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IMPACT OF TRANSITION TO ATYPICAL ANTIPSYCHOTICS IN THE COURSE AND OUTCOME OF FIRST-TIME ADMITTANCES IN A PSYCHIATRIC CLINIC

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Objectives: We examined the course of patients admitted for the first time in the Acute mental health ward of a Psychiatric Clinic in a Psychiatric Hospital within a ten-year hiatus. During this time the sociodemographic characteristics of the population were altered due to migration from former Eastern Europe countries, the transition from typical to atypical antipsychotic medication was completed and attempts were made to promote community psychiatry.

Methods: We compared two groups of 77 and 87 patients admitted for the first time during 1997 and 2007 respectively. Prescribed medication when given an exit diagnosis was calculated to haloperidol equivalency, following guidelines described in Kane et al.

Results: Results indicate that the groups were comparable as to size, sex, age, entry diagnosis and length of stay. The groups differed significantly as to origin, with the 2007 group having significantly more migrants but also patients originating from more distant provinces within Greece. There was a significant increase in involuntary admissions. While there was an increase in the use of atypical antipsychotics there was no significant difference in treatment potency.

Conclusions: Introduction of atypical antipsychotics enabled the clinician to provide treatment of similar antipsychotic potency with better tolerance profile, but failed to reduce length of stay. The increase in involuntary admissions and number of admissions from more remote regions raises doubts on the efficiency of the psychiatric reforms attempted during that time in order to promote community psychiatry.

Kane et al. Expert consensus guidelines for optimizing pharmacologic treatment of psychotic disorders. *JClinPsychiatry*.2003;64(12):5-19.