functioning may become one of the most important clinical targets in the treatment of schizophrenia.

**PMH47**

**WEIGHT GAIN AND IMPROVEMENT IN PSYCHOPATHOLOGY DURING TREATMENT OF SCHIZOPHRENIA WITH ANTIPSYCHOTICS AND WITH PLACEBO**

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**OBJECTIVE:** To investigate if a) the previously observed link between weight gain and better clinical response during treatment of schizophrenia has a non-pharmacological component, and b) if the magnitude of treatment-related weight gain parallels therapeutic effect size across different treatments.

**METHODS:** We compared olanzapine (N = 187) and placebo (N = 61) during the first 6 weeks of a randomized double-blind trial in the treatment of schizophrenia. Pearson correlations assessed the association between weight change and therapeutic response as measured by BPRS total score. Weight change within treatment group was contrasted between patients who improved and those who deteriorated. Analyses were repeated controlling for treatment duration and baseline weight. **RESULTS:** Weight gain was significantly correlated with better therapeutic response for placebo (r = 0.36, p = 0.004) and olanzapine-treated patients (r = 0.43, p = 0.0001). Improved patients gained significantly more weight than patients who deteriorated (p = 0.0001). After controlling for treatment duration and baseline weight, every 1-point improvement on BPRS was associated with 0.056 kg weight gain for olanzapine and 0.089 kg weight gain for placebo. The correlation between therapeutic effect size, per Cochrane's meta-analytical reviews, and previously published magnitude of weight gain for olanzapine and 0.089 kg weight gain for placebo.

**CONCLUSIONS:** Our results suggest that weight gain was significantly correlated with better therapeutic response for placebo and olanzapine-treated patients. Improved patients gained significantly more weight than patients who deteriorated. Analyses were repeated controlling for treatment duration and baseline weight. Every 1-point improvement on BPRS was associated with 0.056 kg weight gain for olanzapine and 0.089 kg weight gain for placebo. The correlation between therapeutic effect size, per Cochrane's meta-analytical reviews, and previously published magnitude of weight gain for olanzapine and 0.089 kg weight gain for placebo.

**PMH48**

**ASSESSMENT OF THE IMPACT OF QUETIAPINE TREATMENT ON PSYCHOPATHOLOGY, HEALTH RELATED QUALITY OF LIFE AND DISABILITY IN PATIENTS WITH SCHIZOPHRENIA IN GREECE. THE SQUARE STUDY**


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**OBJECTIVES:** Evaluation of HRQOL has gained increasing importance in assessing the impact of mental health policies and the introduction of new neuroleptic drugs. Quetiapine, a new antipsychotic medication with improved effectiveness, safety and tolerability profile was introduced in Greece in 2001. The objective of this study is to assess the HRQOL impact of quetiapine-based treatment to patients with schizophrenia using a combined set of outcome measures based on a) psychopathology, b) HRQOL profiles and c) disability scales.

**METHODS:** An open label, 52-week follow-up study of 170 patients is being conducted in 8 psychiatric hospitals across Greece. Enrolled patients were diagnosed with mild to moderate schizophrenia (according to the DSM-IV), aged 18–65, hospitalized or outpatients, newly diagnosed or in acute exacerbation and assessed at 4 scheduled visits (baseline, 3–6–12 months). Outcome measures employed combine psychopathology scales (PANSS, CGI), HRQOL profiles (SF-36, EQ-5D, QLS) and disability indices (WHO-DAS). All measures are psychometrically and culturally adapted. The results of 6-month follow-up period are presented in this analysis.

**RESULTS:** Compared to baseline, statistically significant improvements were seen at 6 months in PANSS general psychopathology (48.6 vs. 33.3), positive (23.8 vs.15.2) and negative symptom (24.3 vs. 17.8) mean scores (p<0.001). CGI scores improved from mean level of 5.1 (baseline) to 4.1 (p < 0.001). All SF-36 dimension scores, especially Role Physical and Role Emotional were significantly improved (p < 0.001). All EQ-5D dimensions were improved but only the mobility dimension and VAS scores showed statistically significant improvement (p < 0.001). Total and subscale QLS scores were significantly improved except the Instrumental Role Subscale Score (p < 0.001). A statistically significant improvement was shown on all WHO-DAS-II dimensions (p < 0.001). **CONCLUSIONS:** After 6 months follow-up, quetiapine-treated patients showed a considerable, significant improvement in terms of psychopathology and HRQOL. The combined approach provides for a comprehensive assessment of HRQOL impact of new antipsychotic medications.

**PMH49**

**USING CLIENT AND STAFF STRUCTURED INPUT IN FORMATTING THE SCHIZOPHRENIA OUTCOMES ASSESSMENT PROJECT (SOAP) SURVEY**

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**OBJECTIVES:** Since end-users of surveys may have design format preferences that are undetected by survey developer/administrators, we elicited client and staff input and preferences for three survey formats of a 51-item health-related quality of life survey for community-residing individuals with schizophrenia. **METHODS:** Using cognitive interviews and visual analogue preference ratings (0–100 scale), we sought qualitative and quantitative input from 29 community-residing clients with schizophrenia and 33 staff members at four sites concerning their preferences for three formats of the 51-item Schizophrenia Outcomes Assessment Project (SOAP-51) Survey: (i) 6-page booklet with responses horizontally listed below each item, (ii) 4-page version with responses to the right of each item, and (iii) compressed 2-page version of the former. Survey formats were presented in randomized order. Staff also were asked their preference for a 4 vs 5 response format. Clients were individually interviewed in 15–20 minute sessions; staff had individual (20–30 minute) or group (45–60 minute) sessions. **RESULTS:** Clients preferred versions (i) and (ii) over version (iii); respectively, p = 0.012. Qualitatively, clients indicated the 2-page was too compressed and the 4-page format made it easier to link the response to the question. Staff preferred 4/item responses to 5 (84.0 vs 46.1, p < 0.0001) because they perceived little distinction between 2 of the 5 response levels. Staff had a preference trend toward version (i) compared to versions (i) and (iii), (68.6, 58.6, and 58.9, respectively, p = 0.22. When asked their first choice, 47%, 34%, and 19% indicated preference for 4-page, 2-page, and booklet versions, respectively. **CONCLUSIONS:** Clients preferred booklet