

EPV1006

Akathisia rate among psychiatric patients treated with Clozapine compared to Risperidone.R. Stryjer^{1,2*} and A. Shelef²¹Abarbanel Mental Health Center, Bat Yam and ²Tel Aviv University, Tel Aviv, Israel

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Introduction: Patients' cooperation, especially in medication taking, constitutes a significant challenge in psychiatric care. Psychiatric patients are often reluctant to take a specific pharmacological treatment because of side effects. Akathisia and other extra pyramidal symptoms are side effects that could result into real danger and are thought to be the main reasons of discontinuing pharmacological treatment. Despite this, some gaps in research knowledge exist on the rate of psychiatric patients that suffer from Akathisia. For example, Clozapine treatment, despite its efficacy, is often disqualified due to side effects concern. The research literature barely refers to the development of extrapyramidal symptoms, and more specifically Akathisia. There are few reports about Akathisia when taking Clozapine. It results into a lack of objective studies and knowledge based only on subjective clinical evaluations.

Objectives: This study aims at comparing Clozapine and Risperidone in general, with or without polypharmacy and more especially, in terms of Akathisia.

Methods: This research was carried out in Abarbanel Mental Health Center over a period of six months. The study population included 100 patients, including hospitalized and ambulatory patients. They were equally divided into two groups: 50 patients who received Clozapine, and 50 patients who received Risperidone. It should be noted that due to polypharmacy, 17 patients in the Clozapine group and 6 patients in the Risperidone group received additional anti-psychotic treatment. Akathisia was evaluated using Barnes Akathisia Scale (BAS).

Results: The demographic and clinical data was found identical in both groups. We found that Akathisia symptoms appeared 1.4 times more in patients who took Risperidone only, compared to those who took Clozapine only ($p < 0.05$). This research emphasizes the irrelevance of existing data on anti-psychotics' treatments, while 24% of the patients treated with Clozapine and 34% of the patients treated with Risperidone showed Akathisia symptoms.

Conclusions: Akathisia symptoms are very common in patients who take anti-psychotic treatment as Clozapine and Risperidone. Previous research revealed that Akathisia is very common for Risperidone patients, however the symptoms are often neglected in patients taking Clozapine. We show in our research that the rate of Akathisia is high in both treatments. Therefore, the importance of diagnosing akathisia should be emphasized in patients treated with Clozapine. Moreover, Akathisia should receive much more importance when choosing anti-psychotic treatment.

Disclosure of Interest: None Declared

EPV1005

Schizophrénie et usage des anti-inflammatoires: la piste des anti-inflammatoires

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Introduction: l'actualité de la recherche en psychiatrie se focalise sur la possibilité de nouvelles pistes de prise en charge notamment celles qui sont basées sur la chimiothérapie, et ce, en dépassant le spectre de la prescription des neuroleptiques.

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Objectives: la place des anti-inflammatoires dans la prise en charge de la schizophrénie

Methods: Une étude publiée dans l'American Journal of Psychiatry suggère qu'une plus grande activité microgliale peut être un signe de schizophrénie. Ainsi, la détecter et la réduire pourrait être un élément de prévention de cette maladie. Une étude publiée dans l'American Journal of Psychiatry suggère qu'une plus grande activité microgliale peut être un signe de schizophrénie. Ainsi, la détecter et la réduire pourrait être un élément de prévention de cette maladie.

Results: Il a été constaté qu'une activité microgliale élevée coïncide avec la réduction du volume de la matière grise chez les sujets atteints ou à risque de développer la schizophrénie. Ce paramètre est aussi un signe de gravité symptomatique chez les patients atteints de cette maladie.

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Conclusions: Cette étude ouvre une nouvelle voie dans le traitement de la schizophrénie, par l'ajout au traitement de molécules ayant des propriétés anti-inflammatoires chez les patients présentant une résistance au traitement antipsychotique.

Disclosure of Interest: None Declared

EPV1006

The impact of substance misuse in patients with first-episode psychosis: a retrospective study

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Introduction: Substance misuse increases the risk of developing psychosis in vulnerable people. However, patients with substance use disorders' attributes and their effect on first-episode psychosis (FEP) are still unclear.

Objectives: To describe and compare inpatient admissions for FEP with substance misuse and its impact on clinical outcomes.

Methods: We conducted an observational and retrospective study, analyzing sociodemographic determinants and clinical data regarding the patients hospitalized for FEP, between January 2019 and June 2022, in the psychiatric unit at our hospital in Bragança, Portugal. We used logistic regression to estimate the effect of social determinants and other clinical data regarding the patients hospitalized for FEP with substance abuse.

