P0302

Olanzapine in combination with aripiprazole for treatment of schizophrenia in breast cancer patients

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Background: Olanzapine and aripiprazole is effective, safe, and well tolerated for the positive and negative symptoms in schizophrenia. Hyperprolactinaemia is a frequent side-effect in the use of atypical antipsychotics. The endocrine and sexual side effects related to hyperprolactinaemia significantly impair in breast cancer patients.

Methods: The effect combination of a low doses olanzapine and aripiprazole were examined in a sample of 21 breast cancer patients who had the schizophrenia and olanzapine-induced hyperprolactinaemia. They were randomly assigned to experimental or control groups. They were interviewed by psychiatrists and tested using Positive and Negative Syndrome Scale (PANSS) at baseline and follow-up visits. Plasma prolactin level was assessed at baseline and at the end of the study. The patients of control group received olanzapine as their sole antipsychotic agent at a maximum dose of 5 mg once daily. The patients' experimental group received olanzapine at a maximum dose of 5 mg once daily in combination with aripiprazole at a maximum dose of 10 mg once daily.

Results: No differences between initial groups were identified. The results of our study suggest that after three weeks of schizophrenia treatment, 81,8% patients from the experimental group and 40% from the control group showed significant clinical improvement. At the end of weeks 3, serum prolactin levels were normalized (7.9+/-4.7 micrograms/L) in patients' experimental group.

Conclusion: These data show that combination of a low doses olanzapine and aripiprazole for treatment schizophrenia in breast cancer patients may result in enhanced antipsychotic efficacy while reducing adverse effects including olanzapine-induced hyperprolactinaemia.

P0303

Changes in the use of antipsychotics: Longitudinal data

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Naturalistic data on actual use of antipsychotics in different psychiatric settings are scarce. Following guidelines and recommendations an increase in the use of atypical antipsychotics should be anticipated and was confirmed in numerous studies. On the other hand various naturalistic reports have confirmed the ongoing use of typical antipsychotics from 20 to up to 80% in different countries. Since the actual prescription pattern can be influenced by legislation and insurance policies, Slovenia offers excellent place for the study of prescription patterns, since all registered antipsychotics are free for insured patients and there are no limits for psychiatrists to prescribe any single antipsychotic.

We have studied trends in prescribing antipsychotics in University Psychiatric Hospital from 1999 to 2006. Since the hospital covers almost half of the country and annually treats 3500 inpatients, our data are representative for inpatient situation in Slovenia. The data were collected retrospectively using computer records on the drug use.

The results show a systematic and solid decrease in the use of typical antipsychotics and increase in the use of atypicals. A 5-fold atypical/typical ratio increase was observed in acute psychiatric inpatients. A 3-fold decrease in the use of IM antipsychotics formulations was observed as well as the decrease in the use of depot formulations. Different trends were observed for newer antipsychotics generally their prescription rates follow the time on the market.

The observed changes can in part be explained by evidence-based knowledge although other issues might be important in prescribing patterns of antipsychotics.

P0304

Clozapine augmentation strategy in schizophrenia

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Since the introduction of the newer atypical antipsychotics (AA) in the nineties global antipsychotic market sales are dramatically increased. Over the period 1993-2003 a tenfold increase occurred that was paralleled by a decrease of prescribed conventional antipsychotics without, however, a clearly demonstrated improvement of efficacy. The prescription of clozapine remained more or less stable. Moreover, there was a threefold increase in the prescription rate of combination antipsychotics. Shortly after the introduction of the first AA, the prevalence of antipsychotic polypharmacy in patients with schizophrenia tripled suggesting inadequate efficacy or treatment resistance. Remarkably, the prescription of clozapine did not increase. These trends are reflected by the number of publications about the rationale for augmentation strategies in case of lack of responsiveness to clozapine.

Over the past decade about 40 open studies have been published in which clozapine was augmented with one of the AA's, particularly risperidone and (ami)sulpride. Of these cases reports, nearly all described a positive outcome. Seven controlled studies have been published using augmentation of clozapine with sulpiride (n=1), amisulpride (n=1), amisulpride and quetiapine (n=1) and risperidone (n=4), including 266 schizophrenic patients, partially unresponsive to clozapine in a dialy dose of 400-550 mg. In only 3 of these studies the plasma concentration of clozapine was measured that ranged from 400-800 μg/l. None of these studies showed a relevant improvement. In the study with sulpiride a response of 21 % was noted.

There is no database to conclude that augmentation of clozapine with AA's is clinically relevant.

P0305

Subjective experience of schizophrenic patients treated with antipsychotics: Clinical and pharmacological correlates

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Background and Aims: Subjective experience on antipsychotic drugs (APs) in schizophrenic patients has been the object of several recent studies and it has been connected to treatment adherence, quality of life and outcome. The current study was undertaken to investigate the role of clinical and socio-demographic

https://doi.org/10.1016/j.eurpsy.2008.01.972 Published online by Cambridge University Press

variables on patients' perceptions and attitude towards APs in schizophrenia.

