positive subscores, whereas no between-group differences were found. A reduction in body weight (p=0.01) and lower levels of total cholesterol (p=0.03), triglycerides (p=0.03), and prolactin (p=0.01) were noted in both groups, but no increase in extrapyramidal symptoms or prolongation of QTc. The blood concentrations of aripiprazole in all patients were in a therapeutic range at day 56, with CYP2D6*10 polymorphisms being associated with aripiprazole concentrations. However, aripiprazole concentrations (days 14 and 28) were not correlated with change of the PANS, SAS, AIMS scores. Furthermore, when the outcome was compared based on pre-switch antipsychotic agents (first-generation versus second-generation antipsychotics), there were no significant differences in efficacy or side-effect measures between the two groups.

Conclusions: There is no significant difference between fast- and slow-switching strategy in terms of improvements in clinical symptoms and metabolic profile in this 8-week study. This is in contrast to the usual recommendations by experts that slower switching is the preferred approach.

Keywords: schizophrenia, aripiprazole, switching strategies, metabolic profile, efficacy, prolactin

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THE USE OF AMISULPRIDE IN TREATMENT OF PATIENTS WITH RESIDUAL SCHIZOPHRENIA
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Abstract
The objective of this work is to examine the efficiency and record the adverse effects of amisulpride in treatment of patients with residual schizophrenia.

The research includes 31 patients with symptoms of 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 PANS, 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.

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Clozapine-induced anemia and thrombocytosis
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Abstract
Clozapine is a well-known antipsychotic which causes hemato logic side-effect such as neutropenia and agranulocytosis (1-3% of patients). However, reports about blood dyscrasias like anemia and thrombocytosis after clozapine treatment has been extremely rare, even though all kinds of hematologic abnormality could occur. In some cases re-treatment of clozapine could lead to hematopoietic abnormality related to thrombocytopenia or thrombocytosis. On the some evidences provided until now, these myelodysplastic abnormalities could have something to do with clozapine response and prognosis of schizophrenia. We report on a rare case of clozapine-induced anemia and thrombocytosis.

Key words: Clozapine, Anemia, Thrombocytosis, Blood dyscrasia

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Antipsychotic polypharmacy patterns and antipsychotic psychiatric medication adherence in patients with schizophrenia
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Abstract
Background: Antipsychotic noncompliance commonly causes treatment failure in patients with schizophrenia. Although antipsychotics improve compliance by enhancing insight and social adaptive function, the polypharmacy regimen required to enhance efficacy may lead to noncompliance by elevating the risk of adverse reactions. Our study evaluated the effect of antipsychotic prescription patterns on compliance.

Method: Data from the South Korean National Health Insurance Review and Assessment-National Population Sample-2011 was used for analysis. Among whole 1,375,842 people, 3236 subjects whose antipsychotic prescription pattern was well-maintained during observation period were included. Subjects whose antipsychotic prescription patterns were well maintained during the observation period were included. Subjects whose antipsychotic adherence, and antipsychotic monopharmacy/polypharmacy patterns were reviewed. Monopharmacy and polypharmacy regimens were classified into 6 groups: no antipsychotics, one first-generation antipsychotic, one second-generation antipsychotic, two or more first-generation antipsychotics, two or more second-generation antipsychotics, and a first-generation antipsychotic combined with a second-generation antipsychotic. The influence on antipsychotic adherence was investigated.

Results: The good-adherence group contained a lower percentage of patients taking a single second-generation antipsychotic compared with that of patients taking two or more first-generation antipsychotics or those concurrently using a first and second-generation antipsychotic. Use of any antipsychotics was positively associated with adherence compared with no antipsychotics. However, no differences in adherence exist among the other five dosing patterns after adjustment for demographic and clinical data.

Conclusions: It may not be necessary for clinicians to choose a monopharmacy regimen or to avoid first-generation antipsychotics for adherence in patients with schizophrenia. In...