and evaluation six months after hospital discharge. They were evaluated using the PANSS and BPRS scales at four different time points of the evolutionary process.

Results Average scores of the BPRS scale: 39 on admission day, 27 on day of discharge, 23 on the third month and 20 on the sixth month. Average score of PANSS scale: PANSS-PG: 64 on admission day, 48 on day of discharge, 25 on the 3rd month, and 20 on the 6th month. PANSS-P: 41 on admission day, 21 on day of discharge, 12 on the 3rd month, and 10 on the 6th month. PANSS-N: 21 on admission, 11 at discharge, 8 on 3rd month and 7 on 6th month. No clinically significant side effects were observed that would lead to the modification of the doses or the abandonment of the treatment in this period.

Conclusion The results of this observational study show that the start of the treatment with PAP is associated with an observable clinical response on the 4th day. The evaluation scales at the 3rd and 6th months also suggest the maintenance of efficacy of the treatment.

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

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EV1011

Effective doses of paliperidone palmitate (PAP): Retrospective analysis from three years of treatment

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Introduction The use of PAP is already much extended in general. The recommended doses in the technical specifications of the drugs, as the result of trial studies, differ from the doses administered in habitual clinical practice. Therefore, the justification of this study is to monitor the average doses prescribed, to be able to reach an agreement on the best doses. To retrospectively analyze the first 32 patients in our area of healthcare, who were prescribed PAP, the doses used at the start of treatment and after 3 years.

Materials and methods Two initial doses of PAP were analyzed, maximum and current (outpatient) in 32 patients attended in the area of mental health of North Jaen, who started the treatment with PAP between 2012 and 2013, with an average length of time of 2.55 years (SD 2.02). We evaluated the diagnosis (schizophrenia and related disorders, ICD-10 F20), the number of hospital admissions previous and posterior to the start of the treatment and change in weight.

Results Average doses: initial: 110.15 mg (SD 32.83), maximum: 165.51 mg (SD 29.76) and maintenance: 146.81 mg (SD 29.59). Average hospital admissions: prior and posterior to the start of treatment: 1.5 and 0.83. An average reduction of 44.06% in admissions was observed.

Conclusions The data obtained suggests that a dose of 75–200 mg could be effective in the maintenance of patients with schizophrenia and for decreasing the number of new hospital admissions. Fifty percent of the cases can be compensated with long acting peliperidone as a monotherapy.

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

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EV1012

Discontinuation, read missions and polytherapy with long-acting antipsychotics: An observational study

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Introduction and aim Long-acting antipsychotics (LAIs) provide certain advantages over oral medications. The aim of our study is to determine whether there are differences between the various long-acting injectable antipsychotics available in our environment.

Methods A retrospective observational study with psychotic patients discharged with LAIs was designed. Data on discontinuation, relapses and associated drugs in the discharge and in a year follow-up were collected. Fifty-seven patients were included: 21 risperidone (RLAI), 20 paliperidone palmitate (PP) and 16 first-generation LAIs (FG). Odds ratio was used to compare discontinuation, χ^2 test for categorical variables and Kruskal-Wallis test for independent samples.

Results Discontinuation was lower with PP: $OR_{RLAI/PP} = 2.74$ and $OR_{FGLAI/PP} = 3.09$. There were significant differences in readmissions: rehospitalizations ($\chi^2 = 7.072$, $P = 0.029$) and days of stay ($\chi^2 = 8.251$; $P = 0.016$), both lower in the PP group. We found less use of psychoactive drugs with PP, with significant differences in the discharge ($\chi^2 = 11.518$; $P = 0.003$) and in the follow-up ($\chi^2 = 7.097$; $P = 0.029$). There were also significant differences in the use of oral antipsychotics in the discharge ($\chi^2 = 27.049$, $P = 0.000$); anticholinergic drugs in the discharge ($\chi^2 = 7.001$, $P = 0.03$) and in the follow-up ($\chi^2 = 11.699$, $P = 0.003$) and benzodiazepines in the follow-up ($\chi^2 = 8.493$, $P = 0.014$), always lower in the group of patients treated with PP.

Conclusions Treatment with paliperidone palmitate may be more suitable than other long acting antipsychotics when it starts during the acute episode.

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

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EV1013

Economic evaluation of long acting aripiprazole as maintenance therapy for paranoid schizophrenia

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Introduction Patient adherence to a treatment regimen is of utmost importance for successful outcomes in schizophrenia. Long acting aripiprazole (LAA) is a new drug of depot antipsychotic type placed in the market recently that could prevent non-adherence and in reducing relapse in schizoprenia administered every 28 days.

Objective A descriptive, observational study designed to explore the efficacy and tolerability of long acting aripiprazole in a sample of patients diagnosed with paranoid schizophrenia that were admitted to Acute Unit in 2014. LAA was introduced on the admission.

Methods Sociodemographic variables: age, sex, and marital status. Clinical variables: average time since diagnosis, concomitant consumption of toxic substances, reason to change medication, subsequent readmissions after LAA was introduced, evaluation of