included. All study data were extracted from the patients' medical files of the psychiatric dispensary in the prison Dob. DDIs were determined by different interaction classes with Lexicomp OnlineTM 19.0 version and only X (major interactions and should be avoided) and D (minor interactions and avoid if it is possible) were included.

Results Together 220 patients were included. Number of patients with at least 1 interaction, were 139 (63.2%). Number of patients with at least 1 X interaction, were 59 (26.8%). Number of patients with more than one (1) X interactions was 15 (6.8%). More than half of the patients (56.4%) were treated by hypnotics and 38.4% with benzodiazepines. The most frequent X DDIs were: buprenorphine, methadone and sulpride with antipsychotics (clozapine and quetiapine) and antidepressants (e.g. escitalopram, fluoxetine).

Conclusions In patients treated with methadone and buprenorphine there are frequent DDIs resulting in contraindications for prescribed combination of drugs. If an antidepressant is to be used in patients prescribed methadone and buprenorphine, sertraline is recommended.

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

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EV1101

Changes in the trend of anti-psychotics prescription in elderly patients in a general hospital in Singapore 2005–2013

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Objectives This was a descriptive study of the prescription trend of anti-psychotics for elderly patients in a general hospital in Singapore.

Methods Elderly patients aged >65 who received at least 1 prescription of anti-psychotics during 2005, 2007, 2009, 2011 and 2013 in Tan Tock Seng Hospital, Singapore, were selected. Data was obtained from the hospital computerized prescription records.

The total number of elderly patients who received anti-Results psychotics increased from 865 in 2005 to 1990 in 2013. Following the official warning issued by the health sciences authority in 2004 regarding the increased risks of cerebrovascular events in elderly patients taking olanzapine and risperidone, prescriptions for risperidone reduced between 2005 to 2013 (20.74% vs. 11.79%, 95% CI: 0.07-0.10, P<0.0001). However, the percentage of prescriptions of other atypical anti-psychotics such as quetiapine increased from 27.47% to 58.48% (95% CI: 0.29-0.33, P<0.0001). in 2005 and 2013 respectively, and prescriptions for olanzapine remained relatively stable at 6.65% in 2005 and 8.94% in 2013 (P>0.05). With the black box warnings extended to typical antipsychotics 3 years later, the percentage of prescriptions of typical anti-psychotics decreased between 2005 to 2013, e.g. haloperidol (33.19% vs. 13.39%, 95% CI: 0.17–0.22; P<0.0001), sulpiride (6.58% vs. 2.83%, 95% CI: 0.03–0.05, P < 0.0001) and chlorpromazine (3.85% vs. 1.85%, 95% CI: 0.01-0.03, P<0.0001).

Conclusions After the first safety warning the percentage of prescriptions for risperidone dropped significantly, and there was a significant increase for quetiapine. The percentage of haloperidol, sulpiride and chlorpromazine prescriptions declined after both warnings. Anti-psychotics use in the elderly continues to be prevalent.

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

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EV1102

Psychiatrists' opinions on long-acting anti-psychotics drugs: Perceived differences and identification of the ideal patient for each of these medications

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Introduction Long-acting anti-psychotic drugs (LAI) are increasingly used in clinical practice, owing to their ability to improve adherence.

Objectives and aims To understand the variables that inform treatment choice, within the LAI anti-psychotics, in the daily clinical practice.

Methods Fifteen attending psychiatrists from the university clinic of Siena and the community mental health service USL 7 Siena and Val d'Elsa were asked to answer a questionnaire comprising 4 questions, and asking for their clinical experience regarding olanzapine, risperidone, haloperidol, zuchlopentixol, paliperidone and aripiprazole LAISs.

In particular, they were asked to indicate:

- which LAI has been their mostly used;

- what have been the most relevant side effects;

an efficacy score ranging from 0 to 5;

- who the ideal patient for each of these medications could be. The answers were statistically assessed and the final results described as a percentage of the total.

Results The results are shown by the Tables 1 and 2.

Conclusions LAI are still heterogeneously used in the daily clinical practice: their actual use depends on the individual experience with a specific drug as well as on their costs and the availability of resources within the medical service. The most used LAI resulted to be risperidone, although haloperidol LAI is still considered to be the most effective one. Those psychiatrists interviewed had an overall good opinion about the most recent LAI such as paliperidone and aripiprazole. This is due to their good tolerability, which allows them to be administered more safely to the youngest, in order to preserve their good functioning.

Table 1

LAI	% of psychiatrists who said it is the most used	Most relevant side effects	Efficacy score
Olanzapine		Metabolic syndrome (100%)	3,85/5
Risperidone	53,3%	Prolactin increase (100%)	3,93/5
Aripiprazole	20%	 no side effects (60 %), akathisia (40%) 	3,26/5
Zuchlopentixol		sedation (60%),extrapyramidal (40%)	3,4/5
Haloperidol		EPS (100%)	4,13/5
Paliperidone	20%	 no side effects (60%) prolactin increase (40%) 	3,8/5