scores. A linear regression analysis revealed that being male and married had significant positive associations with sexual arousal, sexual satisfaction, and/or sexual desire, while the presence of TD and a longer duration of illness were associated with poor sexual arousal and/or sexual desire. Additionally, sexual function was significantly associated with SWN-K and DAI scores in multivariate analysis.

Conclusions: The acknowledgement and management of sexual dysfunction in patients with schizophrenia by clinicians may be important for improvement of their quality of life and adherence to medication.

PM403
Comparison between addition of and switching to aripiprazole for resolving antipsychotic-induced hyperprolactinemia
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Abstract
Objective: Hyperprolactinemia is an important but often overlooked side effect of antipsychotics. Addition of and switching to aripiprazole normalized antipsychotics-induced hyperprolactinemia in several studies. However, there was no study that directly compared the effectiveness and safety of both strategies.

Method: A total 52 patients with antipsychotics-induced hyperprolactinemia were recruited. Aripiprazole was added to patients with mild hyperprolactinemia (serum prolactin level lower than 50ng/ml). Patients with severe hyperprolactinemia (serum prolactin level higher than 50ng/ml) were randomized to aripiprazole addition group (adding aripiprazole to previous antipsychotics) or switching group (switching previous antipsychotics to aripiprazole). Serum prolactin levels, menstrual disturbances, sexual dysfunctions, psychopathologies, quality of life were measured at weeks 0, 1, 2, 4, 6 and 8.

Results: Both addition and switching strategies significantly reduced serum prolactin levels (F(1, 199)=76.09, p<0.001) and menstrual disturbances ($\chi^2=63.86, df=5, p<0.001$) over time and they improved sexual dysfunctions ($\chi^2=12.03, df=5, p=0.03$) in all groups. In patients with severe hyperprolactinemia, number of patients with hyperprolactinemia ($\chi^2=6.30, df=1, p=0.01$) and menstrual disturbance ($\chi^2=4.31, df=1, p=0.04$) in switching group was significantly lower than that in addition group at week 8.

Conclusion: Both addition and switching strategies were effective in resolving antipsychotics-induced hyperprolactinemia and hyperprolactinemia related adverse events including menstrual disturbances and sexual dysfunctions. These findings suggest that switching to aripiprazole may be more effective in normalizing hyperprolactinemia and improving hyperprolactinemia related adverse events in patients with schizophrenia.

PM405
Sodium Benzoate Add-on Treatment for Refractory Schizophrenia: A Randomized, Double-Blind, Placebo-Controlled Trial
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Abstract
Objective: Clozapine is a potent antipsychotics agent commonly prescribed for patients with refractory schizophrenia. However, it is also related to many troublesome adverse effects. For example, the common genitourinary adverse effects such as enuresis and urinary incontinence. Although clozapine is known for high anticholinergic activity, there has been only one case report about clozapine-related urinary retention in the literature. The aim of this study is to report a case of with clozapine-induced urinary retention and to discuss potential mechanisms.

Methods: Case report.

Results: We report a 19-year-old male patient of refractory schizophrenia who developed acute urinary retention during treatment with clozapine 200 mg/day and haloperidol 10 mg/day. Urodynamic study suggested dysfunctional voiding. After a series of work-up, simplification of medications and dose adjustment, the urinary retention seemed to be resolved from
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 gender, patient’s treatment duration, the degree of disorganized speech, and patient’s treatment duration significantly explained the total mean QOL score.

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.

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 (delusions, 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 fulfill 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.