A. Crockett, M. Goldstein. *The Priestley Unit, Dewsbury and District Hospital, Dewsbury, West Yorkshire, United Kingdom*

Background and aims: To determine whether depot patients on typical antipsychotics may benefit from a treatment switch.

Methods: Outpatients with a reported diagnosis of schizophrenia attending a depot clinic in Dewsbury, UK, were given full psychiatric and physical reviews. Recommendation of patients' future treatment was based on findings. Treatment switches were made three months after baseline assessments.

Results: Of 111 patients considered for review, 108 (63 men/45 women) were assessed; 94.4% had a diagnosis of schizophrenia. Before review, 98% received typical antipsychotic depot preparations and 2% the long-acting atypical antipsychotic, Risperdal Consta. Nearly two-thirds (63.0%) received flupentixol decanoate. Following review, 74.1% patients received long-acting injectable medication, 24.1% oral medication and two patients discontinued treatment. Of those on long-acting injectable antipsychotics, 85.0% received typical depots; 15.0% Risperdal Consta. Most (92.3%) oral medications were atypical antipsychotics. Nearly two-thirds of patients (62.0%) continued on the same medication. On review, hyperprolactinaemia was found in 28 (25.9%) patients, particularly women; treatment was changed for 17 patients, mainly to Risperdal Consta. Eleven (10.2%) patients had glucose abnormalities; treatment was changed for three to risperidone preparations. 41.7% patients had other biochemical abnormalities, mainly liver function tests and dyslipidaemia. Nearly 40% were hypertensive and around one-quarter had electrocardiogram abnormalities.

Conclusions: Data suggest that depot patients on typical antipsychotics may benefit from medication review to consider use of atypicals and other newer classes of antipsychotics, and that health monitoring of these patients may be prudent.

P171

Long-acting risperidone improves negative symptoms in stable psychotic patients

V.A. Curtis [1], K. Katsafouros [2], H.J. Moeller [3], R. Medori [4], E. Sacchetti [5,6]. [1] *Institute of Psychiatry, Maudsley Hospital, London, United Kingdom* [2] *Tarsi Psychiatric Clinic, Psychotherapeutic Center, Dromokaition State Hospital, Athens, Greece* [3] *Department of Psychiatry, University of Munich, Munich, Germany* [4] *Janssen-Cilag, Medical Affairs EMEA, Beerse, Belgium* [5] *University Psychiatric Unit, Brescia University School of Medicine, Brescia, Italy* [6] *Department of Mental Health, Brescia Spedali Civili, Brescia, Italy*

Objective: To evaluate the efficacy of risperidone long-acting injectable (RLAI) for reducing negative symptoms of schizophrenia in patients with predominantly negative symptoms at baseline.

Methods: This subanalysis on data from the 6-month, open-label Switch to Risperidone Microspheres (StoRMi) trial included patients with Positive and Negative Syndrome Scale (PANSS) negative subscale score >= 21, which was higher than their PANSS positive subscale score. Improvement in negative symptoms was assessed on the PANSS negative subscale and the negative factor score based on [1]. Additional outcome variables included measures in general functioning, quality of life, and patient satisfaction.

Results: A total of 842 patients were eligible for inclusion in this subanalysis. Six months of treatment were completed by 631 (74.9%) patients. 43 (5.1%) patients discontinued treatment due to an adverse event. Negative symptoms were significantly reduced by 6.1 +/- 6.3 points for the PANSS negative score and 6.1 +/- 6.4 points for the negative factor score1, ($P<0.0001$ for both). Significant improvements were also noted for total PANSS and other PANSS subscale scores, general functioning, quality of life, and patient satisfaction ($P<0.0001$). The most common treatment-emergent adverse events (>5%): anxiety (6.8% of patients), exacerbation of disease (6.2%), and insomnia (5.7%). Overall RLAI was well tolerated and associated with significant reductions in movement disorder severity.

Conclusion: RLAI treatment resulted in significant improvement in negative symptom severity and was well tolerated in patients with predominantly negative symptoms, who switched from a stable antipsychotic regimen.

Reference

[1] Marder, et al., J Clin Psychiatry 1997;58:538.

P172

Patients attending a psychiatric emergency service: What do they really want?

J. De Fruyt [1,2], H. Vervaeke [1], M. Haspeslagh [1], S. Aneca [1], H. van den Ameele [1]. [1] *Department of Psychiatry, General Hospital AZ Sint-Jan AV, Brugge, Belgium* [2] *Department of Psychiatry, University Hospital Gasthuisberg, Leuven, Belgium*

Background: Mental health-related visits to emergency departments are growing. Research on the decision making process in psychiatric emergency services (PES) has focused on the severity of symptoms and dangerousness as predictors of admission or discharge. Patient requests have been understudied in this predominantly medical approach.

Objectives: The main objective of this study was a standardized evaluation of patient requests in PES.

Methods: The 'Hulpvragenlijst' (HVL), a 61-item self-rating questionnaire was administered to 102 consecutive patients attending the PES of a general hospital. The HVL assesses 7 different components of patient requests: psychological, relational, problem-oriented, medical, information-oriented, and psychiatric. Exclusion criteria were disturbed consciousness and severe psychomotor agitation.

Data processing following the rules of HVL aggregation was performed. Ridit analysis was further used for refined data aggregation. This is a method for comparing ordinal-scale responses. Patient requests were looked at in different subgroups (according to diagnosis and disposition).

Results: Data processing following the rules of HVL aggregation showed that the main request of patients was information-oriented, less relational or medical. Ridit analysis showed a more refined pattern of requests in different diagnostic and dispositional categories: each category characterized by a distinct profile of requests.

Conclusions: Patient requests, besides the severity of symptoms and dangerousness, are a supplemental view on the needs of patients attending PES. These different components should be entered into a ''negotiation'' that ultimately results in a treatment decision. If confirmed in other studies these data could be used for the future development of PES service delivery.

P173

Trp64Arg beta3 adrenergic polymorphism in antipsychotic-induced weight gain and obesity: A meta-analysis

https://doi.org/10.1016/j.eurpsy.2007.01.487 Published online by Cambridge University Press