gold standard for the management of treatment-resistant schizophrenia. Due to the need for close medical supervision at initiation it is usually started in hospital although this is no longer mandatory. It is estimated that speed of up-titration will affect length of stay.

**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 ( $\chi^2=8.3$ ; R<sup>2</sup>=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