

non-schizophrenic acute and transient psychoses. Although ATPD have a better outcome than schizophrenia, in non-affective psychoses, acute onset and early remission do not independently predict favourable outcome over three years.

P0228

Negative symptoms and quality of life: A randomized, 196-week, double-blind study of ziprasidone versus haloperidol

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Background and Aims: To evaluate long-term treatment with ziprasidone versus haloperidol (up to 196 weeks), as assessed by PANSS negative score and its association with quality-of-life (QLS).

Methods: The study included two treatment periods: (i) a 40-week, randomized, double-blind phase comparing ziprasidone (ZIP 80-160 mg/d given BID, N=227; ZIP 80-120 mg/d given QD, N=221) versus haloperidol (HAL 5-20 mg/d, N=151), followed by (ii) a 3-year, double-blind extension phase on the same double-blind medications (ZIP BID N=72, ZIP QD N=67, and HAL N=47, respectively). We adapted the Andreasen et al. approach to define negative symptom remission based on attainment of a score ≤ 3 (mild or less) for at least 6 months on all 7 PANSS negative symptom items. MMRM and GEE models were applied to analyze mean changes in PANSS negative, negative symptom remission rate, and QLS scores over time.

Results: In the 40-week core study, ziprasidone was associated with greater improvement in efficacy and QLS outcomes than haloperidol, but the differences were not statistically significant ($p > 0.05$). However, MMRM analysis of PANSS negative and QLS scores over 196 weeks demonstrated differential treatment effects favoring ziprasidone (80-160 mg/d BID vs. haloperidol) (all $p < 0.05$). Ziprasidone-treated subjects (given BID) were significantly more likely to achieve negative symptom remission (46%) than haloperidol-treated (32%) subjects ($p < 0.05$) during the continuation phase; while ziprasidone given QD (46%) showed a trend to enhanced remission ($p < 0.08$).

Conclusions: These findings support the potential for enhanced social and functional outcomes during long-term treatment with an atypical antipsychotic agent.

P0229

Tobacco abuse in patients with schizophrenia-first generation vs. second generation antipsychotics treated patients: Results of the clinical study

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Background: Tobacco smoking is leading preventable cause of death in the United States. High prevalence of cigarette smoking was reported among individuals with mental illnesses, and it is extremely high among patients with Schizophrenia. Aims of this paper were to establish frequency of cigarette smoking among patients with Schizophrenia and determinate the difference in frequencies of

smoking among patients with Schizophrenia treated with second generation antipsychotics versus first generation antipsychotics treated group.

Methods: Study included 60 patients with Schizophrenia treated with antipsychotics for period of six months or longer. Experimental group included 30 patients treated with second generation antipsychotics, and control group included 30 patients treated with first generation antipsychotics.

Results: In this sample was 75% smokers, and out of this 46.6% consume up to 20 cigarettes per day, 40% consume 20 to 40 cigarettes, 8.8% between 40-60 cigarettes, and 4.4% consume over 60 cigarettes per day. There was no significant differences between groups of patients treated with first and second generation antipsychotics.

Conclusion: Tobacco smoking is very frequent among patients with Schizophrenia. In this study we did not found significant difference in frequency of tobacco smoking between groups of patients treated with first and second generation antipsychotics.

P0230

ITAREPS: Information technology aided relapse prevention programme in schizophrenia. A two-year mirror design follow up evaluation

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ITAREPS presents a mobile phone-based telemedicine solution for weekly remote patient monitoring and disease management in schizophrenia and psychotic disorders in general. The programme provides health professionals with home telemonitoring via a PC-to-phone SMS platform that identifies prodromal symptoms of relapse, to enable early intervention and prevent unnecessary hospitalizations. Its web-based interface offers the authorized physician a longitudinal analysis of the dynamics and development of possible prodromes. Previous one-year clinical evaluation of the programme effectiveness in 45 patients with psychotic disorder showed significant 60% decrease in the number of hospitalizations.

This work presents data from a two-year mirror-design follow-up evaluation of the programme's clinical effectiveness in 100 patients with psychotic illness.

P0231

A comparison of treatment-emergent diabetes among atypical and typical antipsychotic users

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Background and Aim: To compare the risk of treatment-emergent diabetes (TED) in schizophrenic patients treated with atypical (AAP) versus typical (TAP) antipsychotic medications.

Methods: We conducted a retrospective database analysis on episodes of care initiated after 1/1/2000 using data from the California Medicaid program. We included episodes for patients 18 years or older with schizophrenia who switched medications with a minimum

“wash out” period of 15 days and no evidence of diabetes in the previous 6 months. If selection bias was present we used a simultaneous bivariate probit model to estimate the risk of TED in patients treated with AAP in comparison to TAP, otherwise we used a univariate probit model. Sensitivity analyses estimated the effect of olanzapine, risperidone and quetiapine independently versus TAP.

