

## EV1311

**Long-acting injectable aripiprazole. Clinical experience in a case series**

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**Introduction** The use of long-acting injectable antipsychotics is useful in patients with low therapeutic compliance.

**Objective** To present the demographic and clinical data of a case series in which long-acting injectable aripiprazole has been prescribed in an ambulatory Mental Health Center.

**Methods** Systematic review of the related literature and clinical history of patients in which long-acting injectable aripiprazole had been prescribed from January to March 2015 in a Mental Health Center.

**Results** We found 10 patients, whose diagnosis were schizophrenia (4), non-specified psychosis (2), personality disorder (1), bipolar disorder (1), schizoaffective disorder (2), of whom 7 were men and 3 women, with a mean age of 43.8 years old. The mean of years since diagnosis was 15.1 years. In 7 patients, we found concomitant treatment with another antipsychotic agent (low dose quetiapine in all of them); antidepressants in 1 patient, benzodiazepines in 6; mood stabiliser in 5 and biperidone in 1. In relation to previous antipsychotic drugs, we found: aripiprazole 15 mg/day oral (4); long-acting injectable paliperidone 150 mg/28 days (2) paliperidone 6 mg/day oral (1); combination of paliperidone 6 mg/day oral plus olanzapine 5 mg/day oral (1). Only 4 patients had used long-acting injectable drugs previously in their lifetime. The reason of having initiated treatment with long-acting injectable aripiprazole was sexual disturbance (3); lack of compliance (4); clinical instability (2) and motor side effects (1).

**Conclusions** In our series, we can observe a chronic patient profile, predominantly men with diagnosis of psychotic spectrum.

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

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## EV1312

**Uncommon effects of clozapine**

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**Introduction** Clozapine is the first option for treatment-resistant schizophrenia, affecting about 20–30% of all patients. Weight gain, sedation, hypotension and hypersalivation are common and well-known adverse effects associated with clozapine. However, it is also important to be aware of uncommon adverse effects, like parotitis.

**Objective** We report a case of clozapine-induced parotitis.

**Methods** Literature was accessed through Pubmed, using the search terms parotitis and clozapine.

**Results** A 36-year-old male with paranoid schizophrenia, whose psychotic symptoms have responded only slightly to two antipsychotic trial, with both haloperidol and olanzapine. Therefore, he began treatment with clozapine with the dose titrated to 400 mg/day. At first, the only registered adverse effect was hypersalivation. Eventually, after 3 months of treatment, he developed a unilateral swelling of the left parotid gland. Bacterial and viral parotitis were ruled out and the diagnosis of clozapine-induced parotitis was evoked. Patient scored 5 in the Parotitis-Specific Criteria Modified Naranjo Probability Scale. Symptomatic medication was initiated with paracetamol and a non-steroidal anti-inflammatory with a favorable outcome.

**Conclusion** There are few reports of clozapine-induced parotitis, a very rare and poorly known adverse effect with an unknown pathophysiology. Early recognition and proper management are essential to reduce morbidity associated with the treatment. There is no consensus how to manage these adverse effect, however, generally it is not necessary to discontinue the treatment.

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## EV1313

**Development and psychometric testing of a Scale for Evaluating Self-management Needs of Knee Osteoarthritis (SMNKO) in Taiwan**

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**Introduction** Knee OA is a chronic and multifactorial disease; self-management needs are complex, which requires a multi-dimensional management plan. There is a need for healthcare providers to provide patients with knowledge of knee OA and how to effectively manage the disease.

**Objective** Self-management-needs scales are one means of determining the management requirements of an individual patient. There is no suitable instrument available for assessing self-management needs of adult patients with knee OA in Taiwan. This study developed an instrument that could assess the self-management needs of knee OA patients using Orem's self-care theory as a theoretical framework.

**Aims** This study developed and psychometrically tested a new instrument for measuring adult patients' self-management needs of knee OA (SMNKO).

**Methods** Development of the instrument involved three phases: item generation and scale development; content and face validity of the initial instrument; and evaluation of validity and reliability of the new instrument. Participants ( $n = 372$ ) were purposively sampled from orthopaedic clinics at medical centres in Taiwan.

**Results** The self-care theory guided the development of the 35-item SMNKO scale. The content validity index was 0.83. Principal components analysis identified a 3-factor solution, accounting for 53.19% of the variance. The divergent validity was  $-0.67$ ; convergent validity was  $-0.51$ . Cronbach's  $\alpha$  was 0.95, Pearson correlation coefficient was 0.88, and the intraclass correlation coefficient was 0.95.

**Conclusions** The SMNKO scale can measure and identify the individual self-management needs of knee OA patients. It will help healthcare providers better evaluate strategies that can help these patients cope with this chronic disease.

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

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## EV1314

**Some side effects of antipsychotics**

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