

**OBJECTIVES:** To construct and analyze a Structural Equation Model (SEM) for Early Retirement (ER) of schizophrenia patients in Germany and potential factors predisposing to ER. **METHODS:** Based on a set of data consisting of 20 variables collected retrospectively for 305 early retired and 317 not early retired German Schizophrenia outpatients (mean age 38.7 years, mean age at first diagnosis 30.5 years), a SEM (Muthen & Muthen) was constructed using MPlus 3.31 to model the relationship of potential predisposing factors among each other and with the dichotomous outcome ER. **RESULTS:** The final model was based on 497 observations and included ER and the variables Disease Severity (CGI scale), Course of Disease (categories from “continuous” to “remission”), Caring Situation (housing and care information), Age, and Treatment with Atypical Antipsychotics. Age (0.117), Caring Situation (0.134), Course of Disease (-0.196) and Disease Severity (0.574) were directly related to the outcome Early Retirement (values between 0 and +/-1, positive: factor predisposes to ER). Indirect effects were shown for Treatment with Atypical Antipsychotics, which negatively influenced Disease Severity (-0.110); Age, which negatively influenced the probability to receive Treatment with Atypical Antipsychotics (-0.155); Caring Situation, which positively influenced Disease Severity (0.189); and Course of Disease, which negatively influenced Disease Severity (-0.410). With a variability of 0.538 explained and with all relationships significant, the model was highly valid. **CONCLUSIONS:** Disease Severity is the central factor influencing the propensity of German Schizophrenia Patients to ER. Course of Disease and Caring Situation impact ER directly and also indirectly via Disease Severity. Treatment with Atypical Antipsychotics reduces the propensity to ER indirectly through the factor Disease Severity. Especially for ER as a dichotomous variable, SEMs can be successfully used to analyze complex relationships between a set of factors and the outcome of interest. Indirect effects can be directly analyzed and displayed.

PMH34

**IMPROVEMENTS IN ILLNESS SEVERITY AND FUNCTIONING IN SCHIZOPHRENIC PATIENTS SWITCHED TO RISPERIDONE LONG-ACTING INJECTION (RLAI)**

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**OBJECTIVES:** An interim analysis of changes in illness severity (Clinical Global Impression-Severity, CGI-S) and functioning (Global Assessment of Functioning, GAF) in Belgian patients with schizophrenia switched to RLAI as part of their routine management and followed up for 6 months. **METHODS:** e-STAR is an observational study of patients using a web-based data collection tool. Data are collected for 12 months retrospectively and 2 years prospectively for patients commencing a new antipsychotic treatment. Data reported here are for those patients who continue RLAI for 6 months. **RESULTS:** In Belgium 400 patients have been enrolled. Of the 206 patients with 6 months follow-up data, 86% (178 patients) have continued treatment with RLAI. Mean (SD) age of this group of patients was 40.3 (13.7) years. Mean (SD) duration of illness was 10.4 (10.3) and 62.4% were male. Most frequent reasons for a switch to RLAI were poor compliance (38.2% of patients) and need for maintenance therapy (23.5%). Mean (SD, median) CGI score at baseline was 4.5 (1.0, 5.0) (n = 142) with 16.9% patients having very mild/mild illness, 30.3% moderate, and 52.8% marked/severe/very severe. At 6 months, mean (SD, median) CGI score was significantly lower at 3.5 (1.1, 3.0) (p < 0.001) with

52.1% having mild/very mild illness (p < 0.001 versus baseline), 29.6% moderate and 18.3% marked/severe/very severe (p < 0.001). Similarly mean (SD, median) GAF score improved from 45.3 (13.6, 45.0) at baseline to 59.6 (13.7, 60.5) at 6 months (n = 142) (p < 0.001). RLAI was well tolerated; 88.8% of patients reported no adverse events (AEs). Serious AEs were reported in 8 (4.5%) patients, none of which were unequivocally related to RLAI. **CONCLUSIONS:** These interim data show that patients who switched to RLAI exhibit significant improvements from baseline in clinical and functional outcomes after 6 months of continual treatment. Further follow-up is ongoing.

PMH35

**REDUCTION IN SUICIDAL IDEATION AND VIOLENT BEHAVIOUR AFTER SIX MONTHS OF TREATMENT WITH LONG ACTING RISPERIDONE IN PATIENTS ENROLLED IN THE ELECTRONIC SCHIZOPHRENIA ADHERENCE TREATMENT REGISTRY (E-STAR)**

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**OBJECTIVES:** To examine whether there is a reduced incidence of suicidal ideation, violent behaviour, and deliberate self-harm in patients with schizophrenia after six months of treatment with long-acting risperidone injection (RLAI). **METHODS:** e-STAR is an ongoing, multinational, non-interventional, observational registry that records outcomes following a change in antipsychotic drug treatment during the management of patients with schizophrenia in a normal clinical practice setting. The incidence of suicidal ideation, violent behaviour, and deliberate self-harm (secondary objectives of the registry) were assessed at baseline and after six months of treatment with RLAI. **RESULTS:** Interim data are available for a total 1571 patients in Spain (n = 1005), Belgium (n = 178), and Australia (n = 388). There was a statistically significant reduction in the incidence of suicidal ideation in Spanish patients (9.4% at baseline versus 0.4% at six months, p < 0.001) and Belgian patients (6.2% versus 0.6%, p = 0.004) after six months of treatment with RLAI. Although there was a reduction in suicidal ideation in Australian patients (6.4% versus 5.2%), this was not statistically significant. There was a statistically significant reduction in violent behaviour in Spanish patients (11.1% versus 0.3%, p < 0.001), Belgian patients (11.2% versus 0.6%, p < 0.001), and Australian patients (9.0% versus 4.9%, p < 0.02) after six months. In Spain, there was a decreased incidence of deliberate self-harm after six months of treatment (3% versus 0%) and this was also seen in Belgian patients (1.7% to 0%). In Australia, the incidence of deliberate self-harm was unchanged at 2.8%. **CONCLUSIONS:** There was a reduction in suicidal ideation and violent behaviour after six months of treatment with RLAI in Spanish, Belgian, and Australian patients with schizophrenia.

PMH36

**SIX-MONTH FOLLOW-UP FROM THE ELECTRONIC-SCHIZOPHRENIA ADHERENCE TREATMENT REGISTRY (E-STAR) OF PATIENTS IN SPAIN WHO WERE INITIATED TO RISPERIDONE LONG-ACTING INJECTION (RLAI)**

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**OBJECTIVES:** This is a 6-month interim analysis of patients in Spain who are enrolled in e-STAR, and initiated on RLAI during