who start on low doses. To determine the relationship between ziprasidone NY, USA = categorized by starting dosage: low (20–60mg) n = schizophrenia and having ziprasidone prescription (61mg–119mg) n.

ment (BACS) was performed. 70% for two or more symptom severity (PANSS) and QoL (SQLS, LOF, PSP). Patients report, at baseline and monthly for up to six-months, as were caps, prescriber report, patient self-report and research assistant chotic, and who signed informed consent were eligible. Adher-

schizoaffective DSM-IV diagnosis, taking a single oral antipsychy- nition. The adherent class had a lower average cost than the non-

ation was measured using refill patterns, allowing 15-day gaps between expected refill dates, and compared across starting doses using Chi-Square tests. Multivariate logistic analysis explored the simultaneous impact of age, gender, race, and year of treatment initiation in addition to starting dose. RESULTS: Discon-

clusion rates across the study period (maximum 30 months) were greater for patients initiated with low (p = 0.001) and medium dose (p = 0.02) than for high dose patients. Dis continua-

tion rates were not statistically different for low and medium does. Discontinuation rates at 365, 180, and 90 days were higher for low dose than high dose (p < 0.05) but not signifi-

antly different between low and medium or medium and high doses. These results were similar in the multivariate models. CONCLUSIONS: Schizophrenia patients started on high doses of ziprasidone have greater persistence up to 2½ years than those who start on low does.

ELECTRONIC MONITORING OF ANTIPSYCHOTIC ADHERENCE REGISTRY—E-STAR: BASELINE RESULTS FOR GERMANY

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OBJECTIVES: To evaluate long-term clinical and economic outcomes in patients participating in the ongoing Electronic Schiz-

ophrenia Treatment Adherence Registry in Germany, who were initiated on long-acting injectable risperidone (LAIR). Baseline and retrospective data will be presented. METHODS: Data are collected via a secured web-based system for 12 months retrospectively and for 2 years prospectively. Data collected include patient demographics, treatment and hospitalisation history, reason for initiating new antipsychotic treatment, Clinical Global Impression—Severity (CGI-S), Global Assessment of Functioning (GAF) and adverse events. RESULTS: Complete baseline and retrospective data are available for 744 patients. Mean (±SD) age is 41.0 years (±12.2), 56% of patients are male, and 97% have a diagnosis of schizophrenia or schizoaffective disorder. The mean (±SD) duration of illness at the time of LAIR initiation is 9.2 (±9.1) years. Eighty-six percent of patients had a CGI-S score of moderate (30.5%), marked (35.5%) or severe (20.3%). The mean (±SD) GAF score was 46 (±15). Seventy-two percent of patients had at least one hospitalisation during the year before LAIR initiation; 39% patients received oral atypicals, 5% oral conventional, 15% depot conventional, and 31% received different types of antipsychotics simultaneously or sequentially in the year preceding LAIR initiation. For 10% of patients, no retrospective medication information was indicated. The most frequent reasons for LAIR initiation were lack of compliance (37%), insufficient response (27%), and unacceptable tolerability (16%) with the previous medication(s). Fifty-three percent of patients started on 25mg/14 days of long-acting risperidone, 31% on 37.5mg/14 days and 16% on 50mg/14 days. CONCLUSIONS: Patients in this sample demonstrate distinct symptomatology and impairment in functioning. Despite a considerable proportion of patients previously treated with novel