Buffalo metropolitan area of Erie County, NY, during 1 year from January 1, 2000, to December 31, 2000. Study investigators confirmed the diagnosis by individually reviewing medical records. We obtained temperature and precipitation data from the National Weather Service. Pollution data were obtained from the Environmental Protection Agency. Data were analyzed with χ^2 tests and linear regression using SAS software (version 9).

Results: We analyzed 2,462 patients with AICE during the study period. The highest, lowest, and median temperatures were 26°C, -16°C, and 10°C, respectively. Bivariate analysis shows a small, statistically significant increase in AICE on weekdays compared with weekend days (P=.0016) and a significant increase in AICE as temperature increases (P=.0033). Multivariate linear regression shows about 1 fewer event per day on weekends (P=.0029) and a reduction of 0.4 events per day with each decrease in temperature of 10°C (P=.0037). We found no statistically significant relationship between the incidence of AICE and precipitation, nitrogen dioxide, all oxides of nitrogen, sulfur dioxide, ozone, and particles less than 0.4 μm.

Conclusion: There is a significant increase in the number of AICE patients admitted on weekdays compared with weekends in the study area. As temperature increases, the incidence of AICE increases significantly in the study population.

67 Prevalence and Outcomes of Occult Suicidality in a Multiethnic Emergency Department Population

Larkin GL, Claassen C/University of Texas Southwestern Medical Center, Dallas, TX

Study objectives: Because suicide completers frequently visit the emergency department (ED) for reasons other than suicide before their death, we sought to establish the prevalence of occult suicidality in patients seeking treatment for routine, nonpsychiatric problems in the ED.

Methods: A prospective cohort of waiting room patients recruited during random time blocks in a large, urban ED were screened with an anonymous, computerized mental health assessment for a tripartite construct of suicidality: passive ideation, frequent thoughts of death and being "better off dead"; active ideation, specific thoughts about self-harm; and serious intent, defined as an endorsement of the statement "I am planning to kill myself." Patients younger than 18 years, with mental status impairment, or with a psychologic chief complaint were excluded.

Results: Passive ideation was endorsed by 184 of 1,590 patients (11.6%), whereas 143 (8.4%) patients acknowledged active thoughts about killing themselves and 31 (1.6%) patients acknowledged imminent plans to kill themselves. Black patients were most likely and Hispanic patients least likely to endorse passive and active suicidal ideation, respectively (odds ratio [OR] 1.5, 95% confidence interval [CI] 1.1 to 2.1; OR 0.50; 95% CI 0.34 to 0.73, respectively). Patients reporting both ideation and serious intent were demographically similar to all other ED patients with similar reasons for visit. Fully 97% of 184 ideators screened positive for 1 or more mood, anxiety, or substance-related disorders, and 30% of serious intent patients endorsed problems in all 3 axis I domains. Of 31 actively suicidal patients, 24 remained undetected, receiving neither psychiatric diagnoses nor referral; only 6 patients had any mention of suicidality on the index ED record. None of the 31 patients expressing suicidal intent died within 3 months of enrollment, but 4 returned within 60 days, having made serious attempts; all survived.

Conclusion: Occult suicidality is common in ambulatory ED patients presenting for nonpsychiatric problems but may be unmasked with a simple screen during routine ED evaluation.

68 Ziprasidone Versus Haloperidol for the Treatment of Agitation

Citrome L, Brook S, Warrington L, Loebel A, Mandel FS/Nathan Kline Institute, Orangeburg, NY; Sterkfontein Hospital, Krugersdorp, South Africa; Pfizer Inc., New York, NY

Study objectives: We compare the efficacy of sequential intramuscular/oral ziprasidone versus intramuscular/oral haloperidol in the treatment of hostility and excitability.

Methods: Post hoc analyses were conducted of pooled data from 2 studies in patients with acute schizophrenia or schizoaffective disorder comparing mean reductions in Brief Psychiatric Rating Scale (BPRS) hostility (item 10), excitability (item 17), and agitation factor (sum of items 2, 6, 10, and 17) scores during the first 7 days. In the first study (7 days), 90 patients received less than 3 days of intramuscular ziprasidone and then oral ziprasidone (80 to 200 mg/day, mean 90.5±44.9 mg/day), and 42 patients received intramuscular haloperidol and then oral haloperidol (10 to 80 mg/day, mean 14.0±10.1 mg/day). In the second study (6 weeks [42 days]), 417 patients received intramuscular ziprasidone and then oral ziprasidone (80 to 160 mg/day, mean 116±30.4 mg/day), and 133 patients received intramuscular haloperidol and then oral haloperidol (5 to 20 mg/day, mean 11.5±3.6 mg/day). Initial analyses using pooled data from the 7-day trial compared mean reductions in BPRS hostility and excitability items and agitation factor for ziprasidone versus haloperidol using mixed-model repeated measures analysis of variance. Specific antihostility effect was tested during the first 7 days (pooled data) and during 42 days (the 42-day study only) by accounting for general antipsychotic effect, akathisia, and sedation.