Results: We included 78 patients in this study. Of these patients, 30% (n=23) reported substance (drugs or alcohol) misuse prior to hospital admission. Regarding only the patients with substance misuse, 96% were male and the median age was 31 years. Cannabis was the most often reported substance of abuse (83%). Most of these patients were unmarried (OR:10.794; 95%CI:2.855-40.805; P=0.001), lived in a rural setting (OR:0.263; 95%CI:0.094-0.731; P=0.009) and had no previous psychiatric history (OR:1.022; 95%CI:0.386-2.709;P=0.964).Regarding hospital admission, 70% were involuntary admitted (OR:4;95%CI:1.408-11.366;P=0.007) and the median time of hospitalization was 17 days. At the time of discharge, 48% of these set of patients still didn't have insight into their mental illness (OR:1.737;95%CI:0.646-4.679;P=0.272). During the evaluation period of this study, 13% of the patients were readmitted to the hospital (OR:1.029;95%CI:0.241-4.383;P=0.970) and 35% missed outpatient appointments (OR:3.133;95%CI:1.003-9.791; P=0.044). The diagnoses at the time of discharge were: substance-induced psychosis (52%), schizophrenia (22%), affective psychosis (17%), and acute and transient psychotic disorder (9%).

Conclusions: This analysis indicates substance misuse predates and is prevalent in FEP. Many of these patients fail to recognize and accept that they are suffering from a mental illness and drop out of outpatient psychiatric care. Further, substance-induced psychoses are associated with a significant risk for transition to schizophrenia particularly following cannabis-induced psychosis. Thus, it is crucial to optimize adherence to the therapeutic regimen and outpatient follow-up.

Disclosure of Interest: None Declared

EPV1007

Comparative Efficacy of First and Second Generation long-acting injectable antipsychotic upon schizophrenic patients: a systematic review and network metaanalysis.

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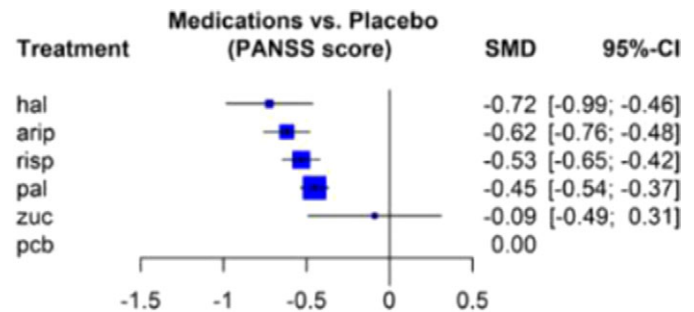
Introduction: Long-acting injectable antipsychotics (LAIs) are currently the most effective alternative for patients with schizophrenia who exhibit poor adherence. LAIs can lead the course of treatment with the potential to increase adherence in schizophrenia treatment.

Objectives: Present the results of a network metaanalysis on the comparative efficacy of LAIs in schizophrenia.

Methods: Included trials of adults with schizophrenia compared the efficacy of LAI vs LAI or placebo through the Positive and Negative Syndrome Scale (PANSS). Efficacy was evaluated through the standardized mean differences (SMD) from baseline to endpoint in the PANSS total scores.

Results: Results from 15 studies reported usable results for PANSS score (five antipsychotics compared) are shown in Figure 1. In hierarchical order, haloperidol, aripiprazole, risperidone, and paliperidone reduced the PANSS score significantly more than other drugs.

Image:



Conclusions: Most LAIAs are equally efficient at reducing overall symptoms, and differences between individual LAIAs are non-significant.

Disclosure of Interest: None Declared

EPV1008

FAMILY-CENTERED COLLABORATIVE CARE FOR PATIENTS WITH CHRONIC MENTAL ILLNESS: A NARRATIVE LITERATURE REVIEW

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Introduction: Chronic mental illnesses are long-lasting and recurring, require continuous care as well as an integrated and collaborative approach to organize the care. This study sought to examine whether family center collaborative care is an acceptable treatment option for individuals with chronic mental illness.

Objectives: Is the family-centered collaborative care suitable for patients with chronic mental illness?

Methods: From the years 2000 to 2021, ten electronic databases relating to family-centered collaborative care for mental illness were searched adopting PRISMA's checklist

Results: After systematic search, 27 articles and a thesis were found. According to moderate to high quality qualitative research, family-