beneficial needs to be determined in a randomized double-blinded placebo trial.

P0288

Sudafed for sertindole-induced decreased ejaculatory volume

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Sexual dysfunction is very common among patients with schizophrenia. Sertindole is a non-sedating atypical antipsychotic drug with a low incidence of extra pyramidal side-effects. Male patients treated with sertindole often complain of decreased ejaculatory volume. This might be due to the α1 noradrenergic antagonist properties of sertindole. Whether the decreased ejaculatory volume is due to a retrograde ejaculation or due to the fact that the vas deferens is not contracted is unknown. Decreased ejaculatory volume or dry orgasm can be very intimidating for patients with schizophrenia because it might lead to feelings of not being a male or in worst case delusions about disappearing of the semen.

We investigated whether pseudoephedrine (brand name SUDAFED) can reverse the decreased ejaculatory volume induced by sertindole. Pseudoephedrine is an over-the-counter medication used for nasal congestion. Pseudoephedrine is a sympatomimetic amine with α1 agonist properties and is sometimes used for retrograde ejaculation caused by α1 blocking drugs used for benign prostatic hyperplasia. Patients were asked about quality of orgasm, changes in ejaculation volumen and other sexual problems during treatment with sertindole.

P0289

Off-label use of atypical antipsychotics in the crisis intervention unit: An observational study

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Background and Aims: Antipsychotic medications are used for the treatment of schizophrenia and other psychotic disorders. The aim of our study was to assess the off-label use of atypical antipsychotics (AA) in the Crisis Intervention Unit (CIU), Ljubljana, Slovenia.

Methods: Hospital records of 105 consecutive patients that were admitted to the CIU in the period of 4 months (June – September 2007) were included to the retrospective observational study. Patients were screened for diagnosis (ICD-10), gender, age, suicidal behavior and for prescribed psychotropic medications. Off-label use of atypical antipsychotics for diagnoses other than psychosis was evaluated. We noted which specific antipsychotics were prescribed for specific diagnoses with their daily dosages transformed to chlorpromazine units (CPU).

Results: Most patients suffered for stress related disorders (48%), depression (32%), anxiety disorders (14%) and other disorders (6%). Gender ratio was in favour of women (77%). Average age of patients was 52,1 years. 27% of patients were admitted after the suicide attempt, 46% reported suicidal thoughts. Off-label use of AA was noted in 65% of patients who suffered from stress related disorders, in 36% of patients with depression and in 49% of patients with anxiety disorders.

Conclusions: Our results show that atypical antipsychotics are widely used for indications other than psychosis, even though the long-term effects of their use are not yet known and safety issues remain to be examined further.

P0290

Previously untreated patients with schizophrenia : The nnt for all causes of treatment discontinuation and the nnh for weight gain

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Background and Aims: To compare the relative effectiveness and tolerability profile, in terms of Number Needed to Treat (NNT) for all causes of medication discontinuation and Number Needed to Harm (NNH) for 7% of increased of body weight of olanzapine, risperidone, typical (oral and depot) and other atypical antipsychotic medications (quetiapine and amisulpride) in previously untreated outpatients with schizophrenia during 36-month follow-up.

Methods: NNTs (NNHs) mean the number of patients needed to be treated with one antipsychotic instead of another to prevent (produce) one negative outcome.

Previously untreated patients with schizophrenia were defined as patients who i) had never received antipsychotic treatment for schizophrenia and ii) had not received antipsychotic treatment in the 6 months prior to study inclusion. Rate of medication discontinuation for any cause during the 36 months post initiation was calculated for olanzapine (28.9%), risperidone (36.2%), typicals (44.5%) and other aypicals) (34.7%). Cox and logistic regression models were employed to adjust for treatment group differences at baseline and NNTs and NNHs with their 95% confidence intervals were calculated.

Results: The NNTs for all-cause discontinuation of olanzapine were: 12.2.(95% CI: 5.8; 229.7) for olanzapine vs. risperidone, and 6.2 (3.1 ; 37.8) for olanzapine vs. typicals. The NNH for 7% weight gain was -3.7 (-2.6 ; -9.5) for olanzapine vs. typicals.

Conclusions: Treatment effectiveness and tolerability varied among medications. The NNTs for olanzapine therapy were consistently better when compared to other treatment cohorts. The weight-gain NNHs for olanzapine treatment were less favourable when compared to other antipsychotic medications.

P0291

Maintenance pharmacotherapy of schizophrenia-long acting risperidone

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Schizophrenia remains a severe disorder that is associated with a poor outcome in a large subgroup of patients. Major efforts should be made to improve treatment, especially in the long-term psychopharmacotherapy. In this study, we followed 10 patients on the post- hospital ambulatory treatment with long acting Risperidone (LAR) during the six months period.

We discussed the results according to: age, schizophrenia type, LAR- dose (25 mg, 37.5 mg, 50 mg), relapse with hospitalization, and therapeutically compliance (meaning satisfaction with the therapy and regular two- weeks controls), also the improvement on the CGI score.

The CGI improvement scores were significant, as so as compliance with the therapy. Only two patients have relapsed during the study. These results encourage us to believe that many more patients will benefit from the advantages of a second generation of long acting preparations, like Rispolept Consta is.

