clozapine. The total score of Adverse Drug Reaction Probability Scale is 7. The urinary retention didn't respond to bethanechol (a cholinergic agent) and tamsulosin (a selective α1 receptor antagonist), and it resolved completely after discontinuation of clozapine while haloperidol 10 mg/day was kept.

Discussion and conclusions: Anticholinergic effect of clozapine has been suspected to contribute to impaired detrusor muscle contraction and therefore urinary retention, however, the urodynamic study in the case reported showed normal detrusor function during filling and voiding. Treatment with cholinergic agent didn't improve urinary retention as well. This case report highlights that urinary retention can be an uncommon adverse effect of clozapine and may not be merely resulted from anticholinergic effect.

PM407

Factors of Caregiver Burden and Quality of Life in Caregivers of Patients with Schizophrenia

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Abstract

Objective: This study aimed to identify patient's and primary caregiver's factors that may affect family burden of primary caregivers targeting patients with schizophrenia and their primary caregivers and furthermore to investigate the influence of primary caregiver's quality of life.

Methods:72 schizophrenia patients and their 72 primary caregivers were investigated and sociodemographic data were collected. Additionally, for patients, as clinical scales, drug attitude, stigma, insight into disease were assessed, and for primary caregivers, family burden, quality of life were assessed.

Result:The subjective drug attitude of patients with schizophrenia appeared to be 3.56±5.21 points, which was generally positive.

In multiple regression analysis on quality of life, primary caregiver's monthly income, primary caregiver's education level, patient's gender, patient's treatment duration, the degree of disorganized speech among patient's clinical symptoms, patient's subjective negative drug attitude, and the degree of stigma resistance significantly explained the total mean QOL score.

In the dimensions of quality of life, the physical health dimension was correlated with primary caregiver's education level, primary caregiver's gender, patient's gender, patient's treatment duration, patient's subjective negative drug attitude, and the degree of patient stigma resistance. The psychological dimension was correlated only with primary caregiver's monthly income. Lastly, the environmental dimension was correlated with primary caregiver's education level, patient's treatment duration, and the degree of patient's insight into disease on positive symptoms.

Conclusion:In various factors determining caregiver's level of quality of life, a clinical symptom such as disorganized speech and clinically correctable factors such as negative drug attitude, stigma resistance to their mental illness and insight into disease on positive symptoms were included. Therefore, provision of education regarding drug and disease will be helpful to reduce family burden and improve the quality of life of primary caregivers.

PM408

LONG-TERM ANTIPSYCHOTICS IN "HYSTERICAL PSYCHOSIS": A CASE REPORT

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Abstract

INTRODUCTION: Once known as hysterical psychosis, K. Jaspers described the concept of a Reactive Psychosis in 1913, including presence of an identifiable traumatic stressor. Psychotic symptoms (delusion, speech disorders and hallucinations) can be triggered by stressful life events. The condition usually resolves spontaneously within a time span of weeks and if it is controlled well enough that symptoms do not return. This case report illustrates the effectiveness of long-term Aripiprazole in treatment of a "Hysterical Psychosis"

METHODS: CASE REPORT: Male patient, 24 years old, referred for psychiatric follow-up after discharge from the psychiatry ward. Paranoid delusion was detected 2 weeks before admission. He was reported as Acute Psychosis with good response to Aripiprazole orally (15 mg per day) and Lorazepam, with total remission of positive psychotic symptoms. Sexual identity stressor was identified during admission and no history of mental disease had been reported. After a 6 weeks follow-up, the patient decided to quit medication and two weeks later, psychotic symptoms returned as well as sexual identity problems. Aripiprazole orally was prescribed again.

RESULTS: After reintroducing Aripiprazole orally with good response and, given the patient personality (cluster B), we decided to use long-term Aripiprazole (300 mg per month) to ensure compliance. The patient made a rapid recovery and kept asymptomatic for 3 months. Treatment included psychodynamic psychotherapy. Antipsychotic was retired after this time and no relapse was informed.

DISCUSSION AND CONCLUSIONS: Classical psychiatric conditions lack the necessary support in current diagnostic classifications to fulfil criteria for using antipsychotic drugs according to approved indications. Papers showing drugs effectiveness for classical terms are difficult to find. This poster is made with the aim to open investigation to those conditions not fitting current diagnostic criteria.

PM409

Paliperidone Palmitate 3-Monthly vs. 1-Monthly Injectable in Schizophrenia Patients with or without Prior Exposure to Oral Risperidone or Paliperidone

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Abstract

Objective: A post-hoc subgroup analysis was pemathewsMrformed to compare outcomes following administration of paliperidone palmitate 3-monthly (PP3M) versus 1-monthly (PP1M) injectable in patients with schizophrenia previously treated/not treated with oral risperidone/paliperidone (RIS/PALI) before study entry.

Methods: Patients received PP1M (50, 75, 100, or 150 mg eq.) during 17-week open-label (OL) phase, randomized (1:1) to PP3M (175, 263, 350, or 525 mg eq.) or PP1M (50, 75, 100, or 150 mg eq.) during 48-week double-blind (DB) phase. Based on prior RIS/PALI exposure, outcomes were compared between two subgroups: recent=at least 28 days of RIS/PALI exposure with last dose within 14 days before study entry; no=no RIS/PALI exposure within 60 days before study entry.

Results: 452 patients had received recent RIS/PALI (n=323 [71%] randomized to PP3M=166; PP1M=157), and 709 did not receive RIS/PALI (n=506 [71%] randomized to PP3M=254; PP1M=252).