

a lower regional specificity of action on EEG cortical generators than risperidone.

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Preliminary results of the Belgian lifestyle program ENERGIE on weight in patients with psychiatric disorders

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Introduction: Life style intervention has shown in the general population to influence weight gain and delay metabolic complications.

Methods: ENERGIE is a lifestyle program adapted for psychiatric patients. Interactive open group sessions of 1h/week provide information about healthy food and physical activities. Additionally healthy activities are organized. Patients can give their consent for anonymous data collection.

Results: 194 patients (56% male) of all age categories have sent their follow up sheet for data entry. The median duration of the program was 80 days (0-223). The majority of patients were treated for psychosis (55%), 23% for mood disorder and 22% for other psychiatric conditions. Most patients were taking an antipsychotic drug (90%), 57% an antidepressant and 29% a mood stabilizer. BMI at baseline was normal in 25%. 33% of the patients showed overweight and 42% obesity. More females than males were obese. 66% of the patients did complete the program and only in 2% interruption was due to dissatisfaction.

Mean weight was 84.4 kg at start of the program and 83.3 kg at the end. 7% had changed BMI category from obese to overweight (from 42% to 35%). Patients (74%) and nurses (50%) judged that it helped in controlling weight.

Conclusion: Lifestyle programs can be adapted for patients with psychiatric disorders and contribute in the short term to control weight.

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Migration and schizophrenia spectrum disorders: Evidence from Romania

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Background: After the year 2000, external legal and illegal circulatory migration from Romania reached huge proportions. Germany and Austria, France, then Italy and Spain became major destination countries for emigration.

Aims of the study: The present study will describe the socio-demographic profile of the migrants who have developed mental illness, discuss the possible implications of migration on the mental health status.

Methods: 50 patients were assessed by a semi-structured interview investigating the immigration conditions, BPRS.

Results: Most of the patients were young, single, had no previous experience abroad, with few social ties in the host country. Their level of education entitled them for better jobs, but due to the fact that most

of them were illegal immigrants with poor language skills, they had to accept lower paid, unqualified and insecure jobs. The most frequent diagnosis indicated the schizophrenia spectrum.

Conclusion: The vulnerability of migrants for mental health problems, especially for schizophrenia is still debated. The patients included in the present study fit the general profile of the emigrant. Discrimination, social isolation, insecurity may increase the risk for mental illness.

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Akathisia: Old challenge for new antipsychotic agents

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Akathisia is well known extrapyramidal side-effect of conventional antipsychotic agents, which has been almost forgotten when new antipsychotics was developed. However, the uses of new antipsychotics have shown that it was anticipatory optimism, because new antipsychotics can cause akathisia as well as conventional. Since clinical presentation of akathisia may include psychiatry symptoms such as anxiety, mental unease, disforia etc. it can easily be misinterpreted as worsening of primary psychiatric illness especially schizophrenia or bipolar disorder which can cause wrong therapeutic intervention. It is very important to recognize akathisia in timely manner because its consequences especially high suicidal risk, can be fatal. Purpose of this work is to remind us on this, for patient very unpleasant and potentially dangerous side-effect, which was almost forgotten after beginning of therapeutic use of new antipsychotics. In this article we presented patient with schizophrenia who developed risperidone induced akathisia with suicidal pulsions. After reducing the dose of risperidone and implementation of clozapine patient's clinical condition was much improved.

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2nd generation antipsychotics for refractory generalized anxiety disorder

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Benzodiazepines and antidepressants are frequently used for the treatment of anxiety disorders, nevertheless low rates of remission and high rates of nonresponse are reported with their use. Fourty to 70% of patients with anxiety disorders fail to respond and more remain partly symptomatic after treatment, therefore there is a need for novel therapeutic strategies for refractory patients.

A small number of studies have been conducted in order to investigate the efficacy of 2nd generation antipsychotics for generalized anxiety disorder (GAD). Risperidone, olanzapine, aripiprazole, quetiapine and ziprasidone have proven to be effective and safe for the treatment of generalized anxiety disorder, either as augmentors of selective serotonin reuptake inhibitors (SSRI's) or as monotherapy.

However, definite conclusions cannot be drawn based on the small number of studies, the fact that they were mostly open-label and had small sample sizes. The efficacy and safety of 2nd generation

antipsychotics in GAD needs to be further investigated with randomized, double-blind, placebo controlled trials.

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Do extrapyramidal syndromes influence the patients' mortality?

