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Background: Evaluation of initial treatment course in schizophrenic patients after transition to RIS-CONSTA under clinical routine conditions seems important for understanding of long-term disease stability.

Methods: Pretreated moderate-to-severely ill schizophrenic inpatients were switched to RIS-CONSTA (i.m. two-weekly). Assessments included reasons for transition, co-medication, PANSS, NOSIE, AE, EPMS. Study completion criteria were clinical stability with RIS-CONSTA and/or discharge within/maximum 12 weeks. Criteria for stable adjustment were (1)RIS-CONSTA was the only high-potency/atypical antipsychotic, (2)stable/improved CGI, (3)stable RIS-CONSTA dosage since previous visit.

Results: Prospective naturalistic study with 290 patients (Mean age 40.3y; 56.2% male). Causes for transition were insufficient efficacy (46.9%), tolerability (13.8%), compliance (70.4%), initiation of long-term treatment (70.3%). At discharge n=123 (43.8%) patients were judged as clinically stable (S), n=167 (56.2%) as not stable (NS). Median hospitalization duration (S-group) was 42, for NS-group 28 days. PANSS and NOSIE revealed clinical and psychosocial amelioration in favor of S-group. Most common AEs were EPMS (both groups), although total EMPS-score improved in 63% during the study. Variables that correlated with given definition for stability were not identified.

Discussion: A shorter stay in hospital for clinically NS-patients with schizophrenia may be due to several factors [e.g. higher need of patients for discharge (prior to remission) leading to "revolving door effect", low potential for long-term remission, lack of therapeutic adherence, pressure of external health care providers]. These results raise the question, whether extended hospitalization of NS-patients may foster clinical stability. This study suggests effectiveness and improved tolerability (EPMS) of RIS-CONSTA in moderate-to-severely ill patients with schizophrenia.

P054

Plasma glutathion peroxidase in chronic schizophrenics

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Introduction: Reduced Glutathion Peroxidase (GSH) is a common biologic marker of antioxidant status frequently used in schizophrenic research. Data regarding GSH levels in schizophrenic patients are controversial. Our objective is to study whether or not GSH levels have seasonal or circadian fluctuations in schizophrenic outpatients.

Methods: 23 clinically stable treated chronic schizophrenic outpatients were studied in summer and winter. The same day in July and January, blood samples were extracted between 8:30 and 9:00 after one night fasting. The same routine was followed during the two experimental sessions.

Results: GSH plasma levels were not significant different between summer and winter. There was no significant difference between nocturnal and diurnal GSH levels in neither winter nor summer.

Conclusions: Plasma GSH does not present seasonal levels either a circadian rhythm.

P055

Psychopathology and global functioning in schizophrenic patients on depot antypsychotics and long-acting injectable risperidone: A six month comparative study

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Introduction: The introduction of the first atypical antipsychotic with a long acting formulation has open new therapeutic options for the treatment of schizophrenic patients. Our objective consists of comparing psychopathology levels and global functioning in patients with paranoid schizophrenia treated in monotherapy either with long-acting injectable risperidone (LAIR) or conventional depot antipsychotics (DA).

Methods: Patients attending at the community mental health center during the six-month recruitment period were eligible to enter the study. Scores achieved in positive and negative subscales of PANNS and EEAG scale of (Global Activity Evaluating Scale) were evaluated at baseline and 6 months later. Six patients treated with RLAI and six patients treated with DA were recruited. Data were analyzed both with the real sample (N=6 per group) and extrapoling the same results to a bigger sample size (N=24 per group).

Results: Mean increase in scores for both PANNS positive and negative subscales were lower in patients treated with RLAI that in those treated with DA (positive subscale: 0.018±0.06 vs. 0.048± 0.03, RLAI and DA, respectively, p=0.387; negative subscale: 0.232± 0.076 vs. 0.3095±0.123, RLAI and DA, respectively, p=0.579). EEAG scores were higher for patients treated with RLAI than those treated with DA (1.250±0.56 vs. 0.333±0.225, p=0.144). When these results are extrapolated to a sample of 24 patients per group, differences in EEAG reach statistical significance (p=0.034).

Conclusions: After 6 months of treatment, patients treated with RLAI tend to show a greater improvement in their global activity than those treated with DA.

P056

Reduced polypharmacy in patients enrolled in the electronic schizophrenia adherence registry (E-STAR) and treated with risperidone long-acting injection (RLAI) for 6 months

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Objectives: To evaluate changes in the use of non-antipsychotic concomitant medication related to schizophrenia in patients enrolled in e-STAR in Belgium (B), Spain (S) and Australia (A) who were initiated on RLAI.

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