post-traumatic stress disorder (PTSD) 0%. In our sample, patients with schizophrenia had a rate of anxiety disorders (73.9%) significantly higher ($p<.05$) than those with schizoaffective disorder (31.6%) or bipolar disorder (41.1%). Patients with PD or with OCD showed higher severity of illness only at t0; on the contrary, those with SAD demonstrated greater severity at t1.

Conclusions: PD, OCD and SAD resulted frequently comorbid in psychotic patients; SAD more prevalent in schizophrenia with a negative impact on the course of the illness.

P0170

Platelet serotonin and serum cholesterol concentrations in suicidal and non-suicidal male patients with first episode of psychosis

D. Marcinko [1], M. Jakovljevic [1], N. Pivac [2], D. Muck-Seler [2]. [1] *Department of Psychiatry, Clinical Hospital Center »Zagreb«, Zagreb, Croatia* [2] *Division of Molecular Medicine, Rudjer Boskovic Institute, Zagreb, Croatia*

Suicidal behavior is a major health risk in psychiatric disorders, especially in schizophrenia, and up to 10% patients will commit suicide. The neurobiology of suicide is still unclear. Suicidality has been related to a decreased central serotonergic (5-hydroxytryptamine, 5-HT) function and reduced cholesterol levels. Platelet 5-HT was used as a peripheral marker of the central serotonergic synaptosomes. The hypothesis was that suicidal patients in the first episode of psychosis will have different serum cholesterol and platelet 5-HT concentrations than non-suicidal patients in the first episode of psychosis. The aim of this study was to evaluate serum cholesterol and platelet 5-HT concentrations in suicidal and non-suicidal men in the first episode of psychosis and in healthy male controls. Venous blood samples were collected within 24 hours of admission, and serum cholesterol and platelet 5-HT were determined enzymatically and fluorimetrically. Platelet 5-HT and serum cholesterol concentrations were significantly lower in suicidal than in non-suicidal patients in the first episode of psychosis, and than in healthy controls. Our results suggest that lower concentrations of serum cholesterol and platelet 5-HT in patients with the first episode of psychosis might be useful biological markers of suicidality.

Keywords: Suicidality, The First Episode of Psychosis, Cholesterol, Platelet Serotonin, Men

P0171

Diagnostic and therapeutical approach in psychosis - pituitary adenoma comorbidity. Case report

G. Marian, B.E. Ionescu, D. Ghinea, E.A. Nica. *Clinic 8, Alexandru Obregia Psychiatric Hospital, Bucharest, Romania*

Background: Among pituitary adenomas, prolactin-producing pituitary tumors are the most common type which are treated frequently with dopamine agonists in intrasellar types. The onset of a psychotic disorder concomitant with the tumor complicates the diagnostic algorithm of the psychiatric condition and the following therapeutical approach of both of them.

The **Aim:** to elucidate on empirical basis the etiology of the psychotic disorder comorbid with pituitary adenoma in order to find an optimal therapeutical resolution to both conditions.

Method: female patient, 25 years old, was hospitalized for psychotic and expansive symptoms which appeared six months after initiation of bromocriptine treatment for prolactin-producing pituitary microadenoma and had a fluctuated course. All investigations excluded the involvement of another organic factors. The difficulty of the case consisted in finding the differentiated etiology of the persistent psychiatric symptomatology: is it bromocriptine induced or is it a primary mental disorder?

Results: the psychiatric symptoms were treated with antipsychotics – quetiapine1000mg/day, but the maintenance dose had to be reduced to half because the prolactin serum level raised. Three months later the patient relapsed and the antipsychotic dose was raised, which induced high prolactin serum level. Bromocriptine dose was raised as the psychiatric condition worsened and the antipsychotic dose was raised again. Finaly bromocriptine swiched to cabergoline 1,5mg/twice a week. The psychotic symptoms diminished and the remission was reached with prolactin serum level maintained within normal limits with cabergoline.

Conclusion: empiric research found that the most probable cause of persistent psychosis is related to the dopamine agonist use.

P0172

Blood glucose level in the patients with schizophrenia

M. Maroufi, F. Kianvash. *Isfahan University of Medical Sciences,Behavioral Science Research Center, Noor Hospital, Isfahan, Iran*

Background and Aims: Schizophrenia is a chronic mental disorder with unknown etiology. It seems that many endocrine and metabolic abnormalities are present in the schizophrenic patients.This study was done to determine the rate of abnormal plasma glucose levels in schizophrenic patients .

