

significantly higher percentage than the one of females (81.47%), (p-value=0.0004).

98.85% of males receive antipsychotic treatments versus 99.56% of females (p-value=0.1185).

35.22% of male patients receive non-drug treatment versus 33.24% of females (p-value=0.3966).

Most often prescribed antipsychotics in this sample are: Risperidone: 28.90%(Males 29.43%, females 28.11%), Haloperidole: 22.96%(23.62%,21.96% respectively), Olanzapine: 21.39%(20.72%, 22.40%), Aripiprazole: 17.60% (15.68%,20.50%) Quetiapine: 9.50%: (9.00%, 10.25%), Amisulpride: 8.51%(9.78%, 6.59%), Ziprasidone: 8.33% (9.00%,7.32%), Clozapin:7.28% (8.52%, 5.42%), Zuclophenxol: 1.98% (2.52%,1.17%).

The average daily dosage for each of the above-mentioned medications for the whole sample and by gender has also been assessed whether they are used as monotherapy or as part of polytherapy.

Conclusions: In Greece, more male Schizophrenic patients compared to females are receiving care for their illness. Second generation antipsychotic treatments represent the treatment of choice.

P144

Most frequently observed adverse events among schizophrenic outpatients in Greece (The Greek 'ACE' study)

E.C. Tsiolka¹, A.A. Karavatos², V.G. Mavreas³, I.A. Chatzimanolis⁴. ¹Medical Department, Bristol-Myers Squibb EPE, Athens, Greece ²First Psychiatric Clinic, General Hospital "Papageorgiou", Thessalonica, Greece ³Psychiatric Clinic, General University Hospital of Ioannina, Ioannina, Greece ⁴First Psychiatric Clinic, University Hospital "Eginitio", Athens, Greece

Purpose: To evaluate the current medical status, clinical care and treatment patterns of schizophrenic patients in Greece.

Methods: The Greek 'ACE' study is a descriptive, cross-sectional, multicentre national survey conducted in outpatient setting by 101 psychiatrists (under 3 Coordinators Psychiatrists) proportionately distributed all over Greece who registered during one visit the first twenty consecutive patients presenting at their consultation. Observational period :29/09/2005 -22/12/2005.

Recruited 2040 patients over 18 years old, with an ICD-10 primary diagnosis of schizophrenia.

Results: A total of 1716 patients (1033 males and 683 females) were treated with antipsychotics agents. Among them, 52.10% experienced adverse events at the time of data collection

The most frequently reported adverse events is weight gain(45.86%), extrapyramidal symptoms (32.88%), sedation and impaired concentration (24.50%), dry mouth (22.26%), sexual(18.23%) and menstrual (9.50%) problems. Distribution of various adverse events separately for males and females by each medication when received as monotherapy, is also presented.

The percentage of males presenting with high cholesterol values (13.44%) is statistically significantly higher than of females (9.46%) (p-value=0.0124), while this does not happen neither with high triglycerides values (9.21%-males vs 6.99%-females) (p-value=0.1011),nor

with high glucose values (6.72%-males vs 6.71%-females) (p-value=0.9920).

Distribution of high levels of cholesterol triglycerides and glucose, separately for males and females by each medication when received as monotherapy, is also presented.

Conclusions: Weight gain is the most frequently reported adverse event in this study. It is important to patients to receive the most appropriate treatment, taking in consideration both symptom control as well as potential side-effects.

P145

Contribution of extramural psychiatric care units in the treatment of psychosis in rural population

P. Panagoutsos, I. Syros, D. Tzavaras, A. Tourka. *Psychiatric Hospital of Tripolis, Tripolis, Arcadia, Greece*

Background and aims: Evidence shows that the hospital-based character of psychiatric services has a negative impact on the personal and social life of the psychotic patients. This situation is worse in rural areas where the Psychiatric Care facilities are fewer. In a 5-year study we investigate the therapeutic role of the Ambulatory Mobile Care Unit in the provinces of Fokida and Evros.

Methods: 45 patients, aged between 17-67, diagnosed with psychosis (schizophrenia, schizoaffective disorder, delusional states, bipolar disorder etc.) were studied. Most of them were unemployed (56%), living with their parents, and belonged to the lower or middle class. An experienced psychiatrist-supervisor, other psychiatrists, trainees, psychologists, social workers and nurses were part of the intervention team that helped the patients in different stages of the disease (acute state, stable condition).

Results: The intervention of the Mobile Care Ambulatory Unit resulted in:

- Increase in the Employment Rate of the Patients (more than half of the patients has been employed in the end of the intervention)
- Improvement in social abilities (more than 4/5 of the patients had improved relations with the local community)
- Leisure time activities: acquisition of new hobbies in more than 2/3 of the patients
- Insight: most of the patients came in terms with their disease
- Nevertheless, very few of them managed to form their own family.

Conclusion: The mobile unit intervention has had a significant effect in most aspects of the life of the psychotic patients.

P146

Extramural psychiatric care units in the treatment of psychosis in rural population: Investigation of the number and duration of relapses in a 5-year study

P. Panagoutsos, D. Tzavaras, A. Tourka, I. Syros. *Psychiatric Hospital of Tripolis, Arcadia, Greece*

Background and aims: The limited number of extramural residential facilities in the rural areas of Greece leads to the diminished effectiveness of the follow-up of the psychotic patients and the relapses of their condition. The goal of our study was to investigate the factors involved in the number and duration of the relapses, as well as the role of the intervention of the Ambulatory Mobile Units in modifying these parameters.

