beneficial needs to be determined in a randomized double-blinded placebo trial.

P0288

Sudafed for sertindole-induced decreased ejaculatory volume

J. Nielsen. *Unit for Psychiatric Research, Aalborg Psychiatric Hospital, Aalborg, Denmark*

Sexual dysfunction is very common among patients with schizophrenia. Sertindole is a non-sedating atypical antipsychotic drug with a low incidence of extra pyramidal side-effects. Male patients treated with sertindole often complain of decreased ejaculatory volume. This might be due to the α1 noradrenergic antagonist properties of sertindole. Whether the decreased ejaculatory volume is due to a retrograde ejaculation or due to the fact that the vas deferens is not contracted is unknown. Decreased ejaculatory volume or dry orgasm can be very intimidating for patients with schizophrenia because it might lead to feelings of not being a male or in worst case delusions about disappearing of the semen.

We investigated whether pseudoephedrine (brand name SUDAFED) can reverse the decreased ejaculatory volume induced by sertindole. Pseudoephedrine is an over-the-counter medication used for nasal congestion. Pseudoephedrine is a sympatomimetic amine with α1 agonist properties and is sometimes used for retrograde ejaculation caused by α1 blocking drugs used for benign prostatic hyperplasia. Patients were asked about quality of orgasm, changes in ejaculation volumen and other sexual problems during treatment with sertindole.

P0289

Off-label use of atypical antipsychotics in the crisis intervention unit: An observational study

B. Novak Sarotar, N. Segrec. *Crisis Intervention Unit, University Psychiatric Hospital, Ljubljana, Slovenia*

Background and Aims: Antipsychotic medications are used for the treatment of schizophrenia and other psychotic disorders. The aim of our study was to assess the off-label use of atypical antipsychotics (AA) in the Crisis Intervention Unit (CIU), Ljubljana, Slovenia.

Methods: Hospital records of 105 consecutive patients that were admitted to the CIU in the period of 4 months (June – September 2007) were included to the retrospective observational study. Patients were screened for diagnosis (ICD-10), gender, age, suicidal behavior and for prescribed psychotropic medications. Off-label use of atypical antipsychotics for diagnoses other than psychosis was evaluated. We noted which specific antipsychotics were prescribed for specific diagnoses with their daily dosages transformed to chlorpromazine units (CPU).

Results: Most patients suffered for stress related disorders (48%), depression (32%), anxiety disorders (14%) and other disorders (6%). Gender ratio was in favour of women (77%). Average age of patients was 52,1 years. 27% of patients were admitted after the suicide attempt, 46% reported suicidal thoughts. Off-label use of AA was noted in 65% of patients who suffered from stress related disorders, in 36% of patients with depression and in 49% of patients with anxiety disorders.

Conclusions: Our results show that atypical antipsychotics are widely used for indications other than psychosis, even though the long-term effects of their use are not yet known and safety issues remain to be examined further.

P0290

Previously untreated patients with schizophrenia : The nnt for all causes of treatment discontinuation and the nnh for weight gain

D. Novick [1], J.M. Haro [2], D. Suarez [2]. [1] *European Health Outcomes Research, Lilly Research Centre, Erl Wood Manor, Windlesham, UK* [2] *Sant Joan de Deu-SSM, Fundacio Sant Joan de Deu, 08830 Sant Boi de Llobregat, Barcelona, Spain*

Background and Aims: To compare the relative effectiveness and tolerability profile, in terms of Number Needed to Treat (NNT) for all causes of medication discontinuation and Number Needed to Harm (NNH) for 7% of increased of body weight of olanzapine, risperidone, typical (oral and depot) and other atypical antipsychotic medications (quetiapine and amisulpride) in previously untreated outpatients with schizophrenia during 36-month follow-up.

Methods: NNTs (NNHs) mean the number of patients needed to be treated with one antipsychotic instead of another to prevent (produce) one negative outcome.

Previously untreated patients with schizophrenia were defined as patients who i) had never received antipsychotic treatment for schizophrenia and ii) had not received antipsychotic treatment in the 6 months prior to study inclusion. Rate of medication discontinuation for any cause during the 36 months post initiation was calculated for olanzapine (28.9%), risperidone (36.2%), typicals (44.5%) and other aypicals) (34.7%). Cox and logistic regression models were employed to adjust for treatment group differences at baseline and NNTs and NNHs with their 95% confidence intervals were calculated.

Results: The NNTs for all-cause discontinuation of olanzapine were: 12.2.(95% CI: 5.8; 229.7) for olanzapine vs. risperidone, and 6.2 (3.1 ; 37.8) for olanzapine vs. typicals. The NNH for 7% weight gain was -3.7 (-2.6 ; -9.5) for olanzapine vs. typicals.

Conclusions: Treatment effectiveness and tolerability varied among medications. The NNTs for olanzapine therapy were consistently better when compared to other treatment cohorts. The weight-gain NNHs for olanzapine treatment were less favourable when compared to other antipsychotic medications.

P0291

Maintenance pharmacotherapy of schizophrenia-long acting risperidone

I. Popovic, V. Popovic, M. Petrovic. *Special Psychiatric Hospital, Gornja Toponica, Nis, Serbia and Montenegro*

Schizophrenia remains a severe disorder that is associated with a poor outcome in a large subgroup of patients. Major efforts should be made to improve treatment, especially in the long-term psychopharmacotherapy. In this study, we followed 10 patients on the post- hospital ambulatory treatment with long acting Risperidone (LAR) during the six months period.

We discussed the results according to: age, schizophrenia type, LAR- dose (25 mg, 37.5 mg, 50 mg), relapse with hospitalization, and therapeutically compliance (meaning satisfaction with the therapy and regular two- weeks controls), also the improvement on the CGI score.

The CGI improvement scores were significant, as so as compliance with the therapy. Only two patients have relapsed during the study. These results encourage us to believe that many more patients will benefit from the advantages of a second generation of long acting preparations, like Rispolept Consta is.

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