

received drug prescription (85,3% females), with a mean age of 45,3 years (SD:13,5; range 20–74). The mean number of drug/patient was 2,1 (SD:1,3; 95%CI 1,7–2,5), corresponding to 59 pharmaceutical products (mean per patient 1,7; SD:0,8; 95%CI 1,4–2). All but two were administered via the oral route, and almost half (45,8%) were prescribed upon demand. The most widely prescribed were paracetamol, tetrazepam, ibuprofen and metamizol (representing 50,7% of the total). Between 32,5% and 27% adhered to drug treatment, and between 60% and 22% complied with the BS program according to the Haynes and Sacket test. On occasion of some evaluation, 7 patients were found to adhere to drug treatment and 8 to BS according to the Morisky-Green test. The rehabilitating physician considered 23 patients (57,5%) to adhere to BS and 22 (66,7%) to drug treatment; only 12 patients reported to all visits.

**Conclusions:** The degree of compliance depends on the method used to evaluate the parameter – the margins being so wide that quantification proves difficult. Patient adherence seems to be different in relation to drug treatment and BS.

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#### FEP8 SELF AWARENESS OF DEPENDENCY TO BENZODIAZEPINES AND ITS FACTUAL ASSESSMENT AT THE COMMUNITY PHARMACIES

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**Objectives:** Community pharmacies are the legal dispensers of benzodiazepines and therefore they have easy and personalized contact with chronic users of these addictive drugs. We aimed to analyze the self awareness of benzodiazepine dependency through free surveys to the users of these drugs when dispensing them at the pharmacy.

**Setting and Method:** A total of 14 pharmacies Gran Canaria Island (Spain) – 10 of them situated in rural areas and 4 within more populated areas –, were chosen for the study. Each pharmacy facilitated the “Severity of Dependency Scale” test (as validated by De las Cuevas et al. 2000) to benzodiazepine users fulfilling the following criteria: i) 18-years old or more; ii) willingness for the survey; iii) daily consumption of a specific dose of benzodiazepine during the last 30-days; iv) no alcohol abuse; and v) no known mental disease.

**Results:** Among the 286 tests that could be obtained, 257 (with a male-female proportion of 31.5 and 68.5) were considered as valid for the study. We found that dependency (overall value of 27%) was significantly higher in the urban areas (38%) than in the rural areas (24%;  $P < 0,05$ ). On the other hand, a higher frequency of dependency (up to 44%) was found in those patients that had been treated for over 2 years, while only 16% of the patients treated for less than 12 month showed were positive in the dependency scale. Among the users thinking that they have no dependency (53%), a majority of them (93%) are indeed non dependent according to the factual assessment. However, only half (49%) of the users who believe are addicted to benzodiazepines are really dependent.

**Conclusions:** The “Severity of Dependency Scale” test is particularly convenient for the users of benzodiazepines who have self-awareness of dependency to these drugs. Community pharmacies are suitable for an adequate and factual assessment of such a dependency, which is an important parameter in public health.

#### FEP9 PREVALENCE OF PSYCHOACTIVE DRUGS USE IN AN OBESE POPULATION

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**Objectives:** To assess the prevalence of psychoactive drugs in an obese population and to evaluate their relationship.

**Setting:** Obese outpatients from an Endocrinology Department in a general hospital (Hospital del Mar).

**Method:** We collected data from medical records of obese patients during a period of one year (June 2005-May 2006; n=244). Parameters include: weight, height, body mass index (BMI), obesity degree (overweight: 25–29.9, grade 1: 30–34.9, grade 2: 35–40, morbid >40), age, abdominal and hip diameter, thyroidal pathology and secondary pathology such as type 2 diabetes, dyslipidemia, obstructive sleep apnoea syndrome, arterial hypertension and arthrosis. In addition we collected the possible cause of obesity, drug abuse/toxicology history, psychopathology and psychoactive drug treatment, glucocorticoid, and other drug treatments.

**Results:** Seventy percent of patients were women and the mean age±SD was 48±12 years old. The mean body mass index was 41±8. The mean weight was 108±22 kg. In terms of obesity degree, 56% had morbid obesity, 22% grade 1 obesity, 13% presented grade 2 and 7% overweight. The main attributed cause of obesity was constitutional (49%), followed by gestation (27%), depression (8%) and others: sedentarism, glucocorticoid therapy, unknown origin. Toxicology history showed that 29% were smokers or ex-smokers (21%), 6% drink alcohol, 2% cannabis, and less than 2% other drugs such as cocaine, amphetamine or methadone. Symptoms of emotional disorders (depression, anxiety) and eating disorders (impulsivity behaviour) were found in 41% of subjects while only 36% were found to be taking psychoactive drugs. The principal psychoactive drugs prescribed were antidepressants (>20%), mainly SSRIs, followed by anxiolytic treatment (≈14%) and anticonvulsives with anticraving properties (mainly topiramate). Less than 9% were taking glucocorticoid treatment. Checking co-morbidity: 54% presented arterial hypertension, 38% obstructive sleep apnoea syndrome, 33% type 2 diabetes, 30% dyslipidemia, and 25% arthrosis. **Conclusions:** The use of psychoactive drugs is frequent in an obese population. Although the main cause of obesity was constitutional, psychopathology (and probably medications used to treat those disorders) may have an important role in the development of obesity.

#### FEP10 TYPICAL AND ATYPICAL ANTIPSYCHOTIC USE AND RELAPSES IN SCHIZOPHRENIA

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**Objective:** The atypical antipsychotics are seen as representing a significant advance over conventional agents in terms of both efficacy and tolerability. These benefits contributed to improved compliance and outcome, resulting in decreased relapse rates. This has been corroborated by some reports indicating that treatment with atypicals tends to reduce costs by reducing relapse rates and readmissions. The aim of this study was to analyse whether the changes in the pattern of use of typicals and atypicals during the last 10 years in primary care were related to the rate of hospitalisations of schizophrenia patients.

**Setting:** Pharmacoepidemiology. Drug Utilization Study.

**Method:** The total drug sales during 1990–2005 were obtained from