

EV1001

The practitioner cope with adverse events on atypical antipsychotics: About 63 patients with schizophrenia

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Introduction The propensity of atypical antipsychotics (AAP) for having a therapeutic effect with fewer side effects and the balancing of these supposed benefits with tolerance are the subject of many studies.

Aims and objectives We focused on adverse drug events (ADEs), occurred under AAP, in a population of patients with schizophrenia to assess the prevalences and describe how the practitioner deal with these ADEs.

Methods We have used a retrospective and descriptive study of 63 Tunisian patients with schizophrenia, consulting in the adult outpatient of Razi hospital and treated by one type of AAP. The study period was 6 months from the 1st January 2015. We used the Birchwood Insight Scale (BIS), Positive and Negative Syndrome Scale (PANSS) and Udvalg for Kliniske Undersogelser (UKU) to assess the insight, psychotic symptoms and ADEs.

Results Twenty-four patients were on risperidone, 22 on olanzapine, 8 on amisulpride and 9 on clozapine. Antiparkinsonism drug (15.9%) was associated because of neurological ADEs mainly Parkinsonism. Asthenia had a prevalence of 20.6%. Hypersalivation and palpitation were estimated at 7.9% both. Weight gain's prevalence was 25.4%, including 1 case associated with hypercholesterolemia and 1 case of unbalanced non-insulin-dependent diabetes. The erectile dysfunction's prevalence was 36.3% and decreased libido 27%. There were 2 cases of neutropenia and thrombocytopenia. The management of these ADEs was observed when they moderately began to influence the patient's daily activity.

Conclusion ADEs must be subject to an appropriate treatment and if necessary resort to a specialist consultation to confirm or deny imputability to AAP.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1002

Do I need treatment? Insight and therapy adherence in a group of patients in treatment with aripiprazole long acting injectable

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Introduction Relapse prevention is one of the major goals in psychiatry because it will mark the prognosis and quality of life in patients. In this aspect, plays a very important role insight and adherence to treatment. Some studies show that long acting injectable treatments improve adherence as compared with oral medications.

Objective The objective of this study is to analyse the degree of insight and adherence to treatment of a group of patients with aripiprazole long acting injectable ALAI treatment.

Methodology Descriptive study in a group of patients treated with ALAI. Three months of follow-up. To assess the insight we had

use the 3 first items of the Unawareness of Mental Disorder SUMD. Adherence to treatment is evaluated by monitoring if patients come to administrate ALAI.

Results $n=6$, 2 women (33.3%) and 4 men (66.7%). The mean age of the sample was 37 years. Diagnoses were 4 patients with psychotic disorder (66.7%); 2 with bipolar disorder (33.3%). At the SUMD, mean score for the items consciousness of having a disorder and awareness of the effects of medication was 3, and for the item awareness of the social consequences of mental disorder 4. The mean score for the total punctuation was 10. Five (83.3%) had a 100% of adherence, just 1 patient discontinued de treatment on the third month.

Conclusions On our sample adherence, it was almost complete in all patients. To highlight the scores for SUMD which means low insight. A large sample is required to increase the reliability of the study.

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EV1003

Assessing quality of life following long-acting injection treatment: 4 cases register

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Introduction Quality of life is defined by the World Health Organization as "Individuals' perceptions of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns." Schizophrenia is a severe, disabling, lifelong disorder, associated with severe social and occupational dysfunction. Aripiprazole Long Acting Injection (LAI) is indicated for maintenance schizophrenia treatment in adult patients stabilised with oral aripiprazole. It is the fourth second-generation antipsychotic depot formulation approved for treating schizophrenia.

Objectives Assessing quality of life in 4 patients treated with aripiprazole LAI.

Methods In this paper, we evaluate of quality of life in 4 subjects with diagnosis of paranoid schizophrenia (less 10 years of diagnostic), male, age between 42 and 50 years, with poor adherence to oral treatment. These patients received aripiprazole LAI 400 mg/month. We evaluate quality of life at baseline and after 3 months. We used the Quality of Life Scale (QOLS) and WHO-Quality of Life-Bref (WHOQOL-BREF).

Results Results demonstrated significant greater improvements in all QLS scores. No significant changes in the WHOQOL-BREF total, but improvement in subscale scores.

Conclusion Quality of life in schizophrenia is adversely influenced by the presence of clinical symptoms, especially negative and depressive. Depot medications can improve treatment adherence, however, long-term antipsychotic use can lead to irreversible adverse effects (dyskinesias), which in some cases were reduced by using newer antipsychotics (risperidone, paliperidone, aripiprazole). Aripiprazole LAI can be useful to improve quality of life. Further methodologically robust studies are needed to generate evidence-based conclusions.

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