

EPV0909

Patient satisfaction with 6-month paliperidone palmitate versus other long-acting injectable antipsychotics

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Introduction: Long-acting injectable antipsychotics (LAIs) offer advantages for schizophrenic patients compared to oral antipsychotics: less frequent dosing, lower relapse rates, better adherence, and lower healthcare costs. LAIs include paliperidone, aripiprazole, olanzapine, risperidone, and zuclopenthixol. Paliperidone palmitate is the only antipsychotic with two formulations with an administration interval longer than one month (3-monthly and 6-monthly), which could be better for the patient and help ensure treatment continuity, especially in cases of limited access to the health care system.

Objectives: To assess the satisfaction of patients under treatment with 6-month paliperidone palmitate compared to other long-acting injectable antipsychotics with a higher frequency of administration.

Methods: We analyzed the satisfaction level of a sample of patients receiving treatment with LAIs at the Mental Health Center of El Escorial. All patients had a diagnosis of schizophrenia or other psychotic disorders (according to DSM-5). Patients who met the inclusion criteria completed the Treatment Satisfaction Questionnaire for Medication (TSQM), a generic questionnaire of treatment satisfaction that measures four dimensions: side effects, treatment efficacy, comfort of use, and overall satisfaction. Other clinical and socio-demographic variables were collected, as well as the type of injectable, dose, and frequency of administration.

Results: Data from approximately 30 patients will be analyzed and discussed later.

Conclusions: Less frequent administration of LAIs may result in greater patient satisfaction and be just as beneficial clinically. Treatment satisfaction is positively associated with an improvement in psychotic symptoms and seems to be related to better adherence.

Disclosure of Interest: None Declared

EPV0910

Perceived mental illness stigma and self stigma among persons treated for psychotic disorders

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Introduction: Stigma related to mental health has serious impact on persons suffering from psychiatric disorders and on their families. Self-stigma occurs when people with mental health problems internalize public attitudes, negative beliefs and stereotypes associated with psychiatric disorders. Stigma and self-stigma can affect every aspect of life and result in discrimination, social exclusion, feelings of low self-esteem, shame, guilt, and can postpone seeking help.

Objectives: To examine perceived stigma and self-stigma of people treated for psychotic disorders.

Methods: We will include male and female patients older than 18 years of age, diagnosed with psychotic disorders, treated as outpatients. Assessment will include sociodemographic data, Internalized Stigma of Mental Illness Inventory – 9-item Version (ISMI-9) * to measure internalized stigma of mental illness, The perceived devaluation-discrimination (PDD) scale to measure perceived stigma, the World Health Organisation Quality of Life-BREF (WHOQOL-BREF) questionnaire, and Clinical Global Impression Scale (CGI).

Results: We will analyse differences in ISMI and PDD scales in patients treated for psychotic disorders.

Conclusions: Understanding self-stigma and societal stigma associated with mental health is crucial in creating programs aimed at well-being of persons treated for psychotic disorders.

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EPV0912

Differential diagnosis in chronic psychosis: a case report

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Introduction: A colombian woman aged 62, with previous diagnosis of paranoid schizophrenia. She retired from working 2 years ago, when she started taking care of her sick husband full-time.

Objectives: To describe a chronic psychosis case and discuss the treatment options and differential diagnosis.

Methods: We used the face-to-face interviews during her last hospitalization and her electronic medical history.

We also made a brief research about the effectiveness of risperidone depot in Pubmed.

Results: Psychiatric history

She's had 3 hospitalizations, all of them coincided with stressful vital situations. The first one occurred when she was dealing with a job issue. In the second one she was having an economic conflict with her husband. And the third one has coincided with worries about her retirement pension and her caregiver burden.

Current episode

She came to my hospital emergency department distressed because she thought her husband and her were victims of an international drug trafficking plot. She said a colombian drug cartel had sent 9 prostitutes to her village in order to steal from them, by pretending they were cleaning assistants, as a reprisal against her husband, who used to be a military in Colombia. She explained the nature of

this event with great details. Also, she said the electric company was involved and they had tried to intoxicate her.

The psychopathological exploration was altered with a correct speech in its form but incoherent in its content. She presented a highly structured delusional plot of prosecution. No major affective disorders were detected. She suffered from reactive insomnia and anxiety.

