The objective of this work is to examine the efficiency and record of adverse effects of amisulpride in treatment of patients with residual schizophrenia which are persisting for over a year, and which were previously treated with second generation antipsychotics. The patients treated with Clozapine were not included. Amisulpride, as a sole antipsychotic, was applied to all patients during the course of treatment in this research. The average daily dose of Amisulpride used was about 450 mg, and dosing range was from 200 to 700 mg, depending on symptomatology present. Clinical evaluation was conducted during an eight-week period, by using psychometric scales: CGI (severity of illness and general improvement subscales), BPRS, and PANSS with recording of adverse effects of Amisulpride.

After analysis and statistical processing of data, we obtained the results that show that there is a statistically significant difference of scores at the beginning of treatment and after eight weeks of treatment when it comes to negative symptoms scale (Z=−2.202; p=0.028) and total PANSS score (Z=−1.975; p=0.048). When it comes to BPRS scale there is a statistically significant difference in scores before the treatment, after 2 weeks, after 4 weeks and after 8 weeks of treatment (p=0.027). We’ve also obtained a result that shows statistically significant difference of scores in CGI – general improvement scale (p=0.045). More significant adverse effects were recorded in 4 patients (hyperprolactinemia in 2 patients, amenorrhea in 1 patient, and impotence in 1 patient).

Based on the results obtained we can conclude that amisulpride has shown significant efficiency in treatment of residual schizophrenia with dominant effects on negative symptoms, with well tolerability for patients and minor manifestation of adverse actions.
addition, pharmacological therapy with high dose antipsychotics may be helpful in enhancing patient medication compliance.

PM394
The outcome of paliperidone palmitate in schizophrenia
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Abstract
Objective: This study is to evaluate the efficacy, functional improvements, and insight improvements in schizophrenic patients with long-acting injectable paliperidone palmitate (PP) treatment.
Method: This is a 12-month, open-label, study from Taiwan, included 13 schizophrenic patients, between 17 and 72 years of age. Treatment response was assessed by Positive and Negative Syndrome Scale (PANSS) every month. Patient functioning and insight improvements were assessed via the Personal and Social Performance (PSP) scale and Schedule of Assessment of Insight (SAI-E) every month respectively. Patient were given proper dose (either 150 or 100mg) of paliperidone palmitate in 3–6 weeks by physician’s judgment.
Results: Mean maintenance dosage of paliperidone palmitate is 126.67 mg. Only one patient in this study was hospitalized. There are improvements in mean PANSS score from 66.5 to 62.0, and SAI-E score from 14.6 to 18.01, but slightly decrease in PSP score from 72.5 to 63.5.
Conclusion: Paliperidone palmitate is generally tolerable and efficacious in schizophrenic outpatients for the treatment of schizophrenia with significant improvements in psychotic symptoms, and insight. Paliperidone palmitate has a great help in relapse prevention.

PM395
The Effectiveness of Cross-Tapering Switching to Ziprasidone in Patients with Schizophrenia or Schizoaffective Disorder
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Abstract
Objective: Switching antipsychotics is one useful therapeutic option when the treatment of schizophrenia encounters sub-optimal efficacy and intolerability issues. This study aimed to investigate the efficacy and tolerability of cross-tapering switching to ziprasidone from other antipsychotics.
Method: A total of 67 patients with schizophrenia or schizoaffective disorder were recruited in this 12-week, multicenter, non-comparative, open-label trial. Prior antipsychotics were allowed to be maintained for up to 4 weeks during the titration of ziprasidone. Efficacy was primarily measured using the 18-item Brief Psychotic Rating Scale (BPRS) at baseline, 4 weeks, 8 weeks, and 12 weeks. Efficacy was secondarily measured by the Clinical Global Impression-Severity (CGI-S) scale and the Global Assessment of Functioning (GAF) scale at each visit. Regarding the metabolic effects of switching to ziprasidone, weight, body mass index (BMI), waist-to-hip ratio (WHR), body mass index (BMI), waist-to-hip ratio (WHR), and lipid profile—including triglyceride (TG), high-density lipoprotein (HDL), low-density lipoprotein (LDL), and total cholesterol levels—were measured at each follow-up visit.
Results: The BPRS scores were significantly improved at 12 weeks after switching to ziprasidone (F=5.96, df=2.11, p=0.003), whereas the CGI-S and GAF scores were not significantly changed. BMIs, WHRs, and TG levels were significantly decreased, with no significant changes in other lipid profiles.
Conclusion: Cross-tapering switching to ziprasidone is effective for patients with schizophrenia spectrum disorders. Beyond the efficacy of the procedure, favorable metabolic profiles show that switching to ziprasidone may be helpful for maintenance therapy over an extended period.

PM396
Associations of obsessive–compulsive symptoms with clinical and neurocognitive features in schizophrenia according to stage of illness
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Abstract
Objective: This study aimed to investigate the impact of comorbid obsessive–compulsive symptoms (OCS) on neurocognitive functioning and psychopathology in people with schizophrenia according to stage of illness.
Methods: This study enrolled 163 people with schizophrenia who were receiving risperidone monotherapy. Comorbid OCS were assessed using the Yale–Brown Obsessive Compulsive Scale, and subjects with a score of 10 or higher constituted the OCS group. Neurocognitive functioning, psychopathology, and quality of life were compared according to the presence of OCS in the total population and among populations with <5 and ≥5 years of illness duration.
Results: A total of 30 patients (18.4%) had OCS. In the early-stage group (duration of illness <5 years), the learning index on the verbal learning test was significantly higher in the OCS than in the non-OCS group. In the chronic-stage group (duration of illness ≥5 years), the backward digit span was significantly lower in the OCS than in the non-OCS group. In both stages of illness groups, scores on positive and general psychopathology subscales and total Positive and Negative Syndrome Scale, Calgary Depression Scale for Schizophrenia, and Beck Depression Inventory scores were significantly higher in the OCS than the non-OCS subgroup. Additionally, the Subjective Well-being under Neuroleptic Treatment-Short Form score was significantly lower in the OCS than in the non-OCS group.
Conclusion: The relationship between OCS and neurocognitive functioning in patients with schizophrenia is dependent on stage of illness. However, schizophrenia patients with OCS had greater psychotic and depressive symptoms and poorer quality of life regardless of illness stage.

PM397
Effectiveness of blonanserin in patients with schizophrenia: A systematic review and meta-analysis of direct head-to-head comparisons with other antipsychotics
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Abstract
Objective: This study investigates the effectiveness of blonanserin in patients with schizophrenia spectrum disorders. Beyond the efficacy of the procedure, favorable metabolic profiles show that switching to blonanserin may be helpful for maintenance therapy over an extended period.