

social relations (SR), as we did not expect the living and work situation to change significantly within this period.

Results: Baseline data were available on 48 patients, mean age 25 years (6.1), 31 males (65%).

Their PANSS total score was 84 (16.0), GAF was 41(9.4), SPL-score was 13 (5.3) SR-score 10(5.3). For SPL as well as SR, there was a negative correlation with PANSS-total, PANSS-negative and PANSS- general (p-values<0.007). Follow-up data were available on 33 patients, mean age 25 years (6.6), 19 males (58%). They received 273 (163.3) mg Amisupride. PANSS total was 68 (14.4) and GAF was 53 (15.7), SPL-score was 14 (3.9) SR-score 11(4.6). Paired T-test showed a significant improvement in PANSS total, PANSS positive, PANSS general and GAF (all p-values<0.001). There was also an improvement in SR (p=0.003), but no significant improvement in SPL and PANSS negative score (p=0.12 and p=0.5).

There were no correlations between neither of the QLS scores and any psychopathology scores at follow up. Likewise, there was no correlation between change in QLS scores and change in psychopathology. However, there was a negative correlation with change in SPL and medication dose (p=0.009)

Discussion: In this study, we found that antipsychotic naïve patients with most severe symptoms had the lowest self-reported QLS. This relation was only observed for negative and general symptoms, but not for positive symptoms or GAF score. As expected there was a treatment induced improvement in positive and general symptoms as well as GAF score. Likewise, patients improved on QLS, but only on SR and not in the overall measure of SPL. This may partly be because antipsychotic medication primarily improves positive symptoms, which were not correlated with QLS. Additionally, there was even a negative correlation with medication dose, indicating that patients with higher doses had the least improvement I SPL score. The results indicate that there is not a simple relationship between antipsychotic induced improvement in psychopathology and self-reported QLS. High doses of medication may even reduce QLS.

S251. QUALITY OF LIFE OF CHRONIC SCHIZOPHRENIA PATIENTS IN THE LONG TERM FOLLOW-UP

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Background: In recent years the goal of the treatment of patients with schizophrenia has shifted from symptom remission to the improvement in health as a whole. In this context, concepts such as quality of life (QoL), social and occupational functioning gained interest. The aim of this study is to investigate changes in QoL of chronic schizophrenia patients in the long-term follow-up and their associations with symptoms and level of community functioning.

Methods: We will contact 85 patients with schizophrenia, considered clinically stable in the previous year, who participated in a study about the deficit syndrome of schizophrenia in 2009/2010. Back then, they were recruited in two sites: an outpatient service of a university general hospital (49 patients) and a community-based service (36 patients). Patients will be assessed with the same instruments adopted in the first study: SAPS, SANS, Calgary Depression Scale and Quality of Life Scale (QLS), plus the Personal and Social Performance Scale (PSP), not used at baseline. We started recruitment by the patients originally treated in the outpatient clinic.

Results: Until now, of the 49 patients, 2 dropped out treatment, 8 had been transferred to other services, 5 refused to participate, 1 had the diagnostic changed to bipolar disorder and 3 had died precociously. Of the deaths, 1 was due to complications secondary to the use of clozapine, 1 due to suicide and 1 patient was murdered by another patient during a psychiatric hospitalization. Up to now, 20 patients completed reassessment, mean age at baseline was 36.9 ± 8.9 years, mean duration of mental illness was 16 ± 10.1 years, and 75% were men. They had in mean, 10.7 ± 3.3 years of

education, only 4 had any work activity and 55% had a low socioeconomic position. Assessment interval was 6.9 years ± 0.5. Some demographic aspects slightly worsened: only 15% had an occupation at follow-up, and 60% fell in the lower socioeconomic position. Between assessments, 8 (40%) patients have had periods of noncompliance to medication, 5 had psychiatric hospitalizations, three of them involuntarily. At follow-up 70% of the patients were using clozapine and, despite that, some presented residual positive symptoms (SAPS 6.2 ± 4.8); Calgary mean score was low (2.2 ± 2.2) and, except for the patient who died, there was no new suicide attempts between assessments. Negative symptoms severity was moderate in general (mean SANS 14.8 ± 7.2). Patients as a group had no significant change in QLS scores (61.5 ± 28.2 versus 60.1 ± 28.2 at follow-up). However, 15% of patients had an improvement greater than 20% in their QLS scores, and 30% had a worsening of their scores greater than 20%. Baseline scores on SANS (p=0.005), SAPS (p=0.03) and number of hospitalizations (p=0.03) were negatively correlated with follow-up QLS scores; and years of schooling at baseline was positively correlated (p=0.2). Baseline QLS scores were strongly associated with current QLS scores, as well as with PSP scores (both with P <0.000) at follow-up. Regarding PSP outcomes, 50% of patients were classified in the 70-31 interval (disabilities of various degrees) and 25% were under 30, requiring intensive support.

Discussion: The results presented are partial, obtained with a provisional small sample size. Nevertheless, they show some interesting trends as the possible existence of two patterns of outcome regarding QoL in chronic schizophrenia patients: of significant improvement and one of worsening. If those initial findings are to be confirmed, our next step will be to investigate characteristics associated to improvement or deterioration of QoL in spite of a relative stability of symptoms. That sort of information is of great relevance in the pursuit of recovery for schizophrenia patients.

S252. HEALTH CARE RESOURCE UTILISATION IS HIGHER IN PATIENTS PRIOR TO DIAGNOSIS WITH SCHIZOPHRENIA THAN NON-SCHIZOPHRENIA COMPARATORS IN A LARGE COMMERCIALY-INSURED POPULATION IN THE UNITED STATES

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Background: Schizophrenia is associated with considerable health care resource utilisation (HCRU) and costs, yet little is known about the patterns of care and HCRU in patients with schizophrenia prior to diagnosis. To address this knowledge gap, we examined the HCRU of patients with and without schizophrenia over a 5-year pre-diagnosis period.

Methods: This US-based retrospective study used claims data from the HealthCore Integrated Research Database to identify newly diagnosed patients with schizophrenia (ICD-9: 295.x, ICD-10: F20.x) aged 15–54 years at diagnosis. Patients with schizophrenia were compared with a demographically matched (1:4) non-schizophrenia cohort during the 0–12 months, >1–2, >2–3, >3–4 and >4–5 years prior to schizophrenia diagnosis. During the pre-diagnosis periods, both all-cause and behavioural health-related HCRU were described.

Results: The schizophrenia and comparator cohorts included 6,732 and 26,928 patients, respectively. The most common types of schizophrenia were schizoaffective disorder (49%), paranoid (24%) and unspecified (19%). Patients were distributed across all major US regions (Northeast: 18%, Midwest: 27%, South: 29%, West: 27%). Average age at diagnosis was 32.8 years and most patients were male (57.4%). The percentage of patients with at least one all-cause inpatient hospitalisation in the 0–12 months