EPP0644

Predictors of transition from paliperidone palmitate 1 and 3 months (PP1M & PPP3M) to paliperidone palmitate 6 months (PP6M)

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doi: 10.1192/j.eurpsy.2023.942

Introduction: Schizophrenia is a severe, chronic, mental disease. Its stability relies upon a multidisciplinary treatment, where pharmacological treatment is a key aspect. Long-acting injectable antipsychotics (LAIs) have proved efficacy in improving adherence, reducing hospitalizations and relapses, compared with oral treatment[1,2]. Paliperidone palmitate is a long-acting antipsychotic, approved by FDA in 2009 for acute and chronic treatment in schizophrenia. To date, long evidence exists regarding treatment efficacy of paliperidone palmitate 1 month (PP1M) and paliperidone palmitate 3 month (PP3M)[3]. In September 2021 a new long-acting medication was approved for schizophrenia treatment, that is, paliperidone palmitate 6 months (PP6M). This is the first LAI with 6 months duration of treatment, which means, only 2 administrations per year.
We here analyzed the factors explaining transitioning from PP1M and PP3M to PP6M treatment in a population previously described somewhere else[4].
Objectives: To identify the variables explaining the transition from other long-acting formulations (PP1M and PP3M) to the new biannual formulation (PP6M) in our clinical practice.
Methods: 123 patients, previously diagnosed with psychotic disorders, in follow-up in our clinical center Fundación Jiménez Díaz Hospital, was analyzed. Sociodemographic factors and clinical evolution were compared in order to identify factors predicting transitioning from PP1M and PP3M to PP6M.
Results: In the PP1M group, patients transitioning to PP6M had more than 6 years of evolution of disease ans active consummation of drugs, compared with patients who stayed on PP1M. Other sociodemographic were similar in both groups. Only 1 patient was readmitted in hospital since transition to PP6M and no emergency visits were accounted for people transitioned.
In the PP3M group, the majority of people transitioning to PP6M were under polypharmacy of which, 42% were on clozapine treatment. The percentage of people with schizophrenia diagnosis was significantly less than in the no transitioning group, though it remained the principal diagnosis. No other significant difference was found with regard to sociodemographic variables. Additionally, no emergency visits nor readmissions to hospital were accounted in this group.
Finally, the PP3M transitioned to PP6M significantly more than PP1M group. Although no clear variable explained this situation.
Conclusions: With these results, we conclude that chronicity and drugs consummation were the main variables explaining transitioning from PP1M to PP6M. In the other hand, the main variable explaining transitioning from PP3M to PP6M was polypharmacy. These results are preliminary and, therefore, should be taken cautiously. We will probably dilucidated future tendency in these treatment use in the upcoming months.

Disclosure of Interest: None Declared

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EPP0645

Clozapine in first episode psychosis – the experience of a Portuguese center

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doi: 10.1192/j.eurpsy.2023.943

Introduction: Antipsychotics are the standard in the treatment of first psychotic episodes. Although the majority of patients respond to the established treatment, it is currently known that there is a subgroup of patients whose response is not satisfactory. In this group, the subsequent response to a new antipsychotic is generally poor. Clozapine is an antipsychotic with a unique profile, with demonstrated efficacy and approval in the treatment of treatment-resistant schizophrenia. Its role in the first psychotic episodes remains unclear and its use is, to say the least, controversial.
Objectives: This work aims to analyze and evaluate the use of clozapine in patients with a first psychotic episode, taking into account the experience of a Portuguese Hospital Center.
Methods: We carried out a retrospective study, including all patients admitted to the inpatient clinic of adults with a first psychotic episode, in the Department of Psychiatry of Centro Hospitalar Universitário of São João, in Oporto, between 2007 and 2020. Clinical and socio-demographic data were collected. We performed a retrospective analysis of patients who, at discharge, were medicated with clozapine, proceeding to a descriptive analysis.
Results: In this case series, we intended to describe the cases of patients in whom the use of clozapine in the first psychotic episode was initiated. All patients were discharged with the diagnosis of Schizophrenia. Prior to the introduction of clozapine, patients were treated with other antipsychotics, normally two. Patients taking clozapine were younger and had a longer duration of untreated psychosis. They had also longer length of hospital stay. The pattern of prescribing antipsychotics in the first and subsequent episodes has generally been extensively studied. However, the use of clozapine in the first episodes remains unclear.In the literature, and despite clozapine being considered one of the most effective antipsychotics, there is a high prevalence of polypharmacy and a significant delay in its use in the first episodes.Notwithstanding the unfavorable metabolic and hematological profile of clozapine, compared to other antipsychotics, in terms of hospitalization, mortality and discontinuation rates for all causes, it demonstrates a pattern of superiority.
Conclusions: The superiority in effectiveness of clozapine is well established, despite its underutilization and frequent delay in its introduction.The clinicians attitude remains a significant barrier to the commencement of clozapine, although it is important to define and characterize better potential groups of eligible patients. Education resources for clinicians as well as services specifically dedicated to early identification and management of eligible patients would be beneficial.

Disclosure of Interest: None Declared