Methods: Seventy-eight schizophrenic patients (M/F=38/35) were recruited in a naturalistic setting, from two Rehabilitative Centres of the Departments of Mental Health of Melegnano and Milano (Italy). Subjective experience towards antipsychotic treatment was assessed using the Drug Attitude Inventory-30 (DAI-30) and the Subjective Well-being on Neuroleptics (SWN) scales. The Scale for the Assessment of Negative Symptoms (SANS), the Scale for the Assessment of Positive Symptoms (SAPS) and the Global Assessment of Functioning (GAF) scale were adopted to evaluate clinical and outcome variables.

Results: The analysis of study data showed a relationship between psychopathological variables and patients' subjective experience on APs treatment. Positive symptoms affected patients' perception of their treatment leading to a negative attitude towards APs, whereas negative symptoms were associated with a worse perception of patients' mental functioning. With respect to pharmacotherapy, atypical antipsycotics were associated to a higher awareness of cognitive dysfunction and better treatment adherence.

Conclusions: These findings underline the clinical relevance of taking into account the subjective experience of schizophrenic patients treated with APs in order to improve treatment adherence and outcome.

P0306

Must the risk of side effects dictate pharmacological practices?

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Objectives: Recently, the SOHO, CATIE and CUTLASS studies showed that molecules which apparently showed the most side effects are not only the most effective but also tend to cause to the least frequent changes in treatment. Can we generalise this assertion ?

Method: Review of the literature addressing comparing efficiency of treatments and cost efficacy studies. Result: Although we witness a profusion of publications about the efficiency of given molecules vs placebo, studies comparing molecules are scarce, and studies on cost efficacy in natural environments are even scarcer. The last few years' efforts to completely minimise side effects seem to have resulted in a reduction of medication efficacy. Moreover, the previously held hypothesis suggesting that the fewer the side effects, the less the need to change treatment has been proven wrong. The duration of a treatment is more dependent upon its efficiency.

Conclusion: Clinicians cannot use the absence of noxiousness of a molecule as their primary criterion of choice. They should carefully balance side effects and efficiency. There is a lack of studies about cost-efficacy and, in the interpretation of such studies it is essential that the limitations of the studies be taken into account, and their results should not be over-generalised. There is a danger that such misinterpretation of results may lead us to abandon the use of some of our most effective molecules, even though the data actually favours the use of Effective drugs with the appropriate monitoring of and dealing with side effects.

Poster Session I: Biological Markers

P0307

Craving, leptin and metabolic assessment in subjects with cocaine abuse-dependence

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Backgroung and Aims: Leptin is a 16-kDa protein secreted from white adipocytes; it acts by binding to specific hypothalamic receptors to alter the expression of several neuropeptides regulating neuroendocrine function, food intake and the whole body energy balance. Actually leptin is considered a modulator of withdrawal-induced craving in alcoholic subjects. We studied the hypothesis that leptin might modulate cocaine craving in detoxified cocaine abusers, evaluating any possible correlation with metabolic, hormonal and psychometric parameters.

Methods: A sample of 50 cocaine dependent subjects, according to DSM-IV-TR, has been evaluated as follows: Body Mass Index, blood pressure, heart rate, substance and drug consumption, triglicerides, cholesterol, plasma leptin value, cortisol, insulin, ACTH, FT3, FT4, TSH and: SHAPS (Snaith Hamilton Pleasure Scale), VASc/f/s (Visual-Analogue-Scale for cocaine/food/sex), CCQ (Cocaine-Craving-Questionnaire), Barratt Impulsiveness Scale, HAM-D, HAM-A at baseline and after 15 days of abstinence.

Results: Leptin levels, corrected for the BMI, resulted positively correlated with CCQ ($p<.05$). CCQ was positively correlated with VASc ($p<.001$). SHAPS was positively correlated with VASc ($p<.05$), CCQ ($p<.05$), HAM-A ($p<.05$) and HAM-D ($p<.05$). Finally HAM-A was negatively correlated with VASs ($p<.05$). These data are confirmed even after 15 days from baseline.

Conclusions: In our sample leptin correlates with cocaine craving measured by CCQ, independently from the hypothalamic-pituitary-adrenal axis. At baseline VASc (mean) was less than VAS f and s mean score, confirming the shifting craving phenomenon. Although our data confirm the correlation between leptin and cocaine craving, further studies are required.

P0308

Serotonin receptor 1a, 2a, 2c and CONT SNPs and personality traits in suicide attempters and controls

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Background: Serotonin and dopamine neurotransmitters have been extensively studied in association with temperamental and character traits.

Objective: In the present study we considered the association between 1A, 2A and 2C serotonin receptor and COMT SNPs and personality traits, as measured by the Temperament and Character Inventory (TCI), in a sample of suicide patients and controls. The SNPs considered were for 1A receptor rs1423691, rs878567 and

https://doi.org/10.1016/j.eurpsy.2008.01.972 Published online by Cambridge University Press