## Follow-up of a low threshold methadone maintenance treatment

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A low threshold methadone maintenance treatment (MMT) were assessed in 331 opioid dependent patients (DSV-III-R).The aim of the MMT is not oriented to abstinence. There are minimal entry criteria, (ex. previous treatments not necessary, freely requested by the patient in the absence of medical contraindication can be an entry criteria).Also there are minimal forced discharge criteria (related to violence, disruptive behaviour in the centre and/or non-attendance). There is no discharge for positive urine screening tests. There is not limit of time. There is not limit of doses.

The sex distribution was 66% males, global mean age was 31 years. After 2,5 years of MMT, 195 patients were discharged (68% males). The main motives for discharge were: Change of the therapeutic program (26%), Drop out (23%), Prison (15%) and Forced discharge (15%). Sociodemographic and clinical characteristics of patients on treatment (n= 136) vs patients discharged are compared.

## Predictors of Tardive Dyskinesia in First Episode Schizophrenia

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Predictors of tardive dyskinesia were determined utilizing data on 70 patients who have been followed longitudinally in an ongoing prospective study of first episode schizophrenics at Hillside Hospital. TD development was predicted by poorer level of remission from first psychotic episode, longer duration of psychotic symptoms prior to study entry, poorer levels of early adolescent social adjustment, frontal horn enlargement and global impairment on neuropsychological testing. Neuroleptic dose was a trend level predictor of TD development. When level of remission and dose as a time dependent covariate were entered simultaneously, level of remission remained a significant predictor of time to TD (risk ratio =7.34, 95%CI=1.75, 30.87, $\chi^2$=7.40, df=1, p=.007) while the effects of dose were eliminated (risk ratio per 2 fluphenazine units = 1.02,95% CI = 0.95, 1.09, $\chi^2$ =0.29, df=1, p=.59). Our findings suggest that TD development is primarily a consequence of disease related vulnerability which is manifest with drug exposure, rather than a consequence of increased drug exposure.

## Increased REM Percent in Depressives with Comorbid Simple Phobia as Compared to Pure Depressives

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Although nocturnal polysomnography (PSG) has been studied in several anxiety disorders (OCD, panic disorder, PTSD, and social phobia), to our knowledge no sleep studies of patients with simple phobia have been reported. PSG data were analyzed retrospectively to explore for possible effects of simple phobia on sleep architecture. Our database contained no subjects with simple phobia alone but yielded 19 subjects with major depression and comorbid simple phobia. These subjects were compared to a group of 25 patients with major depression alone. Subjects were matched as closely as possible for severity of depression based on DSM-III & DSM-III-R codes. All subjects had been free of psychotropic medications at least 2 weeks at the time of the study. Sleep records were available for 16 depressed simple phobics and 25 pure depressives. All standard sleep variables were analyzed using one-way ANOVA (SPSS.) REM percentage tended to be greater in depressed simple phobics than in pure depressives (25.71$\pm$7.33 vs. 22.05$\pm$6.37; F=2.865, p=.099, df=1,39.) The number of depressed simple phobics precluded analysis of effects of other comorbid diagnoses on sleep. Further studies are needed to clarify the effects of simple phobia on sleep and their interactions with effects of depression on sleep. Significant findings in future studies could conceivably generate further hypotheses and help to elucidate pathophysiology of simple phobia.
(Supported in part by NIMH grants MH18399 & MH30914 & by VA Research Service.)

## High Dosages Of Neuroleptics --A survey in a long-term hospital.

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High dosages of neuroleptics do not appear to have additional benefits in psychiatric patients and are associated with higher prevalence and more severe side effects. However, they continue to be used by clinicians. The medication of all (N=360) psychiatric inpatients admitted in a long-term hospital was reviewed. A substantial number of patients (19%) were taking high dosages of neuroleptics (>1000 chlorpromazine equivalents per day). African Americans, age $\leq$ 55 years old with a diagnosis of schizophrenia were associated with high-dosages. Treatment with anticholinergic drugs, smoking and polydipsia were more frequent in those patients taking high-dosages. This epidemiological surveys points out the need for reviewing current treatment practices in long-term psychiatric hospitals.