

**Conclusions:** More effective educational interventions are needed to improve students' attitudes. There are several suggestions coming from different parts of the world to change prejudice and they share importance of direct contact with recovered patients. This is not achievable in psychiatric hospitals where growing numbers of severely ill patients are gathered, but only in community settings, where these patients work and live in their natural environments. Closer involvement of psychiatrists with other physicians in the clinical and educational programs with a shift of part of psychiatric teaching from psychiatric institutions to family medicine is another strategy recommended, which could also reduce the stigma attached to psychiatric profession.

### P137

Identification of potential predictors of sertindole response in patients with schizophrenia

C. Tamminga<sup>1</sup>, P. Tanghoj<sup>2</sup>, J. Eberhard<sup>2</sup>. <sup>1</sup>Department of Psychiatry, University of Texas, Southwestern Medical Center, Dallas, TX, USA <sup>2</sup>H Lundbeck A/S, Valby, Copenhagen, Denmark

**Objective:** To identify potential predictors of response to sertindole in patients with schizophrenia.

**Methods:** This twelve-month open-label study assessed the safety and efficacy of sertindole doses (4-24mg) in US patients with schizophrenia. Cox's regression analysis was applied to determine the effects of variables on time to sustained response (both CGI-S  $\leq 3$  and CGI-I  $\leq 2$ , sustained for at least 8 weeks) in 358 patients.

**Results:** 125 patients achieved sustained response. Several factors appear to influence rate of response; amongst these are: treatment with antipsychotic medication before first diagnosis, severity of illness, ECT treatment, drug abuse history and patient weight. Treatment with antipsychotic medication before first diagnosis of schizophrenia increased the response rate, compared with treatment-naïve patients. Mildly or moderately ill patients were more likely than more severely ill patients to respond to treatment with sertindole. Patients who never received ECT showed a higher rate of response to sertindole than those who received 1-5 courses of treatment. Patients with at least 6 courses showed a similar response to those who received none. Patients with no history of drug abuse were more likely to respond to sertindole, than patients who had a history of drug abuse. The response to sertindole is influenced by patient weight: for example, a patient weighing 150kg was more likely to respond than a patient weighing 75kg.

**Conclusions:** A prognostic index could be calculated based on these factors to predict the response of individual patients to treatment with sertindole.

### P138

Cross-sectional remission of schizophrenia symptoms with quetiapine compared with haloperidol: An analysis of four randomised, controlled trials

K. Timdahl, G. Stening. AstraZeneca, Sodertalje, Sweden

**Aim:** To assess cross-sectional remission of schizophrenia symptoms in patients treated with quetiapine or haloperidol.

**Methods:** Retrospective analyses were conducted on ITT data from all relevant randomised, double-blind studies in the AstraZeneca clinical trial database: a 6-week fixed-dose study (5077IL/0013; Arvanitis et al, *Biol Psychiatry* 1997;42:233-246); an 8-week fixed-dose study (5077IL/0052; Emsley et al, *Int Clin Psychopharmacol*

2000;15:121-131); a 6-week flexible-dose study (5077IL/0014; Copolov et al, *Psychol Med* 2000;30:95-105); a 52-week flexible-dose study (5077IL/0050; Jones and Brecher, *Eur Psychiatry* 2006;21:S91), of which 12-week data were included in the analysis. Patients in these studies had acute schizophrenia (CGI-S  $\geq 4$ , BPRS  $\geq 27$  or PANSS  $\geq 60$ ) or were partial responders to previous antipsychotics. Cross-sectional remission criteria were as defined by Andreasen et al (*Am J Psychiatry* 2005;162:441-449), apart from duration (6-12 week data were used). An alternative definition of remission was the proportion of patients with CGI-S  $\leq 3$ .

**Results:** Data from 791 quetiapine- and 586 haloperidol-treated patients were analysed. Mean quetiapine/haloperidol doses in studies 0013, 0014, 0050 and 0052 were: 379/12, 455/8, 431/13 and 600/20 mg/day. In three studies (0013, 0014 and 0050), cross-sectional remission (modified Andreasen criteria) was similar for quetiapine (13-32%) and haloperidol (14-32%). CGI-S remission rates were also comparable (quetiapine 23-40%; haloperidol 24-43%) in these studies. In study 0052, more quetiapine patients achieved cross-sectional remission (Andreasen 32%, CGI-S 41%), compared with haloperidol patients (Andreasen 25%, CGI-S 30%).

**Conclusions:** Cross-sectional remission rates with quetiapine or haloperidol were largely comparable, based on either the modified Andreasen (without time element) or the CGI-S criteria.

### P139

Contribution to the autoimmunity and immune system dysregulation theory of schizophrenia: Case report of the patient with four autoimmune diseases and psychosis schizoaffective

S.M. Todorovic<sup>1</sup>, Z. Vinkovic<sup>2</sup>. <sup>1</sup>Clinic for Pediatric and Adolescent Neurology and Psychiatry, Belgrade, Serbia <sup>2</sup>Private Psychiatric Office, Belgrade, Serbia

During the last 10 years a large volume of circumstantial evidence for an autoimmune aetiology of at least some cases of schizophrenia (SCH) has been collected.

We present the female patient (S.M.), now 41 years old, with four autoimmune diseases and psychosis schizoaffective.

Until the age of 2 S.M. had lactae crustae in extremely severe form. From the age of 3-6 she suffered of asthma bronchiale. At the age of 34 she developed the clinical picture of Myasthenia gravis (MG). One year later she got a new relapse of MG. During the diagnostic procedures for MG, just by mistake, an MRI of the brain has been made instead of the MRI of anterior mediastinum, which revealed a huge amount of the demyelinated plaques without any clinical symptoms of Multiple sclerosis (MS). Immunologic examination of the cerebrospinal fluid and evoked potentials examination confirmed the diagnosis of MS. At the age of 40 she got her only up till now clinical relapse of MS.

At the age of 22 S.M. got the first relapse of psychosis compatible with the diagnosis of Psychosis schizoaffective. Her psychosis has relapsing course and over the years disabled her in emotional, professional and social capacity.

This case is one more among many cases presented in the literature to contribute to the hypothesis that at least some forms of SCH have the autoimmune origin, which could suggest that immunotherapy might be beneficial to such patients.

### P140

Remission in schizophrenia application of a "new concept" on an "old study"