

reported side effects were stiffness and/or tremor (9 cases), headache (8 cases), anxiety (7 cases), and insomnia (6 cases). Among the 9 (53%) patients who completed the trial period, according to the FIQ (decrease of at least 10 scoring points between baseline and final evaluation) and CGI (much or very much improved) data, 5 (56%) of them were considered responders to the treatment.

Conclusion: Ziprasidone can be a useful alternative in subjects suffering fibromyalgia. Although many of them did not tolerate drug side effects, probably due to the well known special propensity of these patients to experience adverse drug reactions to treatment, our data indicate that selected subjects would profit of ziprasidone therapy.

P02.564 THE UNRECOGNISED TRAGEDY OF A SLEEP APNOEA SUFFERER

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Statement of the study: Objective: To consider screening processes and barriers for early diagnosis of Obstructive Sleep Apnoea (OSA) in mental health patients with treatment associated obesity.

Methods: Case: Mrs G. is a 27-year-old woman with schizophrenia. She has a 12-year history of treatment with antipsychotic medications. The introduction of Clozapine in 1994 improved her mental state and functioning which enabled her to live semi-independently.

Since 1999 significant weight gain had been recognised but the possibility of OSA was not considered. Increased haemoglobin and haematocrit, indicating polycythaemia, were overseen. Throughout that time she had been prescribed Clonazepam and Clozapine, 700 mg. She had been described as lethargic and lacking motivation.

In 2003 her blood results were reappraised. Asked specifically, her partner reported snoring with frequent waking at night. Her weight was 134kg, BMI 46. She had gained 65 kg on Clozapine. Her score on the Epworth Sleepiness scale and her neck circumference's measurement supported a diagnosis of a probable OSA. The couple began a lifestyle modification program and her GP and the Sleep Disorders Clinic were involved. Tapering off Clonazepam and decreasing Clozapine improved her functioning.

Summary of results: This case was used to raise the team awareness of OSA. The risk factors, barriers for diagnosis and risks associated with OSA were discussed. A screening process was considered. On the basis of published data (Winkelmann, 2001) on the prevalence of obesity and OSA in the mental health population with characteristics similar to ours a tentative number of OSA cases in our clinical population was estimated at 30–40 from 258 patients.

Conclusion: OSA is a highly prevalent, poorly recognised, life threatening condition in mental health patients. Early diagnosis is paramount. There are specific barriers for early diagnosis, which could be overcome by awareness and screening. A study would ascertain the OSA prevalence in our patients and the impact of the screening.

P02.565 FIBROMYALGIA, BENEFITS OF CITALOPRAM IN EARLY COMBINED THERAPY

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Statement of the study: Fibromyalgia is a chronic disease characterised by pain, stiffness, sleep disorders and depression. Fibromyalgia is the rheumatic disease with higher psychiatric co-morbidity but lacks specific therapy. Different combinations of stress, anxiety and depression relate to the onset and outcome of symptoms.

Methods: We studied prospectively 32 young patients with chronic pain (age range between 27 and 53 years). Patients with different organic painful conditions, severe suicidal ideation, previous history of analgesic or drug abuse were excluded. A total of 23 females diagnosed of primary fibromyalgia were classified attending to the length of symptoms in Recent (less than 24 months, here in after "R") and chronic (over 24 months, "c").

Following a structured clinical interview for DSM-IV disorders and 1-week washout from psychotropics, patients were evaluated with VAS (Visual Analog Scale for pain), MADRS (Montgomery-Asberg Depression Rating Scale), FIQ (Fibromyalgia Impact Questionnaire) y EUROQUOL (European of Quality of Life). Patients received support psychotherapy and agreed not to increase the doses of analgesics during the study. All patients were started with Citalopram 20 to 40 mg/daily, and completed a re-evaluation 4 months

Summary of results: Both groups were similar in age (35 on average), belonged to mid–low educational and socio-economic levels, 80% had employment and tolerance to the therapy. Global improvement in the perception

of mobility, self-care, daily activities, pain and depression-anxiety increased by 32% (EUROQUOL). According to VAS pain decreased by 1.1 "R" vs. 0.8 "c" (p<0.02), a combined FIQ score (activities plus daily life impact) declined –6.2 "R" vs. –4.9 "c" (p<0.04) and MADRS score was reduced by 4.2 "R" vs. 2.9 "c" (p<0.05), based on insomnia, inner tension and sadness. Chronic patients were more pessimistic and had secondary oscillating suicidal ideation.

