

“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

olanzapine (70%) than risperidone (76%) ($p=0.12$). Median time to discontinuation was 120 days (95% CI: 105-135), longer for olanzapine (150, 95% CI: 120-180) than risperidone (90, 95% CI: 71-109) ($p=0.04$).

Self discontinuation was high (48%) with no significant difference between olanzapine (50%) and risperidone (46%). Switching rate was 25% and more likely to occur in risperidone (30%) than olanzapine (20%) (OR= 1.72, 95% CI: 1.13-2.61).

Conclusion: Effectiveness of antipsychotic medications in schizophrenia may be hampered by high rates of medication self discontinuation in outpatient practice settings. Time to discontinuation suggests olanzapine may be more effective than risperidone. Strategies to address causes of poor adherence should be incorporated in medication algorithms to optimize their effectiveness.

P0235

Co-therapeutic team as the integrative constituent of group psychotherapy for patients with psychosis on acute psychiatric ward

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Background: Basic features of group psychotherapy for patients with acute psychosis are:

- focus on the sharing of psychotic experiences;
- different ways of interactive connections and transpersonal relations between patients and staff members;
- different realities represented, realized and interpreted by the participants;
- high risk of self stigmatization;
- paradoxical tension between the urgency readiness of psychiatric environment and the reflective attitude of group work.

Methods: A modified group analytic technique with free-floating discussion (Foulkes) is used to understand psychotic experiences. Group processes and symbolic contents are analysed on structural and communicative perspective.

Results:

- The maintainance of complex group work c**Aims:**
- clear and stable boundaries;
- creative possibility of potential space (Winnicott);
- relational capacity of the staff;
- and high level of integration between the group and the institutional system.

Conclusion:

- Co-therapeutic team facilitates integration in both direction:
- as a part of the group it helps the socialization of group members on the field of psychological work;
- as a part of the whole staff of the department it supports connections around the group.

The individual team member takes double role in the reality of the group: co-therapist and group member. The integration and conflicts between these roles should be interpreted in the context of the group.

P0236

Involvement of neurotrophic factors in the treatment of schizophrenia with negative symptoms

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Background: Schizophrenia with negative symptoms implies cognitive deficit, correlated with the hypo frontal phenomena characterized by hypodopaminergicism.

The increase of firing through hypoGABA-ergicism leads to a glutamate activity exacerbation, emphasizing the cognitive deficit.

The neurotrophic factors increase the regulated release of dopamine/serotonine/GABA neurotransmitters, regulate the synaptic glutamate transmission on the NMDA receptors path and play a role in the protection of the dopaminergic neurons and in maintaining the number of receptors and their functionality .

Method and Results: A clinic observation study included twenty patients with schizophrenia with negative symptoms and cognitive deficit.

Between 2004-2007 a number of 10 patients from this group received second generation antipsychotic and neurotrophic factor (Cerebrolysin), while the other 10 received only antipsychotic drug.

The effects on cognition, global function, as well as daily activities were evaluated at 6, 12 and 18 months.

In the comparative tests on the two groups, the frequency of the individual responses was 30% in the group with associated neurotrophic factor, compared to 10% in the other.

Regarding the definite response for the above mentioned 3 criteria, the frequency of the responses was 10% in the group with associated neurotrophic factor, compared to 5% in the other.

Conclusions: The neurotrophic factor significantly reduces the cognitive decline in: global response, functional response, cognition.

The association of the neuroprotective factor in the treatment with second generation antipsychotic drugs for schizophrenia with negative symptoms reduces the cognitive deterioration counterpoising the neurotransmitters balances (especially GABA and Glutamate), improving the prognosis of the disorder.

P0237

Patients preference of olanzapine orodispersible tablet compared with olanzapine conventional oral tablet in a multinational, randomized, crossover study

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Objective: Poor adherence to antipsychotics is a major problem in long term treatment of schizophrenia, a relationship between poor adherence and relapse is well documented in the literature. One of the factors that may affect compliance is antipsychotic formulation. The primary objective of the study was to compare patient preference for olanzapine conventional tablet (OCT) with orodispersible tablet (ODT) as measured by a formulation preference question.

Methods: A 12-week open label, randomized, crossover, multinational study (Turkey, Romania, Israel, Brazil, Mexico) conducted to estimate the proportion of patients preferring OCT over ODT after 6 weeks of treatment with each formulation. Outpatients with stable schizophrenia (CGI-S<4) on OCT monotherapy for at least 1 month before study inclusion were randomized 1:1. Compliance, drug attitude were measured using DAI-10 and MAF scales; tolerability and safety by AMDP-5 questionnaire and adverse event summary.