executive functioning indicate that the RAPP patients display neurocognitive deficits that are comparable to those characterizing adolescents at genetic risk.

The potential of intervention during the prodrome to prevent schizophrenia is a complex and often controversial issue. Ratings obtained from clinicians indicate that the majority of adolescents treated with atypical anti-psychotics (either Olanzapine or Risperidone) in the RAPP clinic have either been stabilized or have shown substantial improvement. The question of whether such clinical benefits are sufficient to outweigh side effects, stigma and the high rate of false positives will also be discussed.

98. A SELF-REPORT QUESTIONNAIRE TO SCREEN FOR PRODROMAL SCHIZOPHRENIA

T. Lencz (1), E. Pappadopulos (1,2), M. Obuchowski (1), K. Ditkowsky (2), J. Becker (1), M. Lenzenweger (3), B. Cornblatt (1)

(1) Research Dept., Hillside Hospital/North Shore-Long Island Jewish Health System, Glen Oaks, NY 11042 (2) Psychiatry Dept., Schneider Children’s Hospital/North Shore-Long Island Jewish Health System, New Hyde Park, NY 11040 (3) Psychology Dept., Harvard University, Cambridge, MA 02138

The RAPP (Recognition and Prevention of Psychological Problems) Clinic, opened two years ago at Hillside and Schneider Children’s Hospitals (Barbara Cornblatt, Director), is dedicated to the identification, characterization, and treatment of adolescents and young adults with prodromal symptoms of schizophrenia. One major goal of the RAPP Clinic is to develop a brief assessment that will screen for teenagers reporting symptoms thought to characterize the schizophrenia prodrome. As the first step, a self-report instrument including items drawn from the International Personality Disorders Examination Screen (IPDE), a true/false questionnaire that measures each of the ten DSM-IV personality disorders, was routinely administered to all adolescents undergoing intake in Schneider’s outpatient department. Data were collected from two groups of patients: (a) 33 patients later enrolled (blind to IPDE scores) in the RAPP clinic, identified as prodromal based on other clinical information; and (b) 60 patients with other mental disorders (OMD). RAPP patients endorsed significantly more symptoms than OMD patients for odd cluster personality disorders (schizotypal p < .01; paranoid and schizoid, p < .05) and for avoidant personality disorder (p < .05). The RAPP patients did not differ from OMD on any other subscale, indicating specificity of symptom profile. Additionally, a novel index of social isolation was constructed from seven IPDE items; RAPP patients had significantly higher scores than the OMD patients (p = .001). These preliminary findings suggest that a brief self-report assessment has considerable potential for prodromal screening.

99. SAFETY AND EFFECTIVENESS OF OLANZAPINE VERSUS OTHER ANTIPSYCHOTIC DRUGS IN THE TREATMENT OF OUTPATIENTS WITH SCHIZOPHRENIA

J.C. Gomez (1), J.A. Sacristan (1), P.R. Carrasco (2), C.A. Saiz (3), E.F. Carbonell (4)

(1) Department of Clinical Research, Eli Lilly and Company, Madrid, Spain. (2) Psychiatrist, Sevilla, Spain. (3) Psychiatrist, Hospital Son Dureta, Palma de Mallorca, Spain. (4) Psychiatrist, Barcelona, Spain

Prospective, comparative, non-randomized, open, observational study, including 2949 outpatients with schizophrenia who were followed up for 6 months after receiving a new prescription of an antipsychotic. Safety was evaluated collecting adverse events and global clinical status was measured through CGI and GAF Scales. A total of 2128 patients received olanzapine, as monotherapy or in combination (Olanzapine group), and 821 received other antipsychotics (Control group). There were no statistical differences between treatment groups at baseline regarding age, gender, disease duration, severity of symptoms, and EPS. Incidence of adverse events and specifically extrapyramidal symptoms was significantly lower in the olanzapine group compared to the control group (p < 0.001). Mean change in the CGI and the GAF was significantly higher in the olanzapine group compared to the control group (p < 0.001). Despite the limitations of an observational study, these results shows that olanzapine is safe and effective in non-selected schizophrenic outpatients, and are consistent with results of previous controlled trials.

100. COMPARATIVE EFFICACY OF OLANZAPINE AND HALOPERIDOL FOR PATIENTS WITH TREATMENT-RESISTANT SCHIZOPHRENIA

A. Breier, S.H. Hamilton

Lilly Research Laboratories, Eli Lilly and Company, Lilly Corporate Center, Indianapolis, Indiana

There is relatively little information regarding the efficacy of newer atypical antipsychotic drugs for patients with schizophrenia who are treatment-resistant to neuroleptic agents. Several lines of evidence suggest that a clinical trial of olanzapine in this population is warranted. A sub-population of patients (N = 526) meeting treatment-resistant criteria selected from a large, prospective, double-blind, six-week study assessing the efficacy and safety of olanzapine and haloperidol was examined. Both last-observation-carried-forward (LOCF) and completers (observed cases) analyses were conducted. Olanzapine demonstrated significantly greater mean improvement from baseline in Positive and Negative Syndrome Scale (PANSS) negative symptoms, co-morbid depressive symptoms assessed by the Montgomery-Asberg Depression Rating Scale, akathisia as measured by Barnes Akathisia Scale and extrapyramidal symptoms as measured by Simpson-Angus Extrapyramidal Rating Scale with both LOCF and completers analyses. In addition, olanzapine was significantly superior to haloperidol for Brief Psychiatric Rating Scale (BPRS) total (p = .006), PANSS total (p = .005), and PANSS positive symptoms (p = .017) in completers of the six-week study. Significantly greater response rates were observed in olanzapine-treated (47%) than haloperidol-treated (35%) patients in the LOCF analysis (p = .008), but significance was not reached in the completers analysis (p = .093). Mean doses (±SD) of olanzapine and haloperidol were 11.1 ± 3.4 mg/day and 10.0 ± 3.6 mg/day, respectively. Olanza-