in schizophrenic patients suboptimally treated with clozapine monotherapy.

P0118

Predicting 5-year outcome in first episode psychosis-construction of a prognostic rating scale

L. Flyckt [1], M. Mattsson [1], G. Edman [1], R. Carlsson [2], J. Cullberg [3]. [1] *Karolinska Institutet, Danderyds Hospital, Stockholm, Sweden* [2] *Department of Psychology, Lund's University, Lund, Sweden* [3] *Department of Health Care Sciences, Ersta College, Stockholm, Sweden*

Background and Aim: The aim of this study was to construct a rating scale for long-term outcome on the basis of clinical and sociodemographic characteristics in patients with symptoms of psychosis that seek help in psychiatry for the first time.

Methods: Patients (n = 153) experiencing their first episode of psychosis were consecutively recruited from 17 psychiatric clinics in Sweden from January 1996 to December 1997 (24 months). Baseline characteristics were assessed with an extensive battery of psychiatric rating scales, as well as the duration of untreated psychosis, family history of psychosis, premorbid characteristics and cognitive functioning. The relationship between baseline characteristics and the 5-year outcome was analyzed using a stepwise logistic regression model.

Results: In the logistic regression analysis five variables were found to have unique contributions in the prediction of outcome. In order of magnitude of the odds ratios these variables were Global Assessment of Functioning (GAF) during the year before first admission, education, actual GAF at first admission, gender and social network. The sensitivity, i.e. correctly identified cases (poor outcome), was 0.84 and the specificity was 0.77, i.e. the correctly identified non-cases (good outcome).

Conclusions: To initiate adequate interventions it is crucial to identify patients with an unfavorable long-term outcome that are experiencing their first episode of psychosis. The predictive rating scale is a feasible tool for early detection of these patients

P0119

Efficacy and tolerability of aripiprazole in adolescents with schizophrenia

A. Forbes [1], M. Nyilas [1], J. Loze [2], C. Werner [3], B. Johnson [1], R. Owen [4], S. Todorov [5], W.H. Carson [1]. [1] *Otsuka Pharmaceutical Development & Commercialization, Princeton, NJ, USA* [2] *Otsuka Pharmaceutical France SAS, Rueil-Malmaison Cedex, France* [3] *Otsuka Frankfurt Research Institute, Frankfurt, Germany* [4] *Bristol Myers Squibb, Wallingford, CT, USA* [5] *First Psychiatric Clinic, Multiprofiled Hospital for Active Treatment, Varna, Bulgaria*

Background: Optimal management of schizophrenia in adolescents is limited by the lack of available therapies. The efficacy and tolerability of aripiprazole was investigated in this patient population.

Methods: This 6-week, randomized, double-blind, placebo controlled trial was conducted at 101 international centers, with a safety monitoring board. 13-17 year-olds with a DSM-IV diagnosis of schizophrenia were randomized to placebo, or a fixed dose of aripiprazole 10 mg or 30 mg reached after a 5 or 11 day titration, respectively. The primary endpoint was mean change from baseline on the PANSS Total score at week 6. Secondary endpoints included the PANSS Positive and Negative subscales, and CGI Improvement score. Tolerabilility assessements included frequency and severity of adverse events, as well as blood chemistries, metabolic parameters and weight gain.

Results: Over 85% of 302 patients completed this study. Both 10 mg and 30 mg doses were superior to placebo on the primary endpoint (PANSS total), with significant differences observed as early as Week 1 (30mg). Both doses showed significant improvement on the PANSS Positive and CGI-I scales; and the 10 mg dose group was superior on PANSS Negative score. Approximately 5% of aripiprazole patients discontinued due to AEs. Weight gain and changes in prolactin were minimal.

Conclusions: 10mg and 30mg doses of aripiprazole were superior to placebo in the treatment of adolescents with schizophrenia. Aripiprazole was well tolerated, in general, with few discontinuations due to AEs. EPS was the most common AE. Change in body weight was similar to placebo.

P0120

Oxidative cell damage is related to the enlargement of the lateral ventricles in children and adolescents with first episode schizophrenia

D. Fraguas [1], S. Reig [2], M. Desco [2], O. Rojas-Corrales [3], J. Gibert-Rahola [3], M. Parellada [1], D. Moreno [1], J. Castro-Fornieles [4], M. Graell [5], I. Baeza [4], A. Gonzalez-Pinto [6], S. Otero [7], C. Arango [1]. [1] *Department of Psychiatry, Hospital General Universitario Gregorio Maranon, Madrid, Spain* [2] *Department of Experimental Medicine, Hospital General Universitario Gregorio Maranon, Madrid, Spain* [3] *Department of Neurosciences, College of Medicine, University of Cadiz, Cadiz, Spain* [4] *Department of Child and Adolescent Psychiatry and Psychology, Institut Clinic of Neurosciences, IDIBAPS, (Institut D Investigacions Biomediques August Pi Sunyer), Hospital Clinic Universitari of Barcelona, Barcelona, Spain* [5] *Section of Child and Adolescent Psychiatry and Psychology, Hospital Infantil Universitario Niño Jesus, Madrid, Spain* [6] *Stanley Institute International Mood Disorders Research Center, 03-RC-003, Hospital Santiago Apostol, Vitoria, Spain* [7] *Child and Adolescent Mental Health Unit, Department of Psychiatry and Psychology, Hospital Universitario Marques de Valdecilla, Santander, Spain*

Background: Brain volume abnormalities and oxidative cell damage have been reported to be pathological characteristics of schizophrenia patients. This study aims to assess a potential relationship between these two characteristics in child and adolescent patients with first-episode psychosis.

Method: 26 child and adolescent patients with first-episode early-onset schizophrenia, and 78 age- and gender-matched healthy controls were assessed. Magnetic resonance imaging (MRI) scans were used for volumetric measurements of five cerebral regions: gray matter of the frontal, parietal, and temporal lobes, sulcal cerebrospinal fluid (CSF), and lateral ventricles. Oxidative cell damage was traced by means of a systemic increase in lipid hydroperoxides (LOOH).

Results: Lateral ventricle volumes were significantly higher in schizophrenia patients than in controls. In schizophrenia patients, a significant positive relationship was found between oxidative cell damage (LOOH levels) and the abnormal enlargement of the lateral ventricles, after controlling for total intracranial volume, age, gender, daily smoking status, intelligence quotient (IQ), psychopathology, and time since onset of psychotic symptoms. No association was found between brain volumes and oxidative cell damage in control subjects.

https://doi.org/10.1016/j.eurpsy.2008.01.786 Published online by Cambridge University Press