

**Background and Aims:** Several studies conducted in patients with schizophrenia, posttraumatic stress disorder, delirium tremens and sleep deprivation have put into light disturbances in sleep architecture and cerebral neurotransmission. In addition, clinical practice has emphasized the role played by the sleep deficit in triggering psychotic episodes in vulnerable individuals. The paper focuses on the role played by sleep disturbances in the etiopathogeny of psychotic symptoms in schizophrenia and other psychiatric disorders or organic states accompanied by perception disturbances.

**Method:** psychiatric disorders and organic states which share the presence of perception disturbances such as hallucinations, flashbacks, oniroid symptoms have been selected. Sleep disturbances that accompany these nosologic entities have been analyzed in correlation with biochemical changes in cerebral neurotransmission and with the effects of psychotropic drugs and of psychiatric comorbidity.

**Results:** disturbances in sleep architecture and duration represent an important link in the etiopathogeny of psychotic symptoms. These disturbances could be correlated with disturbances in cerebral neurotransmitters implicated in the pathogeny of psychosis (dopamine, serotonin, GABA).

**Conclusions:** sleep disturbances do not have to be regarded as an epiphenomenon; instead, they are an important link in the etiopathogeny of psychotic episodes. Keeping this in mind would play an important role in patient psycho-education aiming to prevent recurrences, and in scientific research oriented towards the development of new antipsychotic molecules.

## P0105

Assertive community Treatment vs. Standard treatment: Hospitalisation frequency and duration, quality of life and functioning outcome

I. Bulic Vidnjevic, A. Pirtovsek Savs, A. Winkler, M. Derganc, V. Svab. *University Psychiatric Hospital, Ljubljana, Slovenia*

**Background and Aims:** Repeated relapses and hospitalizations of patients with severe mental disorders reduce their quality of life and present a considerable burden on health care systems. Assertive community treatment (ACT) improves outcomes in patients with severe mental illness (SMI) with greatest risk for relapse and disability. In University Psychiatric Hospital Ljubljana assertive community treatment program started in the beginning of the 2006. In presented research first results of this program are assessed.

**Methods:** Two groups of patients with SMI were compared regarding hospitalization and functioning. The first group was discharged to standard outpatient treatment. The second group was included in ACT program described. Inclusion criteria were ICD 10 diagnoses F20-29 and at least two repeated hospitalizations in last year.

For each patient predicted hospitalization for one year was calculated and compared to the actual number of days spent in hospital in last year. In both groups functioning and quality of life were followed by repeated assessments with Health of the Nation Outcome Scale and Leicester Quality of Life questionnaires in 2007 for purposes of outcome measurements.

**Results:** Actual hospitalization periods are significantly lower in ACT group than in control group. The difference between ACT group actual and predicted hospitalization periods is significantly higher than in control group. Functioning and quality of life in three month follow up is higher and more stable in ACT group.

**Conclusions:** ACT prevents hospitalization, shortens the hospitalization periods and maintains the level of functioning in patients with severe mental illness with reoccurring hospitalizations and disability.

## P0106

A comparison of switching strategies from risperidone to aripiprazole in patients with schizophrenia with insufficient efficacy/tolerability on risperidone (cn138-169)

V. Rykmans<sup>1</sup>, J.P. Kahn<sup>2</sup>, A. Dillenschneider<sup>3</sup>, L. Hanssens<sup>4</sup>, S. Model<sup>5</sup>, W. Kerselaers<sup>4</sup>, J.Y. Loze<sup>6</sup>, R. Sanchez<sup>3</sup>. <sup>1</sup>*Cabinet de Consultations, Brussels, Belgium* <sup>2</sup>*CHU de Nancy-Hôpital Jeanne D'Arc, Service Psychiatrie Et Psychologie Clinique, Dommartin Les Toul, France* <sup>3</sup>*Bristol-Myers Squibb Company, Rueil-Malmaison Cedex, France* <sup>4</sup>*Bristol-Myers Squibb Company, Braine L'Alleud, Belgium* <sup>5</sup>*Bristol-Myers Squibb Company, Munich, Germany* <sup>6</sup>*Otsuka Pharmaceutical France SAS, Rueil-Malmaison Cedex, France*

**Background and Aim:** To evaluate safety, tolerability and overall effectiveness of a titrated- versus fixed-dose switching strategy from risperidone to aripiprazole in a general practice setting.

