

Our result indicates a role of nitric oxide in the mechanism of catalepsy and behaviour related to D₂ receptors.

References

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P.2.038 Changes in psychopharmacological treatment strategies in schizophrenia – Inpatient treatment 1989 vs. 1995

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The development of new "atypical" antipsychotics and international scientific consensus about treatment strategies in schizophrenia have been the most progressive steps concerning the treatment of schizophrenia in the last few years. We investigated if there was an measurable effect on the inpatient treatment strategies in our hospital by collecting data from patient records of schizophrenic inpatients on antipsychotic medication in the years 1989 and 1995. We present data from 113 patients (1989:47, 1995: 66) being inpatients for more than 8 days. There were no differences in sex, age, duration of illness and inpatient treatment. The main differences between the groups concerned the preference of antipsychotic substances and dosage: in 1989 haloperidol was the most common first-choice drug (43%) followed by clozapine (34%), while in 1995 risperidone was leading as first-choice antipsychotic (34.8%) followed by haloperidol (28.8%) and clozapine (16.7%). Mostly the drugs were administered orally (1989: 77%, 1995: 88%). The mean daily dose of haloperidol as first-choice drug was about 26 mg/d in 1989 and 15 mg/d in 1995, in the case of clozapine the dose decreased from 300 mg/d in 1989 to 250 mg/d in 1995. The duration of treatment with these first-choice drugs was 21.7 days in 1989 vs. 23.9 days in 1995. The differences in drug use and dosage were similar when investigating the medication at the time of hospital discharge.

The development of new antipsychotics and the guidelines concerning dosage and duration of treatment had specific effects on the inpatient treatment strategies in our hospital especially in drug selection and administration of lower doses.

P.2.039 Pharmacoeconomics of antipsychotic

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The aim of the communication is to explain the originality of an methodology approach of the applied prescription practices in the field of antipsychotic therapy and to provide the previous results of the analysis.

Method: This work uses a photography method of prescription practice. It is applied here in a field of the public psychiatry and has implied 87 psychiatrists. In the course of three phases situated on 9 last months of 1995, 6,638 prescription files have been collected. These files are documented on the patient (data on the biography and the pathology) and on the exhaustive prescription statement as well as on its motivation.

Results: The validity of data allows an analysis of practices underlining the large application field on the antipsychotic, the importance of the behaviour in the prescription motivation and the extreme complexity of the polypharmacy and the polyprescriptions.

P.2.040 National survey on patients with antipsychotic

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The aim is the comparison between the data collected by pharmacists and physicians during a national survey about patients under antipsychotic treatment.

Method: This work is about a national survey about patients under antipsychotic treatment conducted in France during 1995. It uses a method of photography of prescription practice among 87 hospital centers (with in each center one hospital structure for in patients and one structure for out patients) and 60 pharmacies. This original methodology will be facilitated by the mastering of "Association Nationale des Hospitaliers Pharmaciens et Psychiatres (A.N.H.P.P.)" which council includes an equal number of hospital pharmacists and psychiatrists. It includes 2 types of questionnaires: a medical one gathered clinical and therapeutic data about prescription and a pharmaceutical one gathered drug consumptions.

We have collected and analysed 545 questionnaires collected from hospital pharmacists and 6.638 questionnaires collected from physicians.

Results: This close collaboration leads to questions on drugs and prescriptions practices with a gap between prescription and medical references.

P.2.041 Risperidone in the treatment of acute schizophrenic episodes

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Risperidone versus haloperidol and chlorpromazine in the treatment of acute schizophrenic episodes, was studied in a double-blind parallel group study. The methodology of Janssen's multicenter international study 047/R64766 was followed. Forty-five patients (14 risperidone, 15 haloperidol, 16 chlorpromazine) diagnosed with DSM-III-R criteria participated. The diagnosis of the patients was paranoid type 50%, schizophreniform 25%, disorganised 14%, undifferentiated type 11%. There were no differences in diagnostic categories between the three treated groups. The duration of the study was 6 weeks and the mean dose of the drugs used was 12 mg/d for the group of risperidone and haloperidol and 600 mg/d for the group of chlorpromazine.

All treatments produced significant changes in the PANSS scale reducing psychopathology to approximately 40%. There were no significant differences between treatments in the total score of the PANSS scale or the subscales of positive and negative symptoms. There was a tendency for therapeutic effects to appear earlier with risperidone treatment.

There were significantly less extrapyramidal side effects with risperidone treatment, as measured with ESRS scale, appearing from the seventh day of treatment. The differences were not significant at the end of the trial, since larger quantities of anticholinergic antiparkinsonian drugs were used in the groups of patients treated with haloperidol and chlorpromazine. The need for benzodiazepines was reduced in the group of patients treated with risperidone. There were also statistically significant differences in the side effects measured by UKU scale, with less side effects appearing in the group of patients treated with risperidone (especially: asthenia/lassitude/increased fatigability, reduced salivation, palpitations/tachycardia, sleepiness/sedation, orthostatic dizziness).

In the end of treatment, the patients treated with risperidone and the therapist conducting the study, rated risperidone treatment as significantly better in a seven point scale.

With respect to this particular study, given the small numbers of patients evaluated, all agents produced equally effective results in the treatment of acute schizophrenic episodes. Risperidone, however, produces less extrapyramidal and other side effects and is rated by patients and therapist subjectively as a better treatment.