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Efficacy and tolerability of half-yearly long acting injectable palmitate paliperidone after 12 months follow-up

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Introduction: This retrospective study analysed the clinical efficacy, tolerability and treatment satisfaction of patients who switched from receiving palmitate paliperidone monthly (PP1M) to palmitate paliperidone six-monthly (PP6M) after 12 months of follow-up. A total of 48 patients (31 men and 17 women) with recently diagnosed schizophrenia were included.

Objectives: To assess the clinical efficacy, tolerability and treatment satisfaction in a sample of recently diagnosed schizophrenic patients who switched from receiving palmitate paliperidone monthly (PP1M) to palmitate paliperidone six-monthly (PP6M)

Methods: The sample included a total of 48 recently diagnosed schizophrenic (1-5 years) from three Mental Health units in the province of Toledo (Spain). The inclusion criteria were a diagnosis of schizophrenia (based on the ICD-10 criteria), the start of treatment with Long Acting Injectable Paliperidone Palmitate six-monthly (previously with palmitate paliperidone monthly), and the non-utilization of another neuroleptic treatment. A series of demographic variables were recorded, PANSS scale was used to identify the presence and severity of psychopathology symptoms and the CGI scale was used to assess the severity of the symptoms finally time to relapse was measured (primary outcome). The scales were again applied at baseline, 3 and 6 and 12 months after the start of treatment

Results: N=48 patients (31 males and 17 females), with a mean age of 31 years. 4.3 years of evolution of illness. During the follow-up period only 2 patients (4%) relapsed. Results showed an improvement in PANSS (baseline 50.8, 3 months 41.9, 6 months 37.3, 12 months 26.1), likewise and improvement in CGI was observed (baseline 4.1, 3 months 3.4, 6 months 2.9, 12 months 2.5).

In terms of tolerability, no secondary effects were reported after treatment change, suggesting a good safety profile and predictable tolerability of PP6M. Patient satisfaction with treatment also improved over time. The study reports that 87% of patients accepted the switch from PP1M to PP6M, with reasons for switching including reduced frequency of administration and increased comfort. Most patients (95%) received antipsychotic monotherapy.

Conclusions: In conclusion, this study suggests that switching from PP1M to PP6M in patients with recently diagnosed schizophrenia was associated with maintained clinical stability, good tolerability and improved patient satisfaction with treatment. These findings support the efficacy and clinical utility of PP6M as a convenient and effective treatment option for patients with schizophrenia.

Disclosure of Interest: None Declared

EPV0905

Connection between self-esteem and discontinuation of medication

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Introduction: Self-esteem entails evaluating oneself positively and often involves the need to be special and above average without comparisons with others. It could play a role in many areas of the patient's life.

Objectives: The aim of the present study was to find the prevalence of self-esteem and investigate the associations between self-esteem and treatment adherence in patients with schizophrenia spectrum disorders.

Methods: This study involved outpatients with schizophrenia spectrum disorders, according to (DSM-V) diagnostic criteria, attending the Department of Psychiatry A, Razi hospital between August and September 30, 2023. The level of self-esteem was measured with Rosenberg's Self-Esteem Rating scale (SERS) and treatment adherence with the Medical Adherence Rating Scale (MARS). Socio-demographic characteristics were also collected.

Results: Thirty stabilized outpatients with schizophrenia (n=18), schizoaffective disorder (n=11), brief psychotic disorder (n=1) were included in the study. The mean (SD) age of the respondents was 43.2 years; the mean number of Hospital admissions was 4.7. Almost two thirds of this population (63.33%) had low self-esteem and 36.67% had high self-esteem. The level of self-esteem did not differ between diagnostic categories. Self-esteem also positively correlated with higher education and negatively with an increased number of hospitalizations. However, no significant association was found between socio-demographic variables and self-esteem. Adherence was further negatively correlated with age and age of onset of disorders. Patients suffering from schizophrenia had the lowest adherence to treatment. The results of the present preliminary study suggest a positive correlation between the SERS total scores and the MARS scores. It was found that higher levels of self-esteem are related with higher levels of treatment adherence and lower levels of self-esteem are associated with discontinuation of medications without a psychiatrist's recommendation. This connection was present in all diagnostic groups.

Conclusions: This study shows positive relationship between self-esteem and treatment adherence. Further studies are needed to investigate whether self-esteem is a factor positively influencing adherence to treatment and show if self-esteem training programs like standard psychoeducation and cognitive behavioral therapy could be beneficial to improve treatment adherence among psychiatric patients.

Disclosure of Interest: None Declared