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P0292

Identifying patients for treatment with long-acting injectable antipsychotics

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In clinical practice, it is not always clear which patients will benefit from which antipsychotic. As with other antipsychotics, risperidone long-acting injection (RLAI) has been shown to be effective and well-tolerated in clinical trials. This study examines reasons for discontinuation with RLAI and therefore may help to identify suitable patients in the future to improve treatment success.

Fifteen patients with schizophrenia or schizoaffective disorder were prescribed RLAI with a mean age of 42.7 years. The primary reason for initiating RLAI was non-compliance with previous treatment (n=14). At the time of the audit, 40% of patients (n=6) were continuing treatment. Of the patients who discontinued, five were switched to clozapine for treatment resistance after an average trial of at 11 months with RLAI. (RLAI is not licensed for treatment resistance.) The other four patients who discontinued did not like receiving injections after an average trial of four months.

The patients who continued treatment with RLAI have experienced improvements with a 38.6% decrease in CGI scores (5.7 at baseline to 3.5 at endpoint, n=6). The mean duration of treatment was 15.7 months.

Although retention rates are relatively low in this audit, there are clear reasons for discontinuation. Several patients did not like receiving injections and received only a short trial. Five patients were switched to clozapine from RLAI because of treatment resistance. The rationale for prescribing RLAI prior to clozapine is to eliminate non-compliance with oral medication. Patients who continued on RLAI long-term had good outcomes and RLAI was generally well tolerated.

P0293

Subjective attitude to risperidone long-acting injectable (RLAI): Results from a long-term Italian study in subjects with schizophrenia or schizoaffective disorder

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Introduction: Drug Attitude Inventory1 (DAI-30) is a valid and reliable tool, recently and largely used in clinical trials to investigate the patients' opinion towards therapy2. The questionnaire, covering two different constructs, attitude towards medication (AM) and subjective response (SR) has been used to get a valid measurement of attitude towards RLAI.

Methods: DAI-30 was administered to 347 subjects with schizophrenia or schizoaffective disorder treated for 52 weeks with RLAI, at baseline and at any protocol visit (month 1 and every 3 months). Clinical assessment by Positive and Negative Syndrome Scale (PANSS) and Global Assessment Scale (GAF) was also performed.

Results: The DAI-30 total score significantly improved from 3rd month after RLAI therapy, with a trend towards improvement for both the constructs (AM and SR). Delta DAI-30 (52nd week − baseline total score) significantly correlated either with Delta PANSS positive scores and Delta GAF score (Pearson r 0.28 and 0.35 respectively, $p<0.01$). In a regression model, Delta DAI-30 is a predictive factor for the remission (17% of the explained variance, $p<0.001$) according to the Andreasen et al. criteria3.

Conclusion: A one year treatment with RLAI shows symptom and global functioning improvements with a positive attitude for the established and accepted antipsychotic therapy influencing the remission.

1Hogan TP et al. Psychological Med 1983, 13:177-183.

2Rossi A et al. Epidemiologia e Psichiatria Sociale 2001, 10: 107-113.

3Andreasen N et al. Am J Psychiatry 2005, 162: 441-9

P0294

Remission in schizophrenia: 1 year Italian study with risperidone long-acting injectable (RLAI) in subjects with schizophrenia or schizoaffective disorder

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Introduction:. Actual treatment outcomes are directed towards preventing relapses, instead of new perspective of functional recovery feasible with the achievement of a prolonged remission which is defined, according to Andreasen1, in severity criteria: PANSS items (P1, P2, P3, G5, G9, N1, N4, N6) scores <3 and duration criteria (maintenance of score for at least 26 weeks) here applied to 243 subjects with schizophrenia or schizoaffective disorder treated for 1 year with RLAI.

Results: Although subjects were stable, only 14% of them met the PANSS severity criterion for remission at baseline with an increase to 45% after 1 year. 63% of subjects who were in remission at baseline maintained the criterion at the end of the study, while the 26% of subjects not in remission at baseline reached the criterion after 1 year. In addition, 32% of subjects met both severity and duration criteria for remission at 12 months. The decrease in PANSS total score from baseline (88.4+22.0) to 12 months (69.6+22.9; $p<0.001$) is associated to the remission (Chi Square test, $p<0.001$). At baseline, the difference in CGI-S and GAF scores between remitted subjects and non remitted is significant ($p<0.001$). In remitted subjects, the improvement in PANSS cognitive factor is higher ($p<0.001$) than that observed in non remitted subjects.

Conclusions: This study shows that RLAI treatment up to 1 year warrants efficacy maintenance with a significant and sustained symptom improvement, enabling the subjects to achieve and maintain the remission criteria for schizophrenia.

1Andreasen et al. Am J Psychiatry 2005, 162: 441-9

P0295

Clinical maintenance response with risperidone long-acting injectable (rlai) in subjects with schizophrenia or schizoaffective disorder: A 52 weeks Italian study

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Introduction: Long term antipsychotic therapy is recognized as being important for preventing relapses and improving outcomes in patients with schizophrenia. In this respect the treatment with RLAI has

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