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### **Affective Symptoms as Prognosis Factor in Schizophrenia**

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**Background:** Schizophrenia has a multidimensional symptomatology that includes affective, aggressive, disorganized, positive and negative clinical manifestations. We selected the affective symptoms as a target for our study because they could have significant impact over the prognosis and quality of patient's life.

**Objective:** To assess the presence of mood symptoms, depressive type and the impact of atypical antipsychotics over these clinical manifestations.

**Methods:** This prospective, open label, randomized trial included 36 inpatients, 22 male and 14 female, medium age 25.4 years, diagnosed with schizophrenia according to DSM IV TR criteria that were admitted for acute psychotic de-compensations. During this 12 months trial patients were evaluated using PANSS, CGI-S and CDSS (Calgary Depression Scale for Schizophrenia) every 4 weeks. There were formed 4 equally groups of patients and each group received a different antipsychotic: olanzapine mean daily dose (mdd) 12.7 mg/day, risperidone mdd 5.8 mg/day, aripiprazole mdd 15 mg/day or quetiapine mdd 650mg/day.

**Results:** Patients with depressive symptoms at admission had a poorer prognosis over 12 months (PANSS improvements  $-22.5 \pm 4.3$  in significant CDSS group defined as score over 6 vs.  $-29.3 \pm 2.2$  in low CDSS score group,  $p < 0.05$ ). No significant differences in efficacy over depressive symptoms between antipsychotics were recorded at end-point. A number of 3 subjects were discontinued due to lack of compliance and 2 were lost of follow-up.

**Conclusions:** Depressive symptoms are negative prognosis factor and need to be actively addressed and monitored. The four antipsychotics evaluated in this trial were equipotent in decreasing the depressive symptoms severity.