

combined in- and outpatient observational study in Germany. 646 adult schizophrenia patients treated with either olanzapine (N = 416) or haloperidol (N = 230) were enrolled in the study and quarterly observations on the disease course, resource consumption and quality of life are made during the follow-up period. **RESULTS:** In both treatment groups nearly 50% of the patients were female, had been diagnosed around the age of 30 years, and were overweight (BMI > 25). Hospital inpatients and hospital day care patients were more severely ill (N = 230, >50% with CGI clearly ill or worse) than outpatients (N = 416, >50% with CGI moderate or better). For both treatment groups the global disease severity was similar (approximately 70% moderate or worse, 15% severe or worse) as well as the existence of positive symptoms (about 64% had current positive symptoms in both groups). Olanzapine patients were younger (mean 39 vs. 46 years). Current negative symptoms (90% vs. 98%) and cognitive symptoms (88% vs. 95%) were less common for olanzapine patients than for haloperidol patients, whereas depressive symptoms were more common (75% vs. 69%). More olanzapine patients were able to care for themselves (87% vs. 78%) and lived at home without care (57% vs. 40%). More olanzapine patients were employed (32% vs. 18%) and fewer were in early retirement (27% vs. 46%). **CONCLUSIONS:** At time of enrolment in the GEO observational study olanzapine and haloperidol-treated patients had schizophrenia of similar severity but different disease course. Fewer olanzapine patients had negative or cognitive symptoms whereas more had depressive symptoms. More olanzapine patients were employed and able to care for themselves, whereas more haloperidol patients were in early retirement.

**PMH 13****STUDY DESCRIPTION AND BASELINE RESULTS OF THE SCHIZOPHRENIA OUTCOMES SURVEY (SOS) OBSERVATIONAL STUDY IN BELGIUM**

Annemans L<sup>1</sup>, Moeremans K<sup>2</sup>, Peuskens J<sup>3</sup>, Gillain B<sup>4</sup>, De Graeve D<sup>5</sup>, Albert A<sup>6</sup>, Deberdt W<sup>7</sup>, Lothgren M<sup>8</sup>, Gilis P<sup>9</sup>  
<sup>1</sup>Ghent University, HEDM, Meise, Belgium; <sup>2</sup>HEDM, Meise, Belgium; <sup>3</sup>Universitair Centrum St Jozef, Kortenberg, Belgium; <sup>4</sup>Cliniques Universitaires St Luc, Brussels, Belgium; <sup>5</sup>University of Antwerp, Antwerpen, Belgium; <sup>6</sup>Université de Liège, Liege, Belgium; <sup>7</sup>Eli Lilly, Brussels, Belgium; <sup>8</sup>Eli Lilly and Company, Windelsham, Surrey, United Kingdom; <sup>9</sup>Eli Lilly Benelux s.a, Brussels, Belgium

**OBJECTIVES:** To provide a study description and baseline socio-demographic, socio-economic and clinical characteristics of schizophrenia patients treated with haloperidol, olanzapine or risperidone at time of enrolment in the SOS observational study. **METHODS:** SOS is a non-randomised 2-year prospective observational study. Data are collected on treatment costs, efficacy, tolerability and patient quality of life using an internet-based case report form on patients assigned treatment with haloperidol, olanzapine or risperidone during

a recent psychotic episode requiring hospitalisation. Patients were included within one month from discharge to part-time hospitalisation or ambulatory care if treatment with the study drug was stable since at least a month. Data are collected at inclusion and after 3, 6, 12, 18 and 24 months. **RESULTS:** 323 patients diagnosed with schizophrenia or schizofreniform disorders (DSM-IV criteria) have been enrolled in the study. Preliminary baseline data on 305 patients (males: 65%) show that 32 patients are on haloperidol, 141 on olanzapine and 132 on risperidone. 77% are outpatients. 57% suffer paranoid schizophrenia. Mean age is 37 ± 13 y. The socio-economic profile (living environment, schooling background and working activity) is comparable between treatment groups. "Brief Psychiatric Rating Scale" and "Clinical Global Impression" scores (overall mean: 32 ± 16 and 4.0 ± 1.2 respectively) are comparable for all groups. However, some variables such as first antipsychotic prescription (haloperidol: 6.3%; olanzapine: 18%; risperidone: 24%) suggest that there may be differences between the treatment groups. "Global Assessment of Functioning" score (mean: 52 ± 14) is significantly lower in the haloperidol group (47 ± 12). General quality of life (EQ-5D) is comparable for all groups (66 ± 19). "Subjective Well-Being under Neuroleptics" scores are significantly worse in the olanzapine group. **CONCLUSION:** The SOS observational study will provide substantial information to increase the understanding of the clinical, social and economic outcomes and current treatment modalities in real world clinical practice in the treatment of schizophrenia in Belgium.

**PMH 14****INCIDENCE OF HYPERLIPIDEMIA DURING TREATMENT OF SCHIZOPHRENIA: FINDINGS IN A CLAIMS DATABASE**

Zhao Z<sup>1</sup>, Ascher-Svanum H<sup>1</sup>, Baker RW<sup>2</sup>, Cavazzoni P<sup>2</sup>  
<sup>1</sup>Eli Lilly and Company, Indianapolis, IN, USA; <sup>2</sup>Lilly Research Laboratories, Indianapolis, IN, USA

**OBJECTIVE:** To compare incidence rates of hyperlipidemia among schizophrenia patients treated with conventional or newer antipsychotics. **METHODS:** Integrated claims from a large insured population were used. Analysis included 614 individuals who: were diagnosed with schizophrenia (ICD9 295.xx); initiated a typical antipsychotic, or olanzapine or risperidone; had no use of any antipsychotics in the prior 6 months. New onset hyperlipidemia was defined as either two hyperlipidemia diagnoses (ICD9 272.xx) or prescription for lipid-lowering agents. One-year incidence rates were compared using logistic regressions controlling for demographics and medical comorbidities. Cox proportional hazard method and Kaplan-Meier survival curves of time-to-incidence were compared between treatment groups. **RESULTS:** Adjusted odds ratios of incidence of hyperlipidemia (based on diagnosis and/or treatment) were: atypical vs. typical 1.684 (p = 0.32); risperidone vs. typical 1.622 (p = 0.42); olanzapine vs. typical 1.878