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In 1994, all patients hospitalized in the Psychiatric University Hospital of Zurich and treated with regular neuroleptics (n = 200) were examined with regard to the prevalence of Parkinson syndrome, akathisia, and tardive dyskinesia. In 2003/04, the patients were traced and re-examined. Out of 200 patients, a total of 63 (31.5%) had died. The group of deceased patients was compared with the group of patients still alive with regard to several socio-demographic variables and the presence of extrapyramidal syndromes at the first examination. As it could have been expected, the patients who died were older and suffered more frequently from organic disorders; further, women were over-represented in this group. Neither group differed with regard to the presence of akathisia and tardive dyskinesia; however, Parkinson symptoms were found to be more pronounced in the deceased group. Thus, Parkinson syndrome due to neuroleptic treatment appears to be a possible risk factor contributing to a higher mortality amongst psychiatric patients.

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Insomnia and excessive daytime sleepiness in psychotic patients taking traditional or atypical antipsychotic medications

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The aim of the study was to evaluate quantitative sleep disorders in forty patients with a psychotic disorder (F 20 or F25 at ICD X International Classification), who are taking antipsychotic medication.

We studied 100 patients, affected by schizophrenic or schizoaffective disorder, aged from 20 to 65 years old. These patients were divided in four groups each containing 25 people who were taking neuroleptics or atypical antipsychotic (olanzapine, risperidone or aripiprazole).

The variability of quantitative sleep disorder was measured using questions 4-5-6 of Hamilton Depression Scale to evaluate early, intermediate or late insomnia, and the Epworth Sleepiness Scale to assess EDS (excessive daytime sleepiness)

We all know the sedative effects of neuroleptics, furthermore it is not unexpected that most of the atypical antipsychotics are sedating, and thus have the potential to impair judgement, thinking or motor skills giving the patients the sensation of being different from the other people. Many times we forget that the other side of insomnia is the excessive daytime sleepiness....

In the future, we have to manage these disorders, if we want to avoid lack of compliance and further drop out of therapy.

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QT interval and dispersion in very young children treated with antipsychotic drugs

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Objectives and Background: QT dispersion (QTd) is a measure of interlead variations of the surface 12-lead electrocardiogram (ECG). Increased QTd, found in various cardiac diseases, reflects cardiac instability and risk for lethal cardiac arrhythmias. Research suggests a link between psychotropic treatment, ECG abnormalities (QT prolongation) and increased sudden cardiac mortality rates. Reports of sudden death in children treated with psychotropic drugs have raised concerns about cardiovascular monitoring and risk stratification. QTd analysis has not been investigated in very young children treated with antipsychotic drugs. In the present retrospective chart review study we calculated QT interval, QTd and their rate-corrected values in very young children treated with antipsychotics.

Methods: The charts of 12 children (aged: 5.8 ± 0.98 years, 4 - girls, 8 - boys) were examined before initiation of antipsychotic treatment [risperidone (n = 7), clotiapine (n = 1) and propericiazine (n = 4)], and during the maintenance period after achieving a positive clinical response. Three children were concomitantly maintained on methylphenidate. QT interval, QTd and their rate-corrected values were calculated.

Results: QT interval, QTd and their rate-corrected values were all within normal values both before and after successful drug treatment.

Conclusions: This preliminary naturalistic small-scale study suggests that antipsychotic treatment, with or without methylphenidate, in very young children is not associated with significant alterations QT interval and dispersion, indicating the safety of these agents in this unique age group.

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Acutely disturbed behaviour in psychiatry: A survey of current practice

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Background: Acute behavioural disturbance in psychiatric patients often requires urgent treatment. National guidelines in England indicate that olanzapine is a suitable alternative to older antipsychotics due to a beneficial side effect profile.

Method: A retrospective study that looked at the case notes of 32 patients on an acute adult and psychogeriatric ward. Information was gathered on patient gender, diagnosis, incidence of acute behavioural disturbance in the preceding 3 months and the type of medication and route of administration chosen.

Results: Of the patients assessed 56.2% (18/32) were male and 43.8% (14/32) were female.

62.5% (20/32) were aged between 18-65 years and 37.5% (12/32) were aged over 65yrs.

43.8% (14/32) had a diagnosis of schizophrenia and 21.9% (7/32) had a diagnosis of bipolar affective disorder.

Pharmacological intervention for acutely disturbed behaviour was necessary in 46.9%(15/32) of patients. In 86.6% (13/15) of these cases the oral route of administration was chosen. Haloperidol was used in 46.6%(7/15) of cases while the other cases necessitated the use of lorazepam only. Although oral and im preparations of olanzapine were available neither were chosen in any of the above cases. Vital signs were monitored in only 6.6% (1/15).

Conclusions: Surprisingly haloperidol, an older antipsychotic, is still preferred over olanzapine which has fewer extrapyramidal side effects and is widely acknowledged to be effective in the acute setting.