

**Methods:** Adult patients stabilized on a previous antipsychotic regimen for  $\geq 1$  month received RLAI (25 mg, increased to 37.5 mg or 50 mg, if necessary), injected every 14 days for 6 months.

**Results:** Of 249 patients, 133/116 were female/male. Previous therapy was atypical antipsychotics (57%), conventional depot (40%) and/or conventional oral (12%) neuroleptics. Only ten patients discontinued the study early for AEs and ten for insufficient response; 74% completed the study. There were significant reductions ( $p < 0.001$ ) from baseline to endpoint in the mean scores for total PANSS, positive subscale, negative subscale, general psychopathology subscale, disorganised thoughts factor, hostility/excitement factor and anxiety/depression factor. Improvement  $\geq 20\%$  in PANSS total score from baseline to treatment endpoint was seen in 39% of patients. By CGI, more patients were 'not ill' (CGI) at endpoint (10%) than at baseline (3%). There were significant improvements from baseline in both GAF and patient satisfaction. Movement disorders improved significantly. The most frequent AEs were anxiety (13%), extrapyramidal disorder (9%), weight increase (9%) and insomnia (8%).

**Conclusion:** This subgroup analysis demonstrated that RLAI was effective in patients with schizoaffective disorder, providing further relief or improvement of symptoms in patients considered stable on their previous antipsychotic medication.

### P-08-15

Beneficial effect of long-acting injectable risperidone on the neurocognitive deficit of a schizophrenic patient: a case report

F. N. Fountoulakis. *Aristotle Univ. Thessaloniki, Greece*

### P-08-16

Diabetes mellitus, metabolic syndrome and antagonism of the H1 receptors by atypical antipsychotics

A. R. De Nayer. *Belgium*

**Objective:** To demonstrate a direct correlation between the antagonism of the H1 receptors by atypical antipsychotics drugs (clozapine, olanzapine, risperidone, quetiapine, aripiprazole, ziprasidone and amisulpride) and the incidence of diabetes mellitus and metabolic syndrome.

**Method:** The comparison between the APA, ADA, and the American Association of Clinical Endocrinologia and North American Association for the study of obesity consensus ranking and the K1 ranking of H1 antagonism by the different atypical drugs.

**Results:** There is one direct correlation between these two ranking.

**Conclusion:** There is one direct association between the Ki of the AA on H1 receptors and the incidence of diabetes or metabolic syndrome, attributable to atypical antipsychotics medication. This relationship doesn't exist for the other receptors antagonised or agonised by the AA. H1 receptors may be of first importance in the origin of metabolic syndrome and diabetes mellitus.

Monday, April 4, 2005

## P-09. Poster session: Psychotic disorders V

**Chairperson(s):** Wulf Rössler (Zürich, Switzerland), Stephan Ruhrmann (Cologne, Germany)

18.00 - 19.30, Gasteig - Foyers

### P-09-01

Comorbid disorders in the potential initial prodrome of psychosis and in first-episode schizophrenia

S. Ruhrmann, F. Schultze-Lutter, J. Klosterkötter, I. Becker. *Dept. of Psychiatry & Psycho, Cologne, Germany*

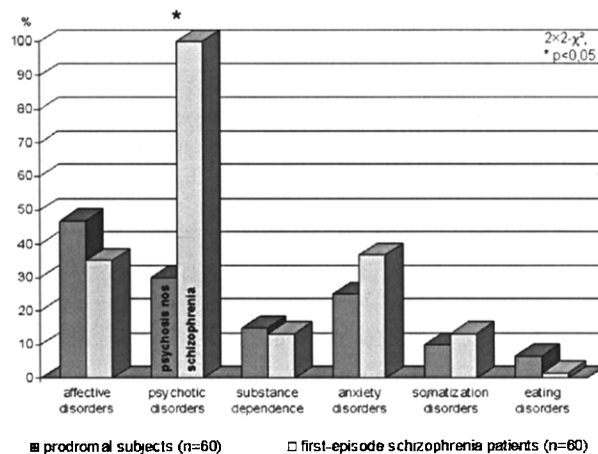
**Objective:** Comorbid disorders in and before the first episode of schizophrenia were frequently found. Thus, they should also be present in comparable frequency and type in persons with an assumed initial prodrome of psychosis.