Methods: By using different statistical techniques 45 patients, aged between 17-67, were studied. In a 5-year follow-up, parameters like the number of relapses and their duration were correlated with socio-demographic variables and parameters concerning the personal and family background of the patient. A standard team consisting of an experienced psychiatrist-supervisor, other psychiatrists, trainees, psychologists, social workers and nurses were collaborating with the patients.

Results: The number of relapses was correlated with:

- a) The social abilities of the patients
- b) The ability to cope up with their disease
- c) Their age
- d) The duration of their previous hospitalizations
- e) The compliance with the suggested therapy
- f) The presence of positive psychiatric anamnesis in the patient's family
- g) The employment status

The duration of the relapses was correlated with:

- a) The social achievements of the patient
- b) Their employment status
- c) Their leisure time activities
- d) The frequency of their follow-ups
- e) The presence of positive psychiatric family background

Conclusion: The Ambulatory Mobile Unit plays an essential role in the number and duration of the relapses.

P147

Functional adjustment of patients with first episode of schizophrenia – one year follow up

L. Vavrusova. *Department of Psychiatry, University Hospital Ruzinov, Bratislava, Slovak Republic*

The likelihood of a good symptomatic and functional outcome has varied over time and across place. The most likely explanation is that genetic and environmental factors that influence prognosis vary in a given population at a given time and thus affect disease outcome in that population. Some evidence suggests that outcome may have improved with the introduction of antipsychotics. In some studies better outcome is consistently found in developing compared to developed countries. It has been documented by the WHO International Pilot Study on Schizophrenia. Social-, cultural-, or biologically based differences between countries or even regions may significantly affect the severity of schizophrenia and in a certain way also the level of social functioning of schizophrenic patients.

There are several variables of the outcome of psychosis severity of clinical features, environmental factors (substance use disorders, pre and postnatal factors, etc.), genetic factors, death and disability.

Social functioning (social adaptation) can be measured by various tools - Global Assessment of Functioning Scale or by the level of employment, or the level of employment adequate to education of the patient.

We present a study on first episode patients (N=99) treated either with first or second generation antipsychotics during the period of 12 months after they were discharged from the hospital. All the patients were assessed regularly (0, 3, 6, 9, 12 month) with PANSS, CGI, GAF and the lever of their employment was also taken into account.

P148

Analisis of the adherence of schizophrenic patients to therapeutic programmes

J.C. Villalobos Vega. *Unidad de Salud Mental-La Palma del Condado, Huelva, Spain*

Background and aims: Non-compliance increases risk of relapse, hospitalizations, and suicide attempts, which worsens patient's outcome. Adherence must be understood not only in terms of medication compliance but also adherence to Mental Health Therapeutic

Programmes. The aim of this project is to evaluate adherence of patients with Schizophrenia to programmed appointments with psychiatrist and the influence of several factors.

Methods: Descriptive 5-year study based on attendance to consultation programmed by a physician within a rural Community Mental Health center, Sub-analysis of compliance rate will be performed based on: gender, age, Schizophrenia subtype, disease evolution, time of evolution, either oral or long-acting neuroleptic medication, family characteristics, participation in Home Visit Programme (HVP). Within records obtained from Andalusia Mental Health Information System (S.I.S.M.A.), number of programmed consultations during last 5 years, non-attended consultations, evidence of medication abandon and previously mentioned factors, will be assessed.

Results: Characteristics of abandoning group.

- % non-attended visits is higher (18% vs. 11,5% of non-abandoning group).
- % patients under only oral treatment is higher (58% vs. 35,5% of non-abandoning group) and % under parenteral treatment is lower (42% vs. 64,5%).
- % Home Visits is lower (10,5% vs. 24% of non-abandoning group).
- Schizoaffective patients are more likely to abandon (44%) followed by residual schizophrenic patients (35%).

Conclusions: Actions to avoid patient's abandons include:

- Close follow-up of patients who start missing programmed appointments especially of schizoaffective and residual schizophrenic
- Parenteral treatment prescription.
- Enrolment to HVP.

P149

Hyperprolactinaemia in patients with schizophrenia treated with risperidone or olanzapine, correlations with age of patients and length of treatment

A. Wyszogrodzka-Kucharska¹, J. Rabe-Jablonska². ¹*F.N.U., Jesmond, United Kingdom* ²*Department of Psychiatry, Medical University, Lodz, Poland*

Introduction: The diagnosis of hyperprolactinaemia is made when raised serum prolactin levels are found on two separate occasions. Antipsychotics affect the hypothalamic dopamine system or pituitary dopamine receptors and can result in an elevated prolactin level. The aim of the study was to evaluate the prevalence of hyperprolactinaemia in patients with schizophrenia treated with either risperidone or olanzapine.

Subjects: Sixty patients with schizophrenia (DSM IV criteria) participated in this study. Their mean age was 31.1 ± 8.6 years. They remained on regimens of risperidone (n=26) or olanzapine (n=34) monotherapy. Mean duration of treatment in risperidone group (RIS) was 24.7 ± 19.2 months, in the olanzapine group (OLA) was 17.0 ± 11.3 months.

Methods: Blood samples for analysis were fasting morning samples to evaluate prolactin (two measurements).

Results: In 92.3% treated with risperidone hyperprolactinaemia was detected and in 76.5% patients treated with olanzapine.

There was no positive correlation between a presence of hyperprolactinemia and age of patients treated with risperidone. Strong negative correlation was detected between hyperprolactinemia and age of patients treated with olanzapine. ($r=-0.47$) ($p<0.01$) hyperprolactinemia was more prevalent in younger patients.