

to assess the in vivo inhibition potential of risperidone towards CYP3A4, as an inhibition of CYP3A4 by risperidone could, at least partially, explain the case reports describing an increase of clozapine concentrations following the introduction of risperidone.

- (1) Koreen AR et al., *Am J Psychiatry* 1995; 152: 1690
- (2) Tyson SC et al., *Am J Psychiatry* 1995; 152: 1401–2

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FOLLOW UP STUDY OF ATYPICAL ANTIPSYCHOTICS FOR PATIENTS WITH PSYCHIATRIC DISORDERS AND INTELLECTUAL DISABILITY

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Aims: To evaluate clinical outcome of the use of atypical antipsychotics for patients with psychiatric disorders and intellectual disability one year after commencing treatment.

Method: All patients included in the initial study and having been commenced on either Risperidone or Olanzapine were followed up one year later. Data were collected prospectively on a specifically designed questionnaire. Clinical outcome was measured by the Clinical Global Impressions scale (CGI).

Results: Twenty-one patients who were commenced on an atypical antipsychotic were followed up one year later. Further 16 subjects were added to the initial sample making a total number of 37 (20 on Olanzapine and 17 on Risperidone). Both atypical antipsychotics were well tolerated in the one year follow-up and patients maintained their clinical improvement. More detailed analysis of the results will be presented.

Discussion: This is an open prospective one-year follow up naturalistic study of the use of atypical antipsychotics in adults with intellectual disability. Although the study is limited by the small number of cases, there have been very few studies of the use of atypical antipsychotic in the adult intellectually disabled population and we are not aware of a follow up study of such a long duration.

- (1) Williams H., Clarke R., Bouras N. and Holt G. (2000): Use of atypical antipsychotics olanzapine and risperidone in adults with intellectual disability. *Journal Intellectual Disability Research*, 44.

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10 YEAR FOLLOW UP OF A SCOTTISH SCHIZOPHRENIA COHORT

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Between 1988 and 1990, 161 long stay psychiatric in-patients were identified in Gartnavel Hospital, Glasgow of whom 91 fulfilled DSM-III-R criteria for schizophrenia. A detailed psychiatric assessment was carried out which was repeated in 1999 following a decade of discharges and resettlement in the community. Measures included the BPRS and Krawiecka Scales (psychopathology), AIMS, Simpson and Angus and Barnes Scales (movement disorder) and a rehabilitation assessment (Morningside). 46 patients were reassessed of whom 23 remained as in-patients. 32 of the original cohort had died. The 3 commonest causes of death were heart disease cancer and pneumonia, accounting for 85% of the mortality. The BPRS scores were unchanged ($t = -0.38$, $p = 0.70$). The level of positive and negative symptoms also remained unchanged ($p = 0.73$ and 0.83 respectively). There was a significant reduction in

parkinsonian side effects, with Simpson and Angus scores declining from a mean of 6.43 (± 7.01) to 1.52 (± 0.64) ($t = 3.40$, $p = 0.001$). This may reflect the change to an atypical antipsychotic in 24.5% of patients (including 75% of the hospital patients). These outcomes will be compared with other similar studies.

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TRAINING MODEL IN PSYCHOTHERAPY FOR GENERAL PHYSICIANS

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Training model for general physicians in psychotherapeutic approach will be described. Psychotherapeutic approach is an integration of psychotherapy with somatic medicine. Our model of training expand the clinical experience of general physicians in managing the psychosocial problems of patients. One of the main topics of our training model is doctor-patient interviewing and Balint groups. Our experiences and results from the period of 15 years will be summarized.

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WEIGHT GAIN WITH ANTIPSYCHOTIC MEDICATION – TWO YEARS FOLLOW UP STUDY

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In Slovakia obesity is not as common as in United States /USA- obesity 31% men, 35% women according to body mass index/. Weight gain in adulthood and overweight on the other hand are highly frequent /Slovakia-overweight 48%men, 31% women/.

For most patients treated with antipsychotics the crucial period for weight gain is the acute treatment phase. Over period of 12 weeks treatment 57% of our patients gained 5–10% of their initial body weight, 30% gained less than 5% and 13% lost or did not change their initial body weight. Type of antipsychotic was not considered.

The aim of our present open and prospective study was to evaluate changes in body weight over period of two years of antipsychotic treatment.

57 patients with diagnosis of schizophrenia and delusional psychotic disorder were involved. Their weight was measured 12 times a year. Patients were distributed to cohorts according to weight gain more than 10%, 5%, up to 5%, no change or decrease of initial weight. Than type of antipsychotic medication was considered.

There was a significant weight gain with typical antipsychotics. Most patients gained up to 5%. There were only 2% patients that become obese according to body mass index. Most patients still remained in overweight level.

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THE IMPACT OF HUNTINGTON'S DISEASE ON CAREGIVERS: THE CZECH EXPERIENCE

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Background: Personal, social, economical problems of CG of patients with HD and their consequences are often ignored by physicians and not accepted for intervention and support.

Design/Methods: 21 CG (4 wives, 8 husbands, 7 daughters, 1 mother, 1 son) were investigated by means of structured interview