Results: Overall, after 7 days, patients demonstrated improvement on the hostility item (P=.004) and agitation factor (P=.0001) of the BPRS. Ziprasidone was more effective than haloperidol on the excitability item (P=.02) and agitation factor (P=.01). Both drugs exhibited a specific antihostility effect.

Conclusion: Although both treatments resulted in a specific antihostility effect, ziprasidone was superior to haloperidol in the treatment of excitability and agitation.

69 Intramuscular Ziprasidone in Agitated Patients With Bipolar Diagnoses

Daniel DG, Brook S, Warrington L, Loebel A, Murray S/Bioniche Development Inc, McLean, VA; Sterkfontein Hospital, Krugersdorp, South Africa; Pfizer Inc, New York, NY

Study objectives: We evaluate the efficacy of intramuscular ziprasidone in agitated patients with bipolar disorder or schizoaffective disorder bipolar type.

Methods: This was a subgroup analysis of 2 similarly designed, randomized, double-blind, fixed-dose, 24-hour studies of intramuscular ziprasidone in agitated patients with bipolar disorder or schizoaffective disorder bipolar type. Patients received 2-mg control dose (n=15) versus 10 mg (n=20) and 2-mg control dose (n=11) versus 20 mg (n=15; 80 mg maximum). Efficacy was assessed by Behavioral Activity Rating Scale (BARS), Clinical Global Impression Scale of Severity (CGI–S), and Positive and Negative Syndrome Scale Agitation items scores.

Results: The greatest reductions in agitation (mean change in BARS) at 2 hours and 4 hours after the first dose were seen with 20-mg intramuscular ziprasidone. At 4 hours, the greatest improvement in CGI–S was seen in the 20-mg ziprasidone group. Responder rates (≥2-point decrease in BARS at 1.5 hours after first dose) were 80% in the 20-mg group (P≤.01 versus 2-mg control) and 58% in the 10-mg group, similar to results in the primary studies. No dystonia or excessive sedation was reported in either dosage group; 1 patient in the 10-mg group experienced akathisia.

Conclusion: Ziprasidone at 10 and 20 mg intramuscularly was rapidly effective and well tolerated in agitated psychotic patients with bipolar spectrum diagnoses, with the 20-mg intramuscular dose producing the largest decrease in agitation. The 10-mg dosage level is not consistently effective.

70 Intramuscular Ziprasidone in the Psychiatric Emergency Department: Expanded Sample

Francis A, Preval H, Klotz SG, Southard R/State University of New York, Stony Brook, NY

Study objectives: Injectable atypical neuroleptics may supplant benzodiazepine or neuroleptic alternatives. Published studies of intramuscular ziprasidone excluded severe psychiatric agitation (AGIT) and agitation from alcohol (ETOH) or other substances (SUBS). This study sought to assess the efficacy of intramuscular ziprasidone in these patients.

Methods: We report additional data on Behavioral Activity Rating Scale (BARS) agitation scores (minimum=1, maximum=7) and duration of physical restraints in a naturalistic psychiatric emergency department study with agitated patients. Dosages were 20 mg for intramuscular ziprasidone and varied for conventional intramuscular antipsychotics (78% haloperidol or lorazepam).

Results: Baseline scores on the BARS were high for AGIT (n=72), ETOH (n=10), and SUBS (n=28; respective means: 6.5, 6.9, 6.6; P=NS for all). Ziprasidone decreased agitation rapidly (respective means: 5.6, 5.3, and 5.8 at 15 minutes [P<.05 for all versus baseline], and 4.2, 4.1, and 4.1 at 30 minutes [P<.01 for all versus baseline]). At 2 hours, scores were 2.6, 2.1, and 2.3 (P<.01 for all versus baseline). For conventional intramuscular antipsychotics (n=9) baseline scores were 6.6 and