Conclusion: The enhanced response of patients in the initial stages, early treatments may benefit the quality of life and long term outcome. Citalopram ameliorated the sleep quality, and the endurance of stress and pain. Early recognition, intervention and therapy are essential and may prevent further complications.

P02.566 LATER LIFE AND THE USE OF SLEEP AIDS: RESULTS FROM A LARGE-SCALE UK SURVEY

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Statement of the study: With the percentage of those over the retirement age continuing to increase in Western populations it is timely to re-examine what sleep aids (if any) the older population are using to alleviate any problems associated with sleeping. This is especially so in light of recent literature which suggests that 'self diagnosis' is increasing. Further to this, there is a need to examine what factors might influence the decision to use a particular sleep aid

Methods: A questionnaire was designed to investigate the sleep habits of older adults, with particular reference to their sleep hygiene and use of medication. A total of 8577 questionnaires were posted and 5758 were returned and included in the analysis. The questions focused on the use of prescription medication, over-the-counter medication, herbal remedies, alcoholic and non-alcoholic beverages and alternative methods: such as sex and meditation.

Summary of results: Within the sample, 35.1% were male and 61.8% female (with 3.1% undetermined). All but 2 respondents were between the ages of 40 and 97 years (mean age 69.3 years, SD 8.516 years). Of the sample as a whole over forty percent reported using at least one sleep aid: with 10.3% using a prescribed medication, 8.2% using an over the counter medication, 11.4% using herbal remedies, 10.4% using alcohol and 29.4% using non-alcoholic beverages. Approximately thirteen percent of females used a prescription medication, nearly five percent more than men, with hypnotic use prevalent within both genders. With the exception of alcohol, women had a higher rate of usage throughout the different categories of sleep aid. Alcohol was more commonly employed by men but women's usage increased with age. Logistic Regression techniques also demonstrate that certain sleep disorders are related to the choice as to whether or not to use a particular type of medication. For example, strong indicators of whether or not somebody would use anything at all include disturbed sleep and trouble getting to sleep. Alcohol use also related to an increase in negative effects on daytime activity.

Conclusion: Hypnotic and over the counter medication use continues to be very high within the older population: especially for females It is of concern that a number of seemingly inappropriate measures to alleviate sleep problems are employed, such as alcohol which has been reported as having a negative impact on REM sleep.

P02.567 MILNACIPRAN IN THE TREATMENT OF BULIMIA NERVOSA

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Statement of the study: Both serotonergic (e.g. fluoxetine) and noradrenergic (e.g. desipramine) antidepressants have been shown to be effective in the treatment of bulimia nervosa. The present drug surveillance set out to document the therapeutic activity of milnacipran, a specific serotonin and noradrenaline reuptake inhibitor, in the treatment of this disorder.

Methods: Sixteen out-patients diagnosed with bulimia nervosa according to DSM-IV criteria were treated with 100 mg (50 mg bid) milnacipran for 8 weeks. Frequency of binge eating and vomiting and the clinical global impression were recorded weekly. Depressive symptoms were determined using the 17-item Hamilton depression rating scale (HAM-D17) and the Beck Depression Inventory

Summary of results: Six patients did not complete the 8-week observation period. One patient chose to discontinue the observation period because of markedly improved symptoms. Two patients discontinued because of side effects (one with severe nausea and the other with generalized exanthema). Three patients were withdrawn for non-compliance with the treatment regime. Considering all of the patients enrolled, 2 patients were "very much improved", 6 were "much improved", 3 were slightly improved, 4 were unchanged and one was slightly worse at the end of the observation. The depression rating scales showed a concomitant decrease in depressive symptoms although baseline rates were