P0284

Neuroprotective effect of haloperidol, sulpiride, ziprasidone and olanzapine at hippocampal and frontal cortex at rats

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Background and Aims: The evaluation of the differential neuroprotective action of antipsychotics, objectivized through the alteration of hippocampal and prefrontal structures in an experimental study at Common Wistar rats. The neurobiological model of the glucorticoid aggression is validated on the animal model for stress.

Methods: We formed 10 study lots each constitued of 5 male adults rats, weighting 200-250 g, held through the study duration (10 days) in temperature, humidity, food and ambient stressless conditions. The studied substancies were administrated intraperitoneal, daily, for 10 days, saline solution equivalent to: olanzapine (0.15mg/kg/day) and ziprasidone (1.25mg/kg/day) single dose at 20:00 hours and haloperidole (0.20mg/kg/day), dexametasone (0.20mg/kg/day) and sulpiride (8mg/kg/day) in two equal doses, at a 12 hour interval (08:00 – 20:00).

The rats were sacrificed during the 10th day, at 6 hours after the last substance administration. The sample brain was histopathologically processed and studied with optical microscopy.

Results: Frontal cortex and hippocamp were the most intensely affected to the haloperidole and dexametasone in contrast with atypical antipsychotics (sulpiride, ziprasidone, olanzapine), presented significant lesser structural changes in frontal cortex and hippocamp.

The lots treated with dexametasone and sulpiride and dexametasone and ziprasidone are lesser affected at the cerebral structure level than the dexametasone and olanzapine treated lot.

Conclusions: Haloperidole has a significant decrease in neuroprotection.

Atipical antipsychotics demonstrated an neuroprotective effect.

The dexametasone animal model of stress is similar to the clinical model of schizophrenia evolution with multiple relapses in wich neuroprotection seems to be significantly altered.

P0285

Clozapine in outpatient treatment of patients with non-responsive schizophrenia and depressive symptoms

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Background and Aims: Clozapine is the first atypical antipsychotic with main indication in the treatment of refractory schizophrenia. The aim of this study was to explore clinical response to clozapine in patients with schizophrenia non-responsive to other antipsychotics and who also have symptoms of depression.

Methods: The descriptive retrospective study included 25 patients on clozapine followed up for 6 months period with clinical scales: BPRS and PANSS.

Results: The achievments obtained and described in remission of symptomatology and improvement in quality of life. A significant reduction in rehospitalization is reported and also in the use of services of psychiatric emergencies.

Conclusions: This form of treatment is beneficial and most appropriate for patients with refractory schizophrenia and depressive symptoms.

P0286

Assessing weight change of risperidone long – acting injectable treatment in dual diagnosis patients

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Background: The introduction of second generation antipsychotic (SGA) drugs represents a major advance in the treatment of schizophrenia. Concerns about the metabolic and cardiovascular adverse effects of the SGA, as opposed to first generation antipsychotic (FGA), have been disseminated. The benefits and risks of SGA have been studied with a focus on particular organ systems. Cardiovascular diseases are the leading cause for death in development countries. Weight gain and drug dependence are the risk factors for cardiovascular disease.

Concurrent comorbidity has become the rule among psychiatric inpatients. Unfortunately the majority of the clinical trials with SGA exclude the Dual Diagnosis patients (DDP). There is no evidence for examination of weight change during risperidone long-acting injectable (RLAI) treatment in DDP.

Aim: To compare the weight change in RLAI versus FGA-LAI treatment of DDP.

Methods: Twenty two DDP (21 (95.4%) males) meeting DSM-IV criteria for Schizophrenic spectrum disorders (median age=29 years [range, 21-39 years]).

BMI was determined by the dividing of weight by the square of height. The BMI was calculated for DDP who were treated by FGA-LAI or by RLAI treatment at baseline and after a period of 3 months.

Results: There were no significant differences between the groups before the treatment (NS). There was no significant weight change as opposed to baseline in each of the groups (NS).

Conclusions: Treatment of DDPs with RLAI is safe and does not increase the middle-term risk of weight change.

Key words: dual diagnosis patient, Risperidal Consta, weight, BMI.

P0287

Augmenting clozapine with sertindole - A case report

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Background: Clozapine is still the drug of choice for patients with schizophrenia. However, there are still many patients not having a satisfied response to clozapine. In these patients clozapine is very often combined with other antipsychotics but the evidence for these combinations is poor. Due to the receptor profile of clozapine, the augmentation drug should be a non-sedating drug with no muscarinergic affinity and still have a low propensity to cause EPS. Sertindole has not been investigated as an augmentation drug to clozapine.

Method: We present a 29 year old man with a treatment resistant schizophrenia. Currently he was treated with 400 mg of clozapine with a suboptimal response but was not able to tolerate a higher clozapine dose due to sedation. Sertindole 16 mg was instead added.

Results: The baseline PANSS total score was 123 and after 12 weeks it was reduced to 90. No subjective or objective side-effects were seen.

Conclusion: Sertindole might be an ideal augmentation drug to clozapine due to the receptor profile but whether the combination is

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