and 0.2 ml of saline). The following substances were administered intragastrically 2 times a day at 7-hour intervals for 30 days starting from the 1st day of EAE induction: anti-S100 (n = 20, 2.5 mL/kg/d); distilled water (control; n = 20, 5 mL/kg/d). Reference drug (Glatiramer acetate, Copaxone®, Teva, Israel, n = 20) was administered intramuscularly (4 mg/kg) from the 2nd to the 25th day after EAE induction.

Results: The severity of neurologic symptoms was assessed in points: muscle weakness, tremor (0.5 point); resistant paresis (1 point); paralysis (1.5 points). Clinical Index (CI) was calculated as a sum of the symptoms for 4 limbs. CI was defined as zero if visible clinical signs were absent, and as 6 in case of animal's death. Cumulative index for each rat was calculated as a sum of individual CI for the total disease period (30 days). Time to disease onset (days) and the mean severity of the disease (points) were recorded in each group.

The key results of the study are presented in the **Table**.

	Groups, the number of animals	Proportion of Animals With Symptoms	Severity of Symptoms	Time to Disease Onset, days	Mean Cumulative CI, Points (M ± m)	
		Mild, %	Average, %	Severe %		
Control, n = 20	80	20	25	35	9.5 (8.0–11.3)	27.53 ± 7.19
Glatiramer acetate, n = 20	65	5	40	20	10.0 (9.0–11.0)	18.03 ± 6.20
Anti-S100, n = 20	85	40	40	5*	12.0 (8.0–14.0)	18.96 ± 5.94

*The difference with control is significant at $P < 0.05$ (chi-square test).

Conclusion: Anti-S100 ameliorated clinical symptoms of EAE in Wistar rats: they both significantly reduced the severity of the disease and delayed the disease onset. The results give promise to patients in a search of a treatment option for multiple sclerosis.

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PP261—UTILIZATION OF TRIPTANES IN SWEDEN; ANALYSES OF OVER THE COUNTER AND PRESCRIPTIONS SALES

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Introduction: In Sweden, some triptans became available over the counter (OTC) in 2008. The present study describes the utilization pattern of prescribed and OTC triptans in Sweden over time.

Patients (or Materials) and Methods: Wholesaler and aggregated sales data from the National Corporation of Swedish Pharmacies between 1991 and 2006, and patient identity data on dispensed prescriptions between 2006 and 2010 from the National Prescribed Drug Register were used to investigate volume and expenditure of triptans over time. Prevalence was calculated for 2007 and 2011, measured as the number of patients/1000 inhabitants dispensed at least 1 triptan prescription. To illustrate proportions of patients dispensed large and small amounts of the drug, respectively, Lorentz percentiles and Lorentz curves were used. Analyses were done by age and gender.

Results: Volumes of triptans sold has increased continuously to 7.0 million defined daily doses (DDD) dispensed on prescriptions and 0.7 million DDDs OTCin 2011. The prevalence of triptan utilization was 10.0 in 2007 and increased slightly to 10.1 in 2011. A marked gender difference was found with a 3.6 times higher prevalence of triptan use in women both years. The mean number of DDD increased with 10%, from 67 DDD per patient in 2007 to 74 DDD per patient in 2011. The median volume per patient increased even more, 20%, from 30 DDD per patient in 2007 to 36 DDD per patient in 2011. Dispensed triptans were unevenly distributed within the population. In 2007, in women, 46% of the volume was purchased by 10% of those consuming the largest amounts. In men, the corresponding proportion consumed by 10% heavy users was 50%.

Conclusion: Triptans OTC has increased since the introduction as has the purchases of prescribed triptans. The number of patients dispensed triptans on prescription remained stable during the period studied even though the volumes increased.

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PP262—CAN AUTHORITIES TAKE FULL ADVANTAGE OF THE AVAILABILITY OF GENERIC ATYPICAL ANTIPSYCHOTIC DRUGS? IMPLICATIONS FOR THE FUTURE

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Introduction: There could be an opportunity for health authorities to take advantage of oral generic atypical antipsychotic drugs (AAPs) given their considerable expenditure across countries. However, schizophrenia and bipolar disorders (BPD) are complex to treat, with the need to tailor treatments. Consequently, there is a need to assess changes in risperidone utilization before and after oral generic risperidone was reimbursed among European countries, as well as the utilization of generic versus originator risperidone, to provide future guidance.

Patients (or Materials) and Methods: We principally used an interrupted time series design of monthly aggregated AAP utilization (2011 DDDs) up to 2 years before generic risperidone became available and reimbursed and up to 6 years after in Austria, Belgium, Ireland (GMS population), Scotland, Spain (Catalonia), and Sweden; (ii) Demand-side measures captured and categorised using the 4Es (Education, Engineering, Economics and Enforcement). Expenditure was also measured. Only administrative databases were used.

Results: There were generally no specific measures among the various authorities to preferentially encourage the prescribing of oral