treatment. When she was hospitalized, her mental status examination was positive for grandiose delusions, psychomotor agitation and pressured speech. Quetiapine 400 mg/day had been given the patient and the dose increased to 1200 mg/day in 15 days and then haloperidole 15 mg added to the treatment. During her stay at hospital her obstetrical and perinathological examination had done by consultant obstetrician and had been followed after discharge. At the follow up detailed ultrasound examinations, fetal echocardiography and blood investigations showed no abnormality. This combination was continued for 4 weeks and then haloperidole had stopped. Quetiapine 1200 mg/day was reduced to 400 mg/day slowly in 4 weeks period and the patient had stopped taking medicine 10 days later. 4 weeks after that, she gave birth to a healthy boy at 39th week of her pregnancy with C/S.

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Acute psychiatric inpatient treatment: An observational study

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Background and aims: Naturalistic data on acute psychiatric inpatient treatment is scarce, data from RCT's are less relevant due to exclusion criteria for more severelly ill inpatients and lack of capacity to give informed consent. Treatment recommendations are influenced more by data on less acutely ill psychiatric inpatients.

Methods: All inpatients admitted to PICU during one month were screened for diagnosis (ICD-10), severity of illness and symptoms (CGI and GAS), therapy and speed of significant clinical improvement (observation) at admission, in 24 hours and at discharge.

Results: 227 consecutive PICU admissions were included, gender ratio=1, average GAS 41, CGI 5. Median lenght of hospitalization was 2.5 days. Atypical to typical antipsychotics ratio was 4:1, rate of clinical improvement was 35%. Results were compared with results of similar study 7 years ago and the difference in the profile of antipsychotic drugs usage was significant and favoured atypicals.

Conclusions: Antipsychotics and benzodiazepins are most often used drugs to control acute psychopathology. The use of classical AP's is diminishing in recent years without the lost of efficacy. The CPZ equivalent dosages are however higher then recommended in the literature and reflect more the everyday clinical practice.

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Who responds to aripiprazole? An observational study

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Background: Aripiprazole is a new antipsychotic with a different mode of action to established second generation antipsychotics. We aimed to study patients who were prescribed aripiprazole in routine clinical practice, to identify patients who had a good clinical response.

Methods: From a data set of 21,000 electronic patient records (starting in 2002), we retrospectively identified all secondary care psychiatric patients started on aripiprazole (n=180). We assigned an improvement score of Clinical Global Impression to these records to measure the effectiveness of aripiprazole. We examined demographic and clinical correlates of patients who improved (CGI scores <5) versus those who did not improve (CGI≥5).

Results: Adequate records for analysis were available for 120 patients. 77 patients (64%) had a CGI 1-4 (minimally to very much improved). 43 patients (36%) had a CGI≥5 (no change to very much worse). The discontinuation rates were 17% (improved group), and 43% (no change to worse group) Those who did well could not be distinguished in terms of age, sex, mean duration of record availability (approx 700 days), diagnosis (>80% psychosis), duration of contact with services, or initial dose of aripiprazole (10mg). Patients who improved with aripiprazole were less likely ($p<0.01$) to be treatment resistant (previous or subsequent treatment with clozapine). Discontinuation was primarily due to agitation (29%) followed by inefficacy (23%) and worsening psychosis (10%).

Conclusions: Aripiprazole was clinically effective in around two-third of patients. Favourable response was associated with lack of treatment resistance. Agitation followed by inefficacy were the commonest reasons for discontinuation.

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Who responds to risperidone and zuclopenthixol long-acting injections? A comparative observational study

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Background and aims: Few studies are available comparing the effectiveness of Risperidone long-acting injection (RLAI) against conventional depot antipsychotics. We aimed to study patients who were prescribed the long-acting injections Risperidone and Zuclopenthixol decanoate in routine clinical practice, to identify predictors of continuing longer-term treatment.

Methods: From a data set of 11,250 electronic patient records, we retrospectively identified all secondary care psychiatric patients Risperidone and Zuclopenthixol depots during a three years period (2002-2005). We calculated the duration of treatment ratio (DoTR) (duration of mention of medication divided by total duration of psychiatric record) as a measure of effectiveness. We examined clinical and demographic variables associated with high and low DoTRs, i.e. patients likely to continue versus those likely to discontinue treatment.

Results: 98 records were identified for Risperidone LAI, 70 for Zuclopenthixol. Patients who continued longer-term treatment were similar for both compounds in terms of age, sex, diagnosis, length of contact with services, previous Clozapine treatment and co-prescription with other psychotropics. Individuals continuing on RLAI long-term were on a higher maximum mean dose (42 mg every 2 weeks) compared to those who discontinued early (30 mg every 2 weeks) p=0.0002. Discontinuation due to adverse effects was less with RLAI than with Zuclopenthixol (26% versus 63%, p=0.06).

Conclusions: Both RLAI and Zuclopenthixol depot are clinically effective in longer-term treatment of psychotic disorders. Patients established on higher dose RLAI (37.5 mg and 50 mg per fortnight) were more likely on to continue long-term treatment.

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Patient satisfaction with psychiatric care in the rehabilitation ward - Lincolnshire, UK

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