**Methods:** This 12-week, multicentre, open-label study included patients with schizophrenia (DSM-IV-TR) experiencing insufficient efficacy and/or safety/tolerability issues while receiving risperidone for  $\geq 6$  weeks. Patients were randomized to titrated- or fixed-dose switching regimens.

**Results:** Discontinuations due to AEs were similar between titrated- and fixed-dose strategies (3.5% vs. 5.0%;  $p=0.448$ ). Titrated- and fixed-dose groups showed improvements (Week 12) in mean PANSS Total scores ( $-14.8$  vs.  $-17.2$ ; LOCF), mean CGI-I scores (2.9 vs. 2.8;  $p=0.425$ ; LOCF), ASEX scores ( $-1.5$  vs.  $-1.9$  from baseline; OC), serum prolactin levels ( $-48.7$  vs.  $-48.5$  from baseline; OC) and SWN scores ( $+8.6$  vs.  $+10.3$  from baseline;  $p=0.223$ ; OC). POM scores indicated a preference for aripiprazole compared with risperidone using either regimen. Both strategies showed improvements (titrated-dose vs. fixed-dose; Week 12; LOCF) in social cognition as indicated by decreased GEOPTE patient ( $-5.3$  vs.  $-6.1$ ), caregiver ( $-5.4$  vs.  $-9.9$ ) and index scores ( $-5.1$  vs.  $-9.8$ ).

**Conclusion:** Switching to aripiprazole from risperidone can be effectively and safely achieved in a general practice setting through a slow down-titration of risperidone and either a titrated- or fixed-dose switching strategy for aripiprazole.

Study week	Titrated dose (n=200)		Fixed dose (n=200)	
	Aripiprazole (mg/day)	Risperidone	Aripiprazole (mg/day)	Risperidone
1	5	Current dose	15	Current dose
2	10	Current dose	15	Current dose
3	10	Half dose	15	Half dose
4	15	Half dose	15	Half dose
5	15	0	15	0
6-12	Flexible 10-30	0	Flexible 10-30	0

## P0107

Erectile dysfunction and the role of phosphodiesterase-5 (PDE-5) inhibitors in schizophrenia. A brief review

N.P. Dimopoulos<sup>1</sup>, C.I. Mitsonis<sup>2</sup>. <sup>1</sup> 6th Psychiatric Department, Psychiatric Hospital of Attiki 'Dromokaitio', Haidari, Greece <sup>2</sup> 10th Psychiatric Department, Psychiatric Hospital of Attiki 'Dafni', Athens University Medical School, Athens, Greece

**Background and Aims:** Erectile dysfunction (ED) is not uncommon in male patients with schizophrenia. The illness itself and antipsychotic medications (typical and atypical) have been implicated. Hyperprolactinemia due to pituitary D2 blockade is a probable causative factor for ED but adrenergic  $\alpha$ 1 blockade and anticholinergic activity of neuroleptic drugs in the periphery have also been involved. The availability of three phosphodiesterase-5 (PDE-5) inhibitors, sildenafil, vardenafil, and tadalafil, has altered the management of ED. The aim of the study was to investigate the role of PDE-5 inhibitors in schizophrenic patients with ED

**Methods:** A search was performed in MEDLINE database using the following keywords: 'erectile dysfunction', 'schizophrenia', 'phosphodiesterase-5 inhibitors'.

**Results:** There exist positive reports with sildenafil regarding the role of PDE-5 inhibitors in schizophrenic patients with ED, and only one double-blind, placebo-controlled study. A recent open-label study with vardenafil has confirmed the beneficial effects of PDE-5 inhibitors on patients with chronic schizophrenia.

**Conclusions:** PDE-5 inhibitors have been shown effective for ED in individuals with schizophrenia. However, the number of studies is small and further investigation is needed to confirm the, up to the present, positive findings.