Results: A Wald test of the correlation coefficient of the disturbances suggests that treatment selection is exogenous in our model ($\rho=0.005$ ($p=0.95$)) using a Huber-White sandwich estimator of the variance. The univariate probit model results suggest that AAPs were not associated with an increased risk of TED relative to TAPs ($p=0.324$). Sensitivity analysis showed quetiapine to be associated with a statistically significant decreased risk of TED relative to TAPs. No statistically significant association was shown with olanzapine or risperidone. A bivariate probit model omitting numerous variables demonstrates selection bias ($\rho=-0.650$ ($p=0.0029$)).

Conclusions: The results of this study show that AAPs are not associated with an increased risk of TED relative to TAPs. Explanatory variables that may explain treatment selection that were included in our model were sufficient to control for choice of therapy.

P0232

The first Croatian outpatient rehabilitation center in psychiatric hospital Vrapce

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Background and Aims: Rehabilitation should help the mentally ill persons to strength their potentials and reduce the deficits in order to live successfully in community. First Croatian Outpatient Rehabilitation Center is organized in Psychiatric Hospital Vrapce. Its goal is to improve the quality of life in patients with psychotic disorders through a holistic rehabilitation program. The Rehabilitation Centre offers program provided by Multi-disciplinary team. Team evaluates each patient on individual bases and develops a realistic treatment/rehabilitation plan. The key of treatment is combination of case management and group treatment. Rehabilitation program includes a supportive individual therapy, provided by the coordinator and different group therapy (psychoeducation, anti-stigma program, family education, healthy life styles, social skill training, stress coping and vocational training) and creative groups.

Methods: 40 patients were evaluated in program in our Center according to frequency of visits and rehospitalisation. Also we followed up the family involvement, the number and types of groups which patients attend and contacts with case manager. The obtained data will be compared with BPRS score and the Satisfactory scale results.

Results: It was evident that patients, who regularly contact their case managers, attend to more than one group and have family support, have the treatment better results on Satisfactory scale and BPRS score.

Conclusion: Community Rehabilitation Center offers highly individualized program which combines case management and group therapy in order to help patients with psychotic disorders to recover and live with higher quality standards in community and its long lasting benefits are expected in future.

P0233

Assessment of coping strategies in schizophrenia patients in refer to psychiatry clinics of Tehran in 2007

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Background: Schizophrenia is the most prevalent and disabling mental disorder. Schizophrenia patients experience very much stress in their life and coping strategies play an important role in adjustment with these stressful situations. These patients have problems at their coping strategies. They often use from ineffective and inactive coping strategies.

Purpose: This correlational descriptive study was conducted to determine the coping strategies in schizophrenia patients in refer to psychiatry clinics of hospitals relative to medical science universities and health service of Tehran in 1385.

Materials and Methods: 90 schizophrenia patients having a characteristics of sample study was selected at two stage by non accident sampling (quota, convenience). From “The Ways of Coping Questionnaire” have been used that after determining face and content validity, it’s reliability has been accounted through inner stability $\alpha=0/98$. Data have been collected by self-reporting and receiving some of information through the medical file and have been analyzed by SPSS software.

Result: Results showed that “Resignation” and “Self - soothing” coping strategies in respectively with averages 50/11% and 47/06% are at first and second level of used coping strategies. “Considering”, “Positive reappraisal”, “Ignoring” and “Acting” with averages 41/38%, 40/86%, 40/67% and 37.03% in respectively at third level of used coping strategies. Also the results showed that the majority of the sample study have used from “Avoidance coping strategies” and minority of them used from “Problem – oriented coping strategies”.

Conclusion: The majority of sample study use from “Avoidance coping strategies”.

Keywords: Schizophrenia patients, Coping strategies.

P0234

Time to discontinuation of olanzapine and risperidone as a measure of effectiveness in a clinical setting

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Background: Although efficacy of antipsychotic medications is well documented, controlled clinical trials have called into question their effectiveness. We examined the effectiveness of olanzapine and risperidone in schizophrenia in a naturalistic setting.

Methods: We used an electronic medical records database at a Veterans Affairs medical center to conduct a retrospective study of all new outpatient medication trials of olanzapine (N= 221) and risperidone (N= 274) over a 2-year period beginning January 1999 in patients diagnosed with schizophrenia or schizoaffective disorder. We defined medication discontinuation as a switch between the two agents (the majority of switches) or self discontinuation by not getting medication supply for over one month.

Results: Sample mean age (\pm SD) was 48.4 (\pm 11.6) years, 91% were male. Discontinuation rates were high (73%) trending lower in