OBJECTIVES: Add-on treatments for patients with predominant negative symptoms of schizophrenia have been identified in previous studies. OBJECTIVES: To assess physicians' antipsychotic drug prescribing practices, patient descriptions, and perceptions of negative symptoms. METHODS: Physicians were surveyed in 5 European countries who prescribed antipsychotics for ≥15 patients with schizophrenia within the preceding 3 months completed a questionnaire concerning their patients’ clinical status and therapy. RESULTS: Data for 6523 patients were collected from 872 physicians. Two thirds of patients were outpatients, 63% were men, most were aged 25–44 years, and 50% were unemployed. 50% of patients were rated as moderately to grossly dysfunctional; 34% and 75% were taking conventional or atypical antipsychotics, respectively. The most frequent negative symptoms were social withdrawal (54%), impoverished thinking (39%), and blunted affect (38%). A lower risk was also observed in patients with schizophrenia (ICD-10: F20) (RR 0.58; 95%CI 0.46–0.74; p < 0.001). Further predictors of rehospitalizations were: substance abuse (RR 1.87; 95%CI 1.39–2.51; p < 0.001) and duration of the index-case longer than 30 days. Patients with schizoaffective disorders (ICD-10: F25) had a significantly lower risk than patients with schizophrenia (ICD-10: F20) (RR 0.58; 95%CI 0.46–0.74; p < 0.001). A lower risk was also observed in beneficiaries aged 60 years and older (RR 0.50; 95%CI 0.33–0.75; p = 0.11). CONCLUSION: The following predictors for rehospitalization have been identified: former hospitalization due to acute exacerbation, duration of previous hospitalization, younger age, and substance abuse. The more cases were observed, the shorter the intervals between two hospitalizations became. This illustrates the dynamics of the course of schizophrenia which can be observed in longitudinal analyses of claims data.

PMH32

ANALYSIS OF A MULTINATIONAL, CROSS-SECTIONAL SURVEY OF PHYSICIAN DESCRIPTIONS AND PERCEPTIONS OF PATIENTS WITH NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

Leeuwenkamp O1, Perry R2, Milligan G2, Morlock R3, Lecrubier Y4

1 Organon International, Molenstraat, Oss, The Netherlands, 2 Adelphi Group Products, Bollington, Cheshire, UK, 3 Pfizer Inc, New York, NY, USA, 4 Hopital Pitié Salpêtrière, Paris, France

OBJECTIVES: To assess physicians’ antipsychotic drug prescribing practices, patient descriptions, and perceptions of negative symptoms. METHODS: Psychiatrists in the United States and 5 European countries who prescribed antipsychotics for ≥15 patients with schizophrenia within the preceding 3 months completed a questionnaire concerning their patients’ clinical status and therapy. RESULTS: Data for 6523 patients were collected from 872 physicians. Two thirds of patients were outpatients, 63% were men, most were aged 25–44 years, and 50% were unemployed. 50% of patients were rated as moderately to grossly dysfunctional; 34% and 75% were taking conventional or atypical antipsychotics, respectively. The most frequent negative symptoms were: social withdrawal (54%), impoverished thinking (39%), and blunted affect (38%). Reasons for prescribing antipsychotic drugs included efficacy for positive symptoms (90%), efficacy for negative symptoms (62%), and tolerability (47%). Inadequate control of symptoms was higher for negative symptoms (71%–77%) than for positive symptoms (47%–60%). Physicians viewed currently available atypical antipsychotics as less effective against negative than positive symptoms but more effective than conventional antipsychotics for negative symptoms. Adverse events associated with patients’ current antipsychotic treatment included sedation (22%), weight gain (22%), and extrapyramidal symptoms/parkinsonism (13%). A total of 579 patients (9%) were categorized as having predominant negative symptoms. In this patient subset, negative symptoms occurred more often than positive symptoms, were more often the reason for prescription, and were less likely to be adequately controlled. However, use of atypical antipsychotics was similar to use in other patients. CONCLUSIONS: This large, multinational, cross-sectional physician survey involving a naturalistic sample of patients with schizophrenia identified more effective treatment of negative symptoms as a key unmet need, especially in patients with predominant negative symptoms.

PMH33

STRUCTURAL EQUATION MODELLING OF SCHIZOPHRENIA EARLY RETIREMENT IN GERMANY

Clouth J1, Eichmann F2, Davidov E3

1 Lilly Germany, Bad Homburg, Germany, 2 Kendle, Munich, Germany, 3 Justus Liebig Universität Giessen, Giessen, Germany

A19
IMPROVEMENTS IN ILLNESS SEVERITY AND FUNCTIONING IN SCHIZOPHRENIC PATIENTS SWITCHED TO RISPERIDONE LONG-ACTING INJECTION (RLAI)

Peukens J<sup>1</sup>, Povey M<sup>2</sup>, Diels J<sup>3</sup>, Van der Veken J<sup>4</sup>, Jacobs A<sup>2</sup>

<sup>1</sup>Universitair Psychiatrisch Centrum, KUL Leuven, Leuven, Belgium, <sup>2</sup>SGS Biopharma, Wavre, Belgium, <sup>3</sup>Janssen Pharmaceutica, Beerse, Belgium, <sup>4</sup>Janssen Cilag, Berchem, Belgium

OBJECTIVES: An interim analysis of changes in illness severity (Clinical Global Impression-Schizophrenia, 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) years. 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 43.4 (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.

PMH335

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)

Hustig H<sup>1</sup>, Peukens J<sup>2</sup>, Olivares J<sup>3</sup>, Povey M<sup>4</sup>, Jacobs A<sup>2</sup>, Olivares J<sup>3</sup>, Povey M<sup>4</sup>, Jacobs A<sup>2</sup>

<sup>1</sup>Glenside Hospital, Fullarton, South Australia, Australia, <sup>2</sup>Universitair Psychiatrisch Centrum, KUL Leuven, Leuven, Belgium, <sup>3</sup>Servicio de Psiquiatría Hospital, Vigo, Spain, <sup>4</sup>SGS Biopharma, Wavre, Belgium, <sup>5</sup>Janssen Pharmaceutica N.V, Beerse, Belgium

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 1371 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)

Olivares J<sup>1</sup>, Rodríguez A<sup>2</sup>, Povey M<sup>3</sup>, Diels J<sup>1</sup>, Jacobs A<sup>3</sup>

<sup>1</sup>Servicio de Psiquiatría Hospital, Vigo, Spain, <sup>2</sup>Janssen cilag, Madrid, Spain, <sup>3</sup>SGS Biopharma, Wavre, Belgium, <sup>5</sup>Janssen Pharmaceutica N.V, Beerse, Belgium

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