## P0108

Frequency of rehospitalisation of schizophrenia patients

N.S. Djokic, A.M. Petrovic, D.V. Vukic. *Admission Female Department, Special Psychiatric Hospital, Nis, Serbia*

Schizophrenia is a chronic mental disease which provokes repulsion of the social and environment of the patients. Stigmatism of schizophrenia patients is one of the causes that they are hospitalised much more frequently in comparison to other categories of psychiatric patients. The aim of this work is to determine, on the basis of detailed analyses of numerous characteristics recognizable socio-demographic profile of schizophrenia patients depending on the number of their rehospitalization. The analyses comprised 60 hospitalised female SCH patients who were classified in accordance with ICD X criteria. Depending of the number of rehospitalization all patients were classified in several groups: group 2-10 rehospitalization, group 11-20 rehospitalization, group 21-30 rehospitalization, and a group which comprised patients with more than 31 rehospitalization. Except the number of rehospitalization a special attention was paid to the length of periods between two rehospitalization and the length of each rehospitalization (which was connected to certain socio-demographic characteristics of hospitalized SCH patients. This problem has been discussed in detail in this work.

## P0109

Cardiovascular risk factors in a population of 25 Portuguese patients with schizophrenia

I. Domingues<sup>1</sup>, S. Timóteo<sup>1</sup>, A. Norton<sup>1</sup>, R. Correia<sup>1</sup>, R. Malta<sup>1</sup>, A. Martins<sup>1</sup>, C. Silveira<sup>1</sup>, R. Curral<sup>1</sup>, J. Marques-Teixeira<sup>2</sup>, A. Palha<sup>1</sup>. <sup>1</sup> Hospital de S. João, Porto, Portugal <sup>2</sup> Centro Hospitalar Conde de Ferreira, Porto, Portugal

**Introduction:** Now-a-days, obesity and other cardiovascular risk factors (CVRF) became a matter of concern in Schizophrenia, due to their potential relation with atypical antipsychotics. The high prevalence of CVRF in schizophrenic patients is a consensual issue, but there are only a few studies in Portugal.

**Objectives:** This is an observational transversal study that aims to evaluate the presence of CVRF, and to establish the relationship between these ones and anthropometric measurements evaluating global and regional adiposity, in a population of schizophrenic patients.

**Material and Methods:** The authors studied a population of 25 schizophrenic patients followed at our Department of Psychiatry. These instruments were used: PANSS (Positive and Negative Symptoms Scale), and a semi-structured interview, with sociodemographic data, and information about life style, medication and schizophrenia. These informations were completed according to the clinical process. The following measurements were recorded: weight, height, abdominal circumference, lipidic and glicemic values, and blood pressure.

**Conclusions:** The high frequency of CVRF in the population of this study confirms the importance of regular medical evaluations, in every patients with Schizophrenia, to allow early diagnosis/monitorization of CVRF. However, our results don't confirm the benefit of anthropometric measurements as screening methods, possibly due to our small sample. Curiously, we found a weak correlation between CVRF and environment factors (as medication or life style), what can reinforce the hold idea of Schizophrenic susceptibility to CVRF.

## P0110

Early detection of cardiovascular risk factors in schizophrenia

I. Domingues<sup>1</sup>, C. Silveira<sup>1</sup>, R. Curral<sup>1</sup>, J. Marques-Teixeira<sup>2</sup>, A. Palha<sup>1</sup>. <sup>1</sup> Hospital de S. João, Porto, Portugal <sup>2</sup> Centro Hospitalar Conde de Ferreira, Porto, Portugal

A recent Consensus of the Washington Medical Institute point that one of the main problems in Mental Health is the lack of integrated medical services in Psychiatry Departments, associated to the poor communication between general doctors and psychiatrists. At the same time, a lot of studies have showed high morbidity and mortality related to medical conditions (such as cardiovascular diseases), in some psychiatry patients, like those with Schizophrenia.

So, it would be worthwhile that all individuals with Schizophrenia were medically evaluated, in a frequent way, for the early detection and control of cardiovascular risk factors. This evaluation can be done with blood tests, but there are some anthropometric measures that can be used like screening methods, namely the Corporal Mass Index and the Abdominal Circumference.

The authors refer to recent guidelines related to these recommendations, and review some studies that compare these two anthropometric measures in their capacity to predict the existence of cardiovascular risk factors in patients with Schizophrenia.

## P0111

Family history and its influence in the beginning and progress of mental disease

G. Doulgeraki, A. Graikiotis, K. Theodosi, D. Kosma, N. Kavvadias, V. Aggeli, A. Pittara, M. Malatra. *3rd Psychiatric Department, Psychiatric Hospital of Athens (Dafni), Athens, Greece*