

Methods: Adult patients stabilized on a previous antipsychotic regimen for ≥ 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 Endocrinology and North American Association for the study of obesity consensus ranking and the Ki 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*

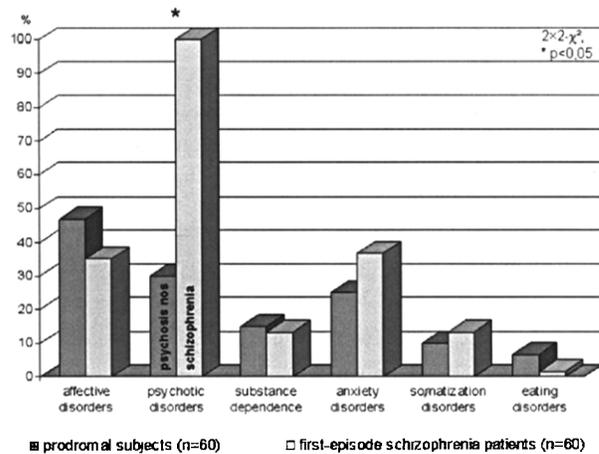
Objective: Comorbid disorders in and before the first episode of schizophrenia were frequently found. Thus, they should also be present in comparable frequency and type in persons with an assumed initial prodrome of psychosis.

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

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