Evolution

At first, it was torpid, she felt perspicacious and angry about the admission. Later, as the antipsychotic started to work, the symptoms improved and she became calm and collaborative. She has never criticized the delusion plot, but it was encapsulated, and the affective resonance disappeared.

We tried oral aripiprazole and paliperidone but retired both due to bad tolerance. Then we tried risperidone, with good tolerance and response, and started her current monthly treatment with Risperidone 100 mg depot.

After one year, she has kept stable with no relapses and good adherence to the treatment.

Differential diagnosis

The patient meets every diagnostic criteria of Delusional disorder (F22), as she has never experienced hallucinations and the functionality has not significantly decreased through the years. Also, she doesn't meet the second criteria for Schizophrenia (F20).

Conclusions: It is important to explore the evolution of a psychotic disorder in order to differentiate between a schizophrenia and a delusional disorder, as the prognosis differs significantly.

Using Risperidone monthly depot can be a good option for treating a psychotic disorder (Sampson et al. Cochrane Database Syst Rev 2016. 14;4(4)).

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EPV0913

Initiation of Paliperidone palmitate 3-monthly injectable in an acute inpatient psychiatric unit

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Introduction: The treatment of patients with severe psychotic disorders presents significant clinical challenges, and the choice of appropriate therapy is essential to ensure long-term stability¹. In this context, long-acting injectable antipsychotics (LAIs) have emerged as a promising therapeutic option. LAIs were developed to counteract poor treatment adherence in patients with psychotic disorders².

Paliperidone palmitate 3-monthly injectable (PP3M) is a novel formulation of intramuscular injectable paliperidone palmitate with a significantly longer half-life than the once-monthly formulation.

PP3M has shown a longer time to relapse and good safety and tolerability in many studies³.

Objectives: The aim of this work was to describe the profile of patients initiating PP3M in an acute inpatient psychiatric unit.

Methods: A descriptive study was conducted on patients admitted to the acute psychiatric unit from January 2021 to December 2022. The sample included 23 inpatients who initiated PP3M during the admission. Data were collected regarding age, gender, diagnosis, substance abuse, previous antipsychotic treatment, antipsychotic treatment adherence and adverse effects during the admission.

Results: 23 patients sample, with an average age of 44.04 years-old, 16 male and 7 female, diagnosed with psychotic disorder (22) and schizoaffective disorder (1). Out of the 23 patients, 7 had active substance abuse upon admission.

Out of the total sample, 9 of them were prescribed LAIs, with 6 on PP1M (Paliperidone palmitate 1-monthly injectable), 2 on PP3M, and 1 on aripiprazole long-acting injection. Twelve were prescribed oral antipsychotics, including 4 on paliperidone, 4 on risperidone, 1 on aripiprazole, 1 on olanzapine, and 2 on other oral antipsychotics. Two patients did not have a previous antipsychotic prescription.

Among the 23 patients, 17 of them did not have previous antipsychotic treatment adherence.

5 out of the 23 patients experienced adverse effects, with 3 of them having extrapyramidal symptoms and 2 hyperprolactinemia. Upon discharge, 11 out of the 23 patients were prescribed antipsychotic monotherapy with PP3M.

Conclusions: In this sample, we observed that inpatients who initiated PP3M in an acute psychiatric unit were males, with psychotic disorders, lacked adherence to previous antipsychotic treatment. Most of them did not experience adverse effects with PP3M during admission.

More research should be done to assess the use of PP3M in an acute inpatient psychiatric unit.

REFERENCES

- Morris MT, Tarpada SP. Psychopharmacol Bull. 2017 May 15;47(2):42-52.
- Brasso, C., Bellino, S., Bozzatello, P., Montemagni, C., & Rocca, P. (2017). Neuropsychiatric Disease and Treatment,
- Edinoff AN, Doppalapudi PK, Orellana C, Ochoa C, Patti S, Ghaffar Y, Cornett EM, Kaye AJ, Viswanath O, Urits I, Kaye AM, Kaye AD. Front Psychiatry. 2021.

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EPV0914

Achieving functional remission in schizophrenia: a pilot study

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Introduction: Many patients with schizophrenia are unable to achieve adequate levels of psychosocial functioning and quality of life despite of the remission of illness symptoms. According to previous reports, only one-third of patients with symptomatic