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Atypical vs. Conventional antipsychotic drugs — effects on quality of life

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The study analyzes effects of using atypical antipsychotic drugs (risperidone and clozapine) as compared with effects of using conventional antipsychotic drugs (haloperidol) in treatment of schizophrenic and schizoaffective disorders. The analysis focuses on assessing quality of life and subjective association with applied treatment in examinees during the administration of a medicament therapy. Level and pace of reducing social dysfunction, as well as of improving quality of life, is measured by Heinrichs-Hanlon-Carpenter scale, while the subjective association with applied antipsychotic treatment in examinees is measured with a specifically designed scale. The study covers 160 examinees split into two groups of 80 - experimental and control. The experimental group's examinees are treated with atypical antipsychotic drugs, and the control groups examinees are treated with conventional antipsychotic drugs. The study encompasses one year of examinee observation with a following frequency: at a beginning of the analysis, after 2 weeks, after 4 weeks, after 8 weeks, after 3 months, after 6 months, after 9 months, and finally after 12 months. Statistical analysis and inter-group comparison of examinees treated with atypical antipsychotic drugs and those treated with conventional antipsychotic drugs followed the observation period.

Results: Indicate a significantly better social rehabilitation and subjective association with therapy in examinees treated with atypical antipsychotic drugs compared with those treated with conventional antipsychotic drugs.

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Acute use of antipsychotics: The issue of dose

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Data on the use of antipsychotics in acute psychiatric patients are based almost entirely on RCT trials with fixed or flexible dosing inside registered dosing intervals. Usually antipsychotic monotherapy is used in such trials. Real-life clinical experience might differ from such data and put in question recommendations and guidelines.

Inpatients admitted to PICU at University Psychiatric Hospital in Ljubljana during one month in 1999 and in 2006 were compared by clinical variables using CGI and GAS and by the use of antipsychotics. The doses of used antipsychotics were calculated into CPZ equivalents and compared with recommended as well as registered doses.

Results showed that samples for 1999 and 2006 did not differ in major demographic data. Clinical data however showed that 2006 patients were admitted more ill and discharged less ill (1 point average difference in CGI). The average doses of antipsychotics rose from 383 mg/day in 1999 to 689 mg/day in 2006. Although the atypical/typical ratio changed 5-fold during observed time, change in the observed doses is attributed to atypicals only. The doses of typical antipsychotics did not change comparing 1999 and 2006 sample.

The study was able to show important changes in the acute use of antipsychotics during the era of atypical or newer antipsychotics. Our results put in question some of the recommended dosing for

antipsychotics in the acute psychiatric patients and confirm the practice of off-label use of antipsychotics regarding the dose in acute psychiatric states.

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Quetiapine reduces sib in non-psychotic BPD: A case report

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Self injurious behavior (SIB) is a core feature of borderline personality disorder (BPD). BPD is a potentially life threatening psychiatric disorder causing considerable intraindividual distress, impairment of psychosocial functioning, disturbed relationships and high rates of treatment utilization. The use of antipsychotics in BPD implies differential etiopathogenetic thinking in specialists who are convinced that BPD is a heterogen diagnosis representing "borderline schizophrenia" or bipolar disorder. Quetiapine decreases psychotic symptoms in hallucinating BPD and may be effective in "borderline schizophrenia" or "borderline bipolar patients". Several articles have speculated on the effectiveness of quetiapine in borderline symptoms as SIB targeting on reduction of causal pervasive affective dysregulation.

A 24 years old female patient was referred to a psychiatric inpatient unit due to an increase of SIB. Initial diagnostic process solidified diagnosis of BPD. Axis I diagnosis were alcohol abuse, recurrent major depression, eating disorder nos. A protocol on inner tension and frequency of SIB was introduced. HAM-D, CGI-S, CGI-I and Barrat-Impulsiveness-Scale were administered weekly respectively monthly for 3 month. After informed consent the initial polypharmacy excluding the antidepressant was terminated within the following 10 days and quetiapine was started with 25mg/day. The following days quetiapine dosage was titrated to 250mg/day with only mild sedation. There was a marked decrease of SIB over 3 month of treatment. All other measures improved over 3 month of observation time. Decrease of symptom pressure activated the patient to increase use of solving skills to reduce/control inner tension.

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Psychiatrists' attitudes to antipsychotic depot injections (i): Preferences and choice

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Background: Antipsychotic depot injections can improve adherence compared to tablets. However, depot prescribing practices differ amongst psychiatrists. Previously, some clinicians perceived an "image" problem for typical antipsychotic depots. This study investigated psychiatrists' attitudes and knowledge concerning antipsychotic depots (typical and atypical) in an era when patient choice is a pertinent issue.

Method: Cross-sectional postal survey of consultant psychiatrists working in NorthWest England. A pre-existing questionnaire on clinicians' attitudes and knowledge regarding depots was updated.

Results: The sample comprised 102 consultant psychiatrists (response rate 102/143, 71%). Their use of depots over the past 5 years had: decreased (50%), not changed (27%), increased (23%). In