Method: Thirty two schizophrenics patients (16 male & 16 female) encountered in a cross–sectional descriptive survey . The fasting glucose levels of the patients were compared with normal subjects . For comparison of data , student's t. test was used .

Results: Five of the subjects in the patients group had impaired fasting glucose tolerance as defined by the American Diabetic Association Criteria (110 – 125 mg./dl.) In the control group , on the other hand , only 1 person had impaired fasting glucose tolerance ($p = 0.015$).

Discussion: According to the results of this study , and also some others , it seems that abnormal levels of glucose are more common in schizophrenics than total population . It is strongly recommended that patients with schizophrenia be carefully examined for diabetes mellitus or abnormal glucose tolerance .

Keywords: schizophrenia , glucose , diabetes mellitus

P0173

Sensitivity of comparisons of TTAD across antipsychotics to patient selection criteria and model specification in a retrospective paid claims analysis

J.S. McCombs [1], D. Stafkey-Mailey [1], T. Marshall [1,2]. [1] *Department of Clinical Pharmacy and Pharmaceutical Economics and Policy, University of Southern California, School of Pharmacy, Los Angeles, CA, USA* [2] *Astellas Pharma US, Los Angeles, CA, USA*

Background and Aims: Investigate how selection criteria and statistical model specifications affect time to all cause discontinuation (TTAD) comparisons across alternative antipsychotics using retrospective database analyses.

Methods: 231,635 episodes of antipsychotic therapy were identified using data from the California Medicaid (Medi-Cal) program. A series of regression models were estimated for TTAD that altered

https://doi.org/10.1016/j.eurpsy.2008.01.840 Published online by Cambridge University Press

selection criteria and the list of independent variables used in the models.

Results: Unadjusted TTAD (in days) for typical antipsychotics, olanzapine, risperidone and quetiapine were 92, 175, 182 and 177, respectively. TTAD achieved by patients using conventional antipsychotics was consistently shorter than TTAD achieved with atypical antipsychotics, but estimates varied from -96 days to -44 days depending on selection criteria and model specification ($p<0.0001$ relative to olanzapine). TTAD using risperidone or quetiapine appeared to be superior to olanzapine in simple models (+11 to +13 days, $p<0.000$), while virtually no differences across atypical antipsychotics were found when the analysis was restricted to patients with schizophrenia and more complete model specifications were employed. Specifically, screening for schizophrenia reversed risperidone's advantage over olanzapine from +6 days ($p<0.0001$) to -1.4 days ($p>0.05$). TTAD results favoring quetiapine over olanzapine were reversed from +7 days ($p<0.0001$) to − 0.4 days ($p>0.05$) when covariates for episode type were included in the model.

Conclusions: Differences in duration of antipsychotic therapy exist across diagnostic groups and episode type. Differences also exist in the diagnostic and episode mix across drugs. Therefore, disaggregated patient samples and expanded model specifications provide more accurate estimates of differences in TTAD.

P0174

Once-daily extended release quetiapine fumarate (quetiapine xr): Pooled safety data from 3 placebo-controlled monotherapy studies in acute schizophrenia

D. Meulien [1], M. Brecher [2], K. Huizar [1]. [1] *AstraZeneca R&D, Sodertalje, Sweden* [2] *AstraZeneca Pharmaceuticals, Wilmington, DE, USA*

Objective: To assess the safety and tolerability of quetiapine XR using pooled data from 3 studies (5077IL/0041, D1444C00132, D1444C00133).

Methods: Quetiapine XR (300mg [1 study], 400mg [2 studies], 600mg or 800mg once daily) was evaluated in 3 similarly designed, 6-week, placebo-controlled, double-blind, randomised studies in patients with acute schizophrenia. Matched dose quetiapine IR was included to demonstrate assay sensitivity. Safety assessments included AEs and vital signs.

Results: The pooled safety population included 1684 patients (951, quetiapine XR; 414, quetiapine IR; 319, placebo). Mean (SD) duration of exposure to quetiapine XR, quetiapine IR and placebo was 31.8 (14.9), 29.4 (15.9) and 30.6 (15.6) days, respectively.