**Methods:** 60 'prodromal' subjects and 60 first-episode schizophrenia patients were examined with the German version of the Structured Clinical Interview for DSM-IV Axis I disorders (SKID I) and compared for past and present psychiatric disorders.

**Results:** 57% of the schizophrenic and 68% of prodromal subject reported any past or present non-psychotic disorder. No group differences in present or past diagnoses were found for affective, anxiety, somatization and eating disorders and substance abuse, yet social phobia was significantly more present in the schizophrenic group (32 vs. 8%).

**Conclusion:** Comorbid disorders can indeed be found as frequently among potentially prodromal subjects as among first-episode schizophrenia patients. This finding underlines the need for treatment in this high-risk group as well as the necessity to consider their risk for psychosis when treating the comorbid condition.

Past and present axis I disorders in potentially prodromal and first-episode schizophrenia subjects:



### P-09-02

A new instrument for the prediction of schizophrenia

H. Picker, F. Schultze-Lutter, S. Ruhrmann, A. Wieneke, E.-M. Steinmeyer, J. Klosterkötter. *University of Cologne FETZ, Dept. of Psychiatry, Cologne, Germany*

**Objective:** The prospective Cologne Early Recognition (CER) study demonstrated the predictive value of cognitive-perceptive basic symptoms for first-episode schizophrenia as assessed for their presence/absence with the Bonn Scale for the Assessment of Basic Symptoms. Based on these findings, a new scale was developed, the Schizophrenia Prediction Instrument, Adult version (SPI-A), which not only allows a more economic assessment, but also a severity rating.

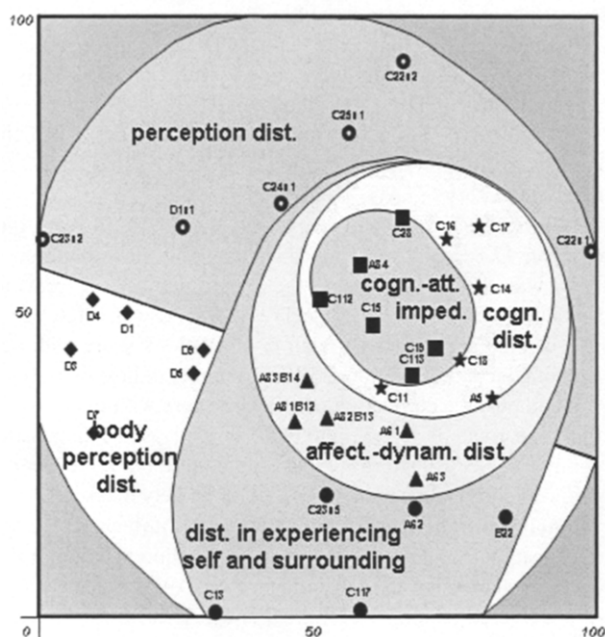
**Methods:** Applying cluster and facet analyses to the CER-data and data of 346 remitted schizophrenia patients, the 40-item scale with 6 dimensions was derived and a seven-stage severity rating

introduced. It was evaluated prospectively on potentially prodromal individuals in a 2-years follow-up and cross-sectionally in comparison to first-episode schizophrenia and non-psychotic mood-disordered patients.

**Results:** The construct validity could broadly be confirmed by FSSA with separation indices between 1.0 for the prodromal and 0.5 for the affective group. Comparison of baseline data of the three groups and of transited and not-transited "prodromal" patients again confirmed the importance of self-experienced cognitive disturbances in predicting psychosis. Furthermore, results from longitudinal analyses will be presented.

**Conclusion:** The SPI-A appears to be a useful instrument to evaluate the risk for psychosis in an early state when attenuated and transient psychotic symptoms might not (yet) be present.

