

Objectives To analyze the prescription of Clozapine in a sample of 88 inpatients admitted to a subacute psychiatric hospitalization unit.

Methods This is a transversal study. All patients admitted for a medium-term psychiatric treatment since 01/06/2014 to 30/11/2015 were included. Data about socio-demographical status and clinical situation were obtained and compiled in a database. This study compares patients receiving clozapine treatment with those who receive other psychopharmacologic treatment. Statistics were performed using SPSS Software.

Results Eighty-eight patients (52% men; mean age: 48.6 years) composed the sample. In 58% of cases, schizophrenia and schizoaffective disorder were the diagnoses motivating the admission. Within the 51 patients with Schizophrenia or Schizoaffective Disorder, 16 of them (31.4%) received Clozapine. Comparing clozapine group vs non-clozapine group, there were no significant differences between the groups in terms of sex, civil state or working state. Instead, Clozapine group patients were older, had a major number of previous hospitalization admissions and had a larger trajectory of their disorder.

Conclusions Patients requiring treatment with Clozapine had a major number of hospital admissions and had more often committed suicide attempts, suggesting a more severe course of the disorder. They were older than the non-clozapine group. Clozapine is delayed in its use among resistant-treatment patients. It is worth highlighting that only 16 cases of Schizophrenia inpatients received Clozapine. It could mean that Clozapine is underprescribed.

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The treatment of autism with pipamperone: A case report

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Introduction Adults with autism spectrum disorders (ASD) often have behavioral disorders, like aggression, agitation and self-injury. These problems are frequently severe enough to limit educational and developmental progress. Only risperidone and aripiprazole have so far been approved by the FDA for the treatment of behavioral disturbance associated with autism. These drugs are not very effective in the long term, with little benefits to the social functioning and they are associated with side effects. This case report describes the use of pipamperone, in treating behavioral disorders of a patient with autism spectrum disorder and severe mental retardation.

Case presentation Here is presented the case of a 32-year-old man with autism spectrum disorder, severe mental retardation (caused by undiagnosed phenylketonuria for the first 3 years of life) treated with antipsychotics since childhood. He showed numerous episodes of psychomotor agitation, hetero-direct physical aggression and self-injury, and movement disorders induced by drugs. Treatment with pipamperone reduced drastically crises of psychomotor agitation, and behavioral disorders, without extrapyramidal side effects, and led to an improvement in social functioning. The control of behavioral symptoms associated with adherence to treatment was maintained for 6-month follow up. These clinical observations are supported by ratings using: ABC, CGI-S and CGI-I, VABS, SAS, AIMS.

Conclusion This case report provides the first potential evidence that pipamperone may be effective in treating behavioral prob-

lems associated with autism spectrum disorders. Moreover, the improvement of social functioning and the lack of extrapyramidal side effects make this drug notable for its effectiveness and tolerability.

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Effect of metformin treatment on metabolic parameters in atypical antipsychotic-treated schizophrenic patients

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Few studies have compared the effect of Metformin treatment on metabolic parameters in atypical antipsychotic-treated schizophrenic patients. The present study examined metabolic abnormalities due to clozapine or olanzapine in schizophrenic patients and, secondly, the effect of metformin treatment on these parameters. Twenty-six patients (19 M and 7 F) from neuropsychiatric nursing home "Villa dei pini" (Avellino) were enrolled, in collaboration with our Department of Psychiatry, University of Naples SUN. All patients had been diagnosed according to DSM-IV criteria. They were recruited from July 2013 to January 2015. Clozapine or olanzapine-related hyperglycemia required metformin introduction in therapy. All prescribed drugs were maintained at the same therapeutic daily dose during our study. We performed 1, 3 and 6 months follow up after metformin initiation. For each patient fasting cholesterol, glucose, triglycerides, body weight (BW), body mass index (BMI), systolic and diastolic blood pressure (BP) were evaluated. SPSS 16.0 (Statistical Package for Social Science) was used for data analysis. After antipsychotic treatment BMI, fasting glucose and triglycerides were significantly higher respect to basal values ($P < 0.01$, $P < 0.0001$, $P < 0.05$, respectively). After metformin treatment, a significant improvement in fasting glucose, cholesterol and triglycerides was registered ($P < 0.001$). Conversely, BMI values, although not significant ($P < 0.168$), showed a trend in increasing. This observational study underlines that metformin in antipsychotic-treated patients could be useful in preventing clozapine or olanzapine related metabolic abnormalities in schizophrenic patients.

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Pro-BNP as a biomarker of asymptomatic clozapine-related heart dysfunction: Possible usefulness for clozapine management

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Cardiovascular clozapine-related side effects such as tachycardia and orthostatic hypotension are well recognized, but are rarely clinically important. However, the increasing number of life-threatening drug-related complications are giving rise to concerns about cardiac adverse reactions (myocarditis, cardiomyopathy, pericarditis and heart failure). The diagnosis is usually made con-