antipsychotics in GAD needs to be further investigated with randomized, double-blind, placebo controlled trials.

P210

Do extrapyramidal syndromes influence the patients' mortality?

J. Modestin, M. Vogt Wehrli, P. Agarwalla, P.L. Stephan. *Psychiatric University Hospital, Zurich, Switzerland*

In 1994, all patients hospitalized in the Psychiatric University Hospital of Zurich and treated with regular neuroleptics (n = 200) were examined with regard to the prevalence of Parkinson syndrome, akathisia, and tardive dyskinesia. In 2003/04, the patients were traced and re-examined. Out of 200 patients, a total of 63 (31.5%) had died. The group of deceased patients was compared with the group of patients still alive with regard to several socio-demographic variables and the presence of extrapyramidal syndromes at the first examination. As it could have been expected, the patients who died were older and suffered more frequently from organic disorders; further, women were over-represented in this group. Neither group differed with regard to the presence of akathisia and tardive dyskinesia; however, Parkinson symptoms were found to be more pronounced in the deceased group. Thus, Parkinson syndrome due to neuroleptic treatment appears to be a possible risk factor contributing to a higher mortality amongst psychiatric patients.

P211

Insomnia and excessive daytime sleepiness in psychotic patients taking traditional or atypical antipsychotic medications

S. Montaldo, A.R. Collu, V. Nonnoi, A. Campus, G.L. Pillai, M. Pinna, D. Primavera, B. Carpiniello. *Department of Mental Health, Institute of Clinical Psychiatry, Cagliari, Italy*

The aim of the study was to evaluate quantitative sleep disorders in forty patients with a psychotic disorder (F 20 or F25 at ICD X International Classification), who are taking antipsychotic medication.

We studied 100 patients, affected by schizophrenic or schizoaffective disorder, aged from 20 to 65 years old. These patients were divided in four groups each containing 25 people who were taking neuroleptics or atypical antipsychotic (olanzapine, risperidone or aripiprazole).

The variability of quantitative sleep disorder was measured using questions 4-5-6 of Hamilton Depression Scale to evaluate early, intermediate or late insomnia, and the Epworth Sleepiness Scale to assess EDS (excessive daytime sleepiness)

We all know the sedative effects of neuroleptics, furtherless it is not unexpected that most of the atypical antipsychotics are sedating, and thus have the potential to impair judgement, thinking or motor skills giving the patients the sensation of being different from the other people. Many times we forget that the other side of insomnia is the excessive daytime sleepiness….

In the future, we have to manage these disorders, if we want to avoid lack of compliance and further drop out of therapy.

P212

QT interval and dispersion in very young children treated with antipsychotic drugs

E. Nahshoni [1], S. Spitzer [1], M. Berant [2], G. Shoval [1], G. Zalsman [1], A. Weizman [1]. [1] *Department of Child Psychiatry Geha Mental Health Center, Petach Tikva, Israel* [2] *Department of Child Cardiology, Schneider Children Hospital, Petach Tikva, Israel*

Objectives and Background: QT dispersion (QTd) is a measure of interlead variations of the surface 12-lead electrocardiogram (ECG) Increased QTd, found in various cardiac diseases, reflects cardiac instability and risk for lethal cardiac arrhythmias. Research suggests a link between psychotropic treatment, ECG abnormalities (QT prolongation) and increased sudden cardiac mortality rates. Reports of sudden death in children treated with psychotropic drugs have raised concerns about cardiovascular monitoring and risk stratification. QTd analysis has not been investigated in very young children treated with antipsychotic drugs. In the present retrospective chart review study we calculated QT interval, QTd and their rate-corrected values in very young children treated with antipsychotics.

Methods: The charts of 12 children (aged: 5.8 ± 0.98 years, 4 - girls, 8 - boys) were examined before initiation of antipsychotic treatment [risperidone (n = 7), clotiapine (n = 1) and propericiazine (n = 4)], and during the maintenance period after achieving a positive clinical response. Three children were concomitantly maintained on methylphenidate. QT interval, QTd and their rate-corrected values were calculated.

Results: QT interval, QTd and their rate-corrected values were all within normal values both before and after successful drug treatment.

Conclusions: This preliminary naturalistic small-scale study suggests that antipsychotic treatment, with or without methylphenidate, in very young children is not associated with significant alterations QT interval and dispersion, indicating the safety of these agents in this unique age group.

P213

Acutely disturbed behaviour in psychiatry: A survey of current practice

I. Wimalaratne, K.S. Naidoo. *Mersey Care NHS Trust, Liverpool, United Kingdom*

Background: Acute behavioural disturbance in psychiatric patients often requires urgent treatment. National guidelines in England indicate that olanzapine is a suitable alternative to older antipsychotics due to a beneficial side effect profile.

Method: A retrospective study that looked at the case notes of 32 patients on an acute adult and psychogeriatric ward. Information was gathered on patient gender, diagnosis, incidence of acute behavioural disturbance in the preceding 3 months and the type of medication and route of administration chosen.

Results: Of the patients assessed 56.2% (18/32) were male and 43,8% (14/32) were female.

62.5% (20/32) were aged between 18-65 years and 37.5% (12/32) were aged over 65yrs.

43.8% (14/32) had a diagnosis of schizophrenia and 21.9% (7/32) had a diagnosis of bipolar affective disorder.

Pharmacological intervention for acutely disturbed behaviour was necessary in 46.9%(15/32) of patients. In 86.6% (13/15) of these cases the oral route of administration was chosen. Haloperidol was used in 46.6%(7/15) of cases while the other cases necessitated the use of lorazepam only. Although oral and im preparations of olanzapine were available neither were chosen in any of the above cases. Vital signs were monitored in only 6.6% (1/15).

Conclusions: Surprisingly haloperidol, an older antipsychotic, is still preferred over olanzapine which has fewer extrapyramidal side effects and is widely acknowledged to be effective in the acute setting.