assessment: structural clinical interview–SCID, ICD–10; Hamilton anxiety rating scale–HAM-A, and the self-report scale for assessment of anxiety–state-trait anxiety inventory–STAI-Form Y. The testing using these instruments was conducted four weeks after the start of the treatment, then after eight weeks, after 12, 24 and 48 weeks, i.e. at the end of the treatment. The patients in the study group received 150–300 mg of trazodone per day, starting at the week 6 of interferon treatment.
Results The research showed that in the beginning of the interferon treatment approximately one quarter of the patients exhibited symptoms of anxiety in both groups. The administration of trazodone showed beneficial effects in reduction of anxiety induced by the treatment with pegylated interferon.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1086

Effectiveness of long-acting aripiprazole in schizoaffective disorders: A naturalistic longitudinal study

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Introduction Intramuscular paliperidone palmitate (PP) is a long-acting, atypical anti-psychotic for once monthly intramuscular (IM) administration in the treatment of patients with schizophrenia.
Objective To study the effectiveness (efficacy and quality of life) of ARP in the maintenance treatment of schizoaffective disorder.
Methods A non-randomized, prospective naturalistic study was performed in out-patients with schizoaffective disorder unsuccessfully treated with oral anti-psychotics. Efficacy of ARP over time was evaluated by using brief psychiatric rating scale (BPRS 24-items), quality of life was evaluated by using QL-Index, both at T0 and at most recent visit (T1). Data were analyzed with Student's *t*-tests and Pearson correlations (α value, two tailed). Paired *t*-test was applied for BPRS and for Ql-Index total scores (T0–T1).
Results Data were available for 8 outpatients consecutively prescribed ARP and naturalistically treated attending at the psychiatric clinic, university of Sassari. Mean time on ARP treatment was 207.14 days (sd 137.2). BPRS mean total score at T0 was 57 (sd 13.2) and at T1 was 39.7 (sd 10.8). QL-Index mean total score was at T0 5.43 (sd 1.6) and at T1 7.14 (sd 2.7). Paired sample test showed a statistically significant difference in decreasing symptoms at BPRS over time ($P = 0.001$) and QL-Index total score ($P = 0.023$). The analyses showed a significant improving at the following BPRS subitems: anxiety ($P = 0.005$), mood elevation ($P = 0.014$) conceptual disorganization ($P = 0.048$), emotional withdrawal ($P = 0.05$), tension ($P = 0.02$) and distractibility ($P = 0.03$).
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Successful treatment of OCD-bipolar co-morbidity with clozapine – aripiprazole combination

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Introduction Co-morbid obsessive-compulsive disorder (OCD) in bipolar disorder (BD) negatively affects clinical course and outcome, and considerably complicates its treatment.
Objective To show a therapeutic approach still rarely used in case of resistant bipolar disorder associated with OCD.
Methods Presentation of the clinical case of Mr. M.H., who is treated in our department since 2008 for OCD-bipolar co-morbidity, followed by a literature review.
Results Mr. M.H. is a 29-year-old male patient. He developed BD associated to OCD at age 20. In order to control bipolar symptoms, the patient received several trials of anti-psychotics combined with mood stabilizers with little improvement. Resistant BD was diagnosed, and clozapine 300 mg daily introduced, leading to significant improvement in bipolar symptoms but worsening in OC symptoms. Treatment of OCD with fluoxetine and with cognitive-behavioral therapy (CBT) was unsuccessful. Introduction of aripiprazole 20 mg daily led to decided improvement of OC-symptoms. After one year, clozapine was gradually tapered down to 150 mg daily without reappearance of bipolar symptoms but further improvement of OC-symptoms.
Conclusion Treatment of OCD-bipolar co-morbidity is difficult given the risk of manic switch with antidepressants and the risk of benzodiazepine dependence. CBT could represent an alternative, however, it did not show any efficacy in our patient. Worsening of OCD under clozapine is described in the literature. Adjunction of aripiprazole to clozapine seems an interesting therapeutic option: it diminishes OC symptoms without destabilizing the patient's mood state.
