women in older age. Among the combinations of 1 AP and 1 BDZ, the most frequent was with an intermediate half-life BDZ (66% with 1st generation AP and 64% with a 2nd generation AP) or with a long half-life BDZ (28% with AP 1 and AP 30% 2nd). The three most commonly prescribed AP in combination with BDZ were olanzapine, quetiapine and risperidone (63.6% of total patients), with a selection of BDZ profile very similar to all patients. It was identified a total of 1,441 different combinations, the most common of which was quetiapine and lorazepam (3.7%, 236).

**Conclusion:** The association between AP and BD is prevalent in our region. It should be confirmed with further studies whether this combination increases the risk of mortality and morbidity and, being the case, establish appropriate pharmacovigilance measures to be included in guidelines. In some cases, due to the sedative profile of the AP, its association with long half-life BDZ is less justified, especially if the risk mentioned above is confirmed.

**Acknowledgements**

Antipsychotic drugs have been related to cardiovascular safety concerns, including increased QT interval, especially in the case of the first generation [1]. The association of antipsychotic drugs and benzodiazepines, especially long half-life, may increase the risk of death as described in the literature.

**The substance use disorder among patients with bipolar disorder in UMMC (University Malaya Medical Center) in Malaysia**

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**Objective:** To determine the prevalence of substance use disorder and the demographic profile of the bipolar patients in UMMC, Malaysia.

**Methods:** Participants were recruited from March 2009 to 06 Sep 2010 among bipolar patients who attended service at psychiatric unit in University Malaya Medical Center (UMMC), Malaysia. Inclusion criteria: All patients age more than 18 years old with informed consent. Instruments: M.I.N.I (Mini International Neuropsychiatric Interview) bipolar to confirm the diagnosis, M.I.N.I Substance section (K, L), Fagerstöm Test for Nicotine Dependence (FTND), Addiction Severity Index (ASI) for the prevalence of substance use disorder and demographic data.

**Results:** 121 bipolar patients were recruited with 43.8% of them using at least one substance currently or in their lifetime. Nearly 30.6% of them was diagnosed of substance use disorders. The prevalence of current nicotine dependence was 22.3% (n = 27). The current and lifetime prevalence of alcohol dependence were 4.1% (n = 5) and 9.9% (n = 12) respectively, the lifetime prevalence of non-alcohol, non-nicotine, psychoactive substance use disorder was 8.2% (dependence) and 9.0% (abuse).

Among these bipolar patients who used substance: 80.8% were male, more than half (59.6%) were within the age group of 18–30 and 51–60 years old with the mean age of 42 years old. 38.5% were Indian. 40.4% were males and 59.6% were females. Those bipolar patients with comorbid substance use requires more medication usage.

**Predictors for treatment response in recently diagnosed, acutely exacerbated patients with schizophrenia**

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**Objective:** To explore predictors for treatment response in recently diagnosed (5 years) patients with schizophrenia suffering from an acute episode treated with flexible doses paliperidone ER.

**Methods:** Subgroup analysis of a 6-week prospective open-label study. Treatment response was defined as ≥30% improvement in total Positive and Negative Syndrome Scale (PANSS) and ≥1 point in Clinical Global Impression Severity Scale (CGI-S) from baseline to endpoint. High response was defined as ≥50% improvement in total PANSS and ≥2 point in CGI-S. Early response was defined as achievement of criteria mentioned above within the first 2 weeks of treatment. For predictor analysis, a stepwise logistic regression model was used.

**Results:** 108 recently diagnosed patients (38.0% female, 82.4% paranoid schizophrenia) were analyzed. At endpoint, 58.9% of patients met criteria for treatment response and 26.2% met criteria for high response. The only significant predictor for treatment response was early response (Odds ratio [OR] 5.168; P).

**Conclusion:** As recently described in the literature, in recently diagnosed acutely ill patients with schizophrenia early response was a consistent predictor for treatment response at endpoint. In addition, high treatment response was predicted by sex, previous hospitalizations and number of antipsychotic medications at baseline.

**Tolerability and treatment response in patients with recently diagnosed versus chronic schizophrenia treated with paliperidone ER**

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