The Results of the study: For revealing factor, influencing upon active participation of defendants in process of protection of their own rights and on entry of the decision on competence to proceed, in all three groups were chose most active in proceeding patients. In process of the called on study beside all patients 1st group of the breach of the thinking existed in psychic condition in the manner of unproductive nesses, circumstantial, absorption on established psychological damage situations, development paranoid ideas or delirium, breach of the volitional checking the behavior, presence of the impulsive forms of the reaction on established situation, uncontrolled persistence in achievement their own integer, breaches of the critical abilities. Their proceeding activity was pathological motivated, not coordinated with attorney and did not bring the result. The Majority the most active patients 2d group was legally literate, agreed the line of protection with attorney, and checked their activity. In ditto time all examined, him were inherent such larval line, as activity and persistence in realization of the significant installation and in achievement desired integer in combination with a certain reassessment of their own possibilities, insufficient volitional checking of its behavior in combination with critical estimation of the situations. In this instance attorney only helped full-fledged and qualitative to protect the right and legal interests its client. Proceeding activity of patients 3d group depended on larval features, such, as striving for action, persistence in achievement their own integer, aptitude to manipulate surrounding, and was more effective.

The Conclusion: The Active participation of the patients with personality disorders with frustration in process of protection of their own rights and legal interest was conditioned paranoiac development to personalities or sharpening in established proceeding such characteristic features, as striving for action, persistence in realization their own integer.

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Long acting injectable risperidone in the treatment of schizophrenia: 6 month preliminary results in E-star project in Czech Republic

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Objectives: To evaluate the clinical and economic outcomes of treatment with Risperidone Long-Acting Injection (RLAI) in Czech Republic patients.

Methods: The electronic -Schizophrenia Treatment Adherence Registry (e-STAR), is a secure web-based, international, observational study of patients with schizophrenia who have been initiated with RLAI. Data are collected both retrospectively and prospectively and include hospitalisations and reasons for treatment initiation and discontinuation; patients are evaluated using the Clinical Global Impression Severity Scale (CGI-S) and Global Assessment of Functioning Scale (GAF).

Results: After 6-months 107 patients (65,4% men) with diagnosis of schizophrenia (76,6%) or schizoaffective disorder (23,4%) were eligible for analysis. The most common reason for switching to RLAI were poor compliance (43,9%) and insufficient response to previous medication (34,6%). At 6-months, 95,3% of patients were still on RLAI treatment. 89,7% of patients were given 25mg of RLAI at baseline and at 6-months 73,5% were still on 25mg. Compared to the 6-month retrospective period, significant decreases were seen in the average length of stay in hospital (21,1 to 5,3 days, $p<0,001$) and the number of hospitalizations per patient (0,41 to 0,21, $p<0,001$). Compared to baseline, significant decreases were seen in the occurrence of suicidal ideation (19,2% to 1,9%, $p<0,001$) and violent behaviour (14,4% to 2,9%, $p=0,003$). There were significant changes in the average CGI-S score (5,13 to 3,43, $p<0,001$) and GAF score (47,2 to 64,5, $p<0,001$) from baseline.

Conclusion: Based on 6-month interim results, treatment with RLAI resulted in significant improvements in disease severity and functioning in patients with schizophrenia.

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Weight increase and psychotropic medication: The international amsp project

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Background: The AMSP-Project is a prospective multicenter program for continuous assessment of adverse drug reactions of marketed psychotropic drugs in psychiatric inpatients under naturalistic conditions of routine clinical treatment. It corresponds to a dynamic cohort study and currently about 55 German, Swiss and Austrian hospitals are participating, monitoring approximately 30,000 inpatients per year.

Objective: to measure the incidence and relative risk ratios of weight gain in association with psychotropic treatment.

Methods: All cases of severe weight gain over 10% of initial body weight between the years 2001 through 2005 were reviewed and causality assessment discussed at (inter-)national meetings. Incidence was calculated by number of patients under treatment and relative risks were calculated between the individual treatment regimens.

Results: The risk of severe weight gain is highest under treatment with olanzapine, being responsible for $> 40\%$ of the total cases while only 15% of the cohort is treated with olanzapine. The relative risk of olanzapine cases versus the total number of cases was 12 (CI $6.86 - 22.03$), taking only those cases into account where only one compound was judged to be responsible (in some cases, drug combinations are imputed.

Discussion: The AMSP project is a valuable tool in detecting and confirming ADR in a psychiatric hospital setting. The pros and cons of the project are equal to intensive spontaneous monitoring systems. The incidence and relative risk of weight gain is established for psychotropic treatment.

Conclusion: The well known benefits of treatment should be carefully balanced with the problems of weight gain.

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Metabolic adverse events of antipsychotics treatment in chronic schizophrenia

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Background: Although the mechanisms explaining metabolic impairments observed during antipsychotic treatment are not well known, there are important differences between drugs regarding the possibility of inducing lipidic and glucose impairments.

Objective: To assess the effects of atypical and typical antipsychotics -olanzapine, aripiprazole, risperidone and haloperidol over the weight, glucose and HDL-cholesterol levels, during 24 weeks of treatment.

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