

clozapine withdrawal itself. Clinicians should be alert to recognizing catatonia as a possible clozapine withdrawal phenomenon.

P070

First diagnoses in schizophrenic patients

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Until a patient is diagnosed of schizophrenia often receives another diagnoses. Reasons can be multiple: difficulty for the differential diagnosis in prodromal phases, comorbidity with other psychiatric disorders, abuse of substances, behaviour disorders, etc.

Objective: The aim of this study is to analyze the diagnosis that received in the first admission a sample of schizophrenia diagnosed patients.

Patients and Methods: Health histories of schizophrenia diagnosed patients who entered the Brief Hospitalization Unit of Dr R. Lafora Hospital in 2005 are analyzed. A total number of 162 patients is obtained. The diagnosis that received in the first entrance to our hospital is extracted from the health history.

Results: A 64,4% of the patients with diagnosis of schizophrenia in 2005 were diagnosed of schizophrenia in their first entrance. Another 8,6% were diagnosed of psychotic nonspecified disorder. A 7,4% did not receive psychiatric diagnosis. 6,4% brief psychotic episode. A 3,1% psychotic disorder induced by substances. A 2,5% schizoaffective disorder. A 0,6% bipolar disorder. And a 6,2% received other diagnoses.

Discussion: The data of our study indicated that a 28,2% of the schizophrenia diagnosed patients received another diagnosis previously (a 7,4% did not receive diagnosis to the discharge). Of the previously data, a 21,4% received diagnoses of psychotic disorders different from schizophrenia. This must probably response to temporary criteria for the diagnosis of schizophrenia (brief psychotic episode) prodromal forms (psychotic nonspecified disorder) and to substances use (psychotic disorder induced by substances) that make difficult the diagnosis in the early phases of the disease.

P071

The role of long-acting risperidone in antipsychotic polypharmacy: Retrospective study in a brief hospitalization unit

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Introduction: Despite the use of antipsychotics as monotherapy is considered to be the standard treatment for schizophrenia and other psychotic disorders, many studies prove that antipsychotic polypharmacy (AP) is more frequent than expected in accordance to the experts' guidelines.

Objective: To analyze the prescription of long-acting risperidone (LAR) for schizophrenic patients discharged after being admitted in our BHU and its relationship with the AP.

Material and methods: This retrospective study reviews the antipsychotics prescribed to those discharged patients diagnosed as schizophrenic who were admitted in our BHU during 2005. A total of 209 patients are included. The data are analyzed in relation to the prescription of antipsychotics for discharged patients on LAR

and the antipsychotic combinations for those patients discharged on another antipsychotic regime, both as a complementary treatment and to cover the LAR therapeutic window.

Results: 57 patients (27%) were discharged on LAR. 42% were treated with benzodiazepines, 56% with anticholinergics and 16% with mood stabilizers. 79% of patients treated with LAR were discharged with another antipsychotic in combination: oral risperidone (58%), followed by amisulpiride (18%). Similar dosages were used in patients discharged only on LAR and those used in patients prescribed with more than one antipsychotic ($p > 0.05$).

Conclusions: LAR could be an efficient strategy both to enable the treatment compliance and to achieve a monotherapy treatment. Despite LAR is frequently combined with another antipsychotic, in most cases oral risperidone is used, consequently avoiding the use of two antipsychotics of different kind in the same patient.

P072

The role of psychiatrist on prescription of psychotropic drugs in schizophrenic patients in a psychiatric brief hospitalization unit

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Introduction: Use of antipsychotic drugs in monotherapy is considered the standard treatment for schizophrenia and other psychotic disorders. Nevertheless, exist numerous studies that show as the polypharmacy with antipsychotics (PA) is much more frequent than it would be expected attending to experts recommendations.

Objective: The objective is to compare the prescription habits, in reference to the PA as well as to other psychotropic drugs, of 8 psychiatrists of a Psychiatric Hospitalization Unit.

Material and methods: Review of the psychotropic drugs prescribed as maintenance treatment in schizophrenia patients ($n=200$) at outcome in 2005.

Results: 55,5% of 200 studied patients were registered with PA. This frequency oscillates between 78% and the 33,3% based on the psychiatrist. The patients received an average of 3,06 (DS 1,26) of psychotropic drugs; rank between 2,69 (DS 1,10) and 3,38 (DS 0,52) in relation to the psychiatrist. As maintenance treatment at outcome, it was prescribed an average of 1.61 (DS 0.65) of antipsychotics, rank 1.33 (DS 0,49) – 2,00 (DS 0.7). 33,2% patients received anticholinergics (17,1%-100% according to psychiatrist). Benzodiazepines were prescribed to 62,2% of patients (17,1%-100%). Mood stabilizer in the 16,7% of the cases (8%-41%). It is observed that those psychiatrists who use more PA use less benzodiazepines and anticholinergics.

Conclusions: PA extended practice in spite of therapeutic guides recommendations. Although differences between the psychiatrists from the study are observed, most of the patients have 3 psychotropic drugs as maintenance treatment at outcome: 1 or 2 antipsychotics, benzodiazepines and anticholinergic drugs.

P073

Predicting the “revolving door” phenomenon in schizophrenic patients

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