The percentage of patients reporting an AE was similar for quetiapine XR (69.5%), quetiapine IR (72.5%) and placebo (61.4%). Serious AE incidence was similar for quetiapine XR (4.4%), quetiapine IR (3.9%) and placebo (4.4%). 6.4%, 7.7% and 7.5% of patients receiving quetiapine XR, quetiapine IR and placebo discontinued owing to AEs, respectively.

The five most common drug-related AEs (≥5%) were: sedation (11.5%, 14.0%, 5.0%), somnolence (10.6%, 11.4%, 3.1%), dry mouth (10.4%, 8.0%, 1.3%), dizziness (7.5%, 6.8%, 3.1%) and orthostatic hypertension (5.8%, 7.5%, 3.8%), for quetiapine XR, quetiapine IR and placebo, respectively. There was no dose relationship with any common AE for quetiapine XR. For completers, mean weight increases were: quetiapine XR (n=555), 1.77kg; quetiapine IR (n=215), 2.19kg; placebo (n=163), 0.26kg.

Conclusions: Once-daily quetiapine XR (300-800mg/day) was well tolerated in patients with acute schizophrenia. The tolerability profile was consistent with the known safety profile for quetiapine IR.

P0175

Identifying schizophrenic psychoses with psychological scales - the northern Finland 1966 birth cohort

J. Miettunen [1], J. Veijola [1,2], M.K. Isohanni [1,3], T. Paunio [4], N. Freimer [5], E. Jaaskelainen [1], J. Ekelund [4,6], L. Peltonen [4], M. Joukamaa [7,8], D. Lichtermann [9]. [1] *Department of Psychiatry, Oulu University and Oulu University Hospital, Oulu, Finland* [2] *Academy of Finland, Helsinki, Finland* [3] *Department of Public Health and General Practice, University of Oulu, Oulu, Finland* [4] *Department of Molecular Medicine, National Public Health Institute, Helsinki, Finland* [5] *Center for Neurobehavioral Genetics, Semen Institute for Neuroscience and Human Behavior, UCLA, Los Angeles, CA, USA* [6] *Department of Mental Health and Alcohol Research, National Public Health Institute, Helsinki, Finland* [7] *Social Psychiatry Unit, Tampere School of Public Health, University of Tampere, Tampere, Finland* [8] *Department of Psychiatry, Tampere University Hospital, Tampere, Finland* [9] *Methadone Maintenance Clinic ''Café Ersatz'', Bonn, Germany*

Background and Aims: We study the predictive power and associations of several psychological scales with respect to hospitalisations due to schizophrenic psychoses.

Methods: Temperament and Character Inventory, Physical Anhedonia Scale, Social Anhedonia Scale, Perceptual Aberration Scale, Hypomanic Personality Scale, Bipolar II Scale, and Schizoidia Scale were included in the 31-year follow-up survey of the prospective Northern Finland 1966 Birth Cohort (N=4,926). We compared subjects without any previous hospitalisations to those with previous hospital diagnoses (concurrent validity) and to those who in the eight year long follow-up were hospitalised due to schizophrenic psychosis (predictive validity). We also compared the subjects with schizophrenic psychoses and subjects with other psychiatric disorders (discriminant validity).

Results: In most scales, subjects with schizophrenic psychoses differed from healthy subjects. The Perceptual Aberration Scale was the best scales for concurrent (Effect Size, $d = 1.89$) and discriminant validity ($d = 0.64$). Subjects having a high score in Hypomanic Personality Scale were in the highest risk for schizophrenic psychoses (OR 10.72; 95% CI 2.87-40.06).

Conclusions: Subjects with schizophrenic psychoses differed in most of the scales from healthy controls and from subjects with other psychiatric disorders. Many of the scales were useful predictors for future hospitalisations due to schizophrenic psychoses; however scales were not very diagnosis specific. The predictive power of the scales is limited, these scales are probably not useful as screening instruments but can be used in several ways when studying e.g. risk factors or genetics of schizophrenic psychoses.

P0176

Prevalence of psychotic symptoms in the general population of the Czech Republic

P. Mohr [1,2,3], L. Csemy [1], M. Rodriguez [1,3], J. Cermak [1,2,3], R. Kawaciukova [1,3], D. Seifertova [1,2,3]. [1] *Prague Psychiatric Center, Prague, Czech Republic* [2] *3rd Faculty of Medicine, Charles University, Prague, Czech Republic* [3] *Center of Neuropsychiatric Studies, Prague, Prague*

https://doi.org/10.1016/j.eurpsy.2008.01.840 Published online by Cambridge University Press