chosen 48 cases on Haloperidol, 44 cases on Chlorpromazine, 46 cases on Clozapine, 68 cases on Risperidone and 58 cases on Olanzapine.

Results: Total costs of long-term hospital treatment are lower for patients treated with novel neuroleptics.

Treatment with novel neuroleptics assures a better compliance, allowing patients to continue their previous activities, keeping them out from the hospital.

Assuring long-term cost-ef®ciency for patients on novel neuroleptics involves their selection using the following criteria: good social support, young age and fair chances to maintain their previous activities, to be sure they will not become a burden for society through repeated hospitalisations

P.2.08 Onset of action and effectiveness with olanzapine versus typical antipsychotic drugs in the treatment of inpatients with schizophrenia (EUROPA Study)

M. Gutierrez[1], A. Ciudad[2,*], E. Alvarez[3], J. Bobes[4], F. Canas[5], J.L. Carrasco[6], J. Gascon[7], J. Gibert[8], J.C. Gomez[2], [1]*Hospital de Cruces, Baracaldo;* [2]*Eli Lilly and Company, Madrid;* [3]*Hospital de la Santa Cren i Sant Pau, Barcelona;* [4]*University of Oviedo, Oviedo;* [5]*Hospital Psiquiatrico de Madrid;* [6]*Hospital Fundacion Jimenez Diaz, Madrid;* [7]*Hospital Mutna de Tarrasa, Tarrasa;* [5]*University of Cadiz, Cadiz, Spain*

Objective: To assess the time to onset of action and the effectiveness of olanzapine versus typical antipsychotic drugs (APS) in the treatment of schizophrenic in-patients in acute psychiatric units.

Method: Data were collected from a prospective, comparative, non-randomised, open, observational study of evaluable 904 inpatients with schizophrenia. Treatment was based on clinical criteria. Patients were followed-up during their entire hospital stay. Clinical status was measured through the Brief Psychiatric Rating Scale (BPRS), and Clinical Global Impression of Severity (CGI-S).

Safety was evaluated through the collection of spontaneous adverse events and a speci®c questionnaire for extrapyramidal symptoms (EPS).

Treatment-response was de®ned as according to the following criteria: Baseline-endpoint decrease in BPRS total score $\geq$40% plus an endpoint BPRS score $<$18 or an endpoint CGI score $\leq$3. Only patients who maintained the response until the end of the study are considered as responders.

Results: 483 patients received olanzapine as monotherapy or in combination with another antipsychotic (olanzapine group), and 421 received typical APS as monotherapy or in combination (control group). Patients in the control group were signi®cantly older and more severe at baseline according to BPRS total and CGI scores. Both treatment groups were similar in other relevant baseline variables, like gender, schizophrenia type and number of hospital admissions.

Response rate was 70.8% (335 patients) in olanzapine group compared to 58.4% (243 patients) in control group (Chi2 adjusted by type of schizophrenia, baseline CGI score, baseline BPRS score and evolution time; $P=0.002$). Regarding time to onset of action, olanzapine group showed a shorter time to response than the control group (Log-Rank test; $P=0.002$) in a 3 months period (only 2 patients, one in each group showed a longer time to response). Median time to response was 16 days for olanzapine (C.I. 95% [15; 19]) and 22 days for control group (C.I. 95% [19; 22]). As response was only to be in¯uenced by baseline CGI score as a risk factor (Logistic model with response status as dependent variable and treatment group, type of schizophrenia, baseline CGI and BPRS scores, evolution time; age, gender and treatment regime as independent variables; $P<0.001$; OR=0.74 with C.I. 95% [0.62±0.88]), it was included as a covariate in a Cox regression model to compare time to onset between both groups. Once again and under this covariate in¯uence, olanzapine was signi®cantly better than the control group (Chi2; $P=0.006$; RR=1.26 with C.I. 95% [1.07±1.49]) on decreasing time to onset of action.

Conclusions: Data showed that olanzapine was effective in a non-selected sample of acute hospitalised schizophrenic inpatients, and these results are consistent with previous controlled trials. In spite of the limitations of this study to detect time to response, data also suggested that patients in olanzapine group reached response in a lower time period.

P.2.09 Effectiveness and safety with olanzapine vs. typical antipsychotics on tranquillisation in schizophrenic in-patients (Study EUROPA)

J. Bobes[1], J.C. Gomez[2], A. Ciudad[2,*], E. Alvarez[3], F. Canas[4], J.L. Carrasco[5], J. Gascon[6], J. Gibert[7], M. Gutierrez[8], R. Escobar[2], [1]*Universidad de Oviedo;* [2]*Eli Lilly and Company, Madrid;* [3]*Hospital de Sant Pau, Barcelona;* [4]*Hospital Psiquiatrico de Madrid;* [5]*Fundacion Jimenez Diaz, Madrid;* [6]*Hospital Mutua de Tarrasa, Barcelona;* [7]*Universidad de Cadiz;* [8]*Hospital de Cruces, Baracaldo, Vizcaya, Spain*

Objective: To assess the effectiveness of olanzapine in comparison with typical antipsychotics on tranquillisation of schizophrenic in-patients with acute psychotic symptoms.

Method: Data were collected in a comparative, naturalistic, open, non-randomised study on 904 schizophrenic in-patients (Study EUROPA). At the beginning of their hospitalisation, patients were included in the study with olanzapine or with typical antipsychotic (APS). Patients were not subjected to any experimental condition and were evaluated during all the hospitalisation period. To assess the effectiveness on tranquillisation, following items of the Brief Psychiatric Rating Scale (BPRS) were used: Anxiety, Tension, Hostility, Uncooperativeness and Excitement. Analysis was performed on patients with a baseline score $\geq$3 in these ®ve items. Tranquillisation assessment was de®ned as a higher than 50% decrease in these items. Treatment response was de®ned as BPRS total score decrease higher than $\geq$40% and ®nal BPRS total score $<$18 or ®nal CGI score $\leq$3. Tolerability was assessed