Construct validation of SPI-A dimensions. Axial result of confirmatory Faceted Smallest Space Analysis (FSSA) of prodromal group.:



### P-09-03

Premorbid characteristics of first-admitted patients with schizophrenia in Poland

K. Gorna, K. Gorna, K. Jaracz, F. Rybakowski, J. Rybakowski.  
Poznan, Poland

**Objective:** The aim of the study was to describe demographic and preclinical variables in patients with first-episode schizophrenia in Poland.

**Methods:** The study included 86 (34 female, 52 male) subjects hospitalized with the first episode of psychosis. Semi-structured interviews from patients and caregivers were used. Level of functioning in 1 year before hospitalization was established with Global Assessment Scale (GAS). Statistics were calculated with SPSS software.

**Results:** At first admission mean age of patients was 25.5 yrs. (SD 5.8), and 62.8% of patients were before 22 years. Females were significantly (2.8 years) older than male patients ( $t=2.26$ ,  $p<0.05$ ). Seventy-two percent of patients were active at first admission (job,

education, housework, child rearing). Psychiatric disorders were present in 30.2% of first-degree relatives of patients. The mean GAS score 1 year before admission was 44.5 (SD 15.1) and in 59% of patients GAS score was below 50. Age at onset of first disturbances of functioning was 21 years (SD 5.7) (range 9–45 yrs), and the mean period from the first symptoms to hospitalization was 2.8 years (SD 3.7). Mean duration of psychotic symptoms until hospitalization was 38.0 weeks (SD 51.0) and mean period of untreated psychosis (DUP) was 26.2 weeks (SD 51.7).

**Conclusion:** Premorbid characteristics of patients with schizophrenia ie. DUP are comparable to results obtained in other populations. Because shorter duration of untreated psychosis might be associated with better outcome, these results may suggest the need for more active intervention in both individual and public health levels in psychotic disorders.

### P-09-04

Psychopathological symptoms as determinants of quality of life and social functioning in a first episode of schizophrenia

K. Gorna. Poznan, Poland

**Objective:** To evaluate patients' quality of life (QOL) and social functioning (SF) associated with illness characteristics in schizophrenia.

**Methods:** Eighty six patients, age range 17–47 were assessed 1 and 13 months after a first hospitalization (respectively T1 and T2). Psychopathological symptoms were examined with PANSS based on 5-factor model of schizophrenia symptoms: positive, negative, agitation, cognitive and depression/anxiety. QOL and SF were assessed using WHOQOL and Social Functioning Scale (SFS) respectively. WHOQOL BREF contains 4 domains: Physical (Ph), Psychological (Ps), Social (S) and Environmental (E). Social Functioning Scale (SFS) is a 79-item instrument comprising 7 areas.

**Results:** In T1 and T2 mean PANSS score did not show significant differences. In both assessments SFS global score was highly negatively correlated with PANSS. In T1 SFS score was predicted with 2 of 5 schizophrenia dimensions. Thirty nine percent of variance was explained with negative symptoms and 1% with positive symptoms. In T2 follow-up only negative symptoms explained 36% of variance in SFS score. In T1, main predictors of WHOQOL were anxiety/depression, positive symptoms and negative symptoms. They explained from 27 to 38% of the variance in the examined domains. In T2, the main predictors of WHOQOL were negative symptoms and anxiety/depression, explaining 14 to 39% of the variance in the domains.

**Conclusion:** SF were predominantly dependent on the level of negative symptoms either shortly after the hospitalization and in 1 year follow-up. QOL however was dependent mainly on anxiety/depression one month after the hospitalization and on negative symptoms in 1 year follow-up.

### P-09-05

Early schizophrenia prevention help center in Ukraine

I. Martsenkovsky, L. Butenko, Y. Bikshaeva. Institute of Social Psychiatry Child Psychiatry, Kiev, Ukraine

**Objective:** As a study purposes were identified early revealing, early intervention, social rehabilitation, recovering maintenance and preventive strategies effectiveness exploration by adolescents with psychoses arising till 18 years on the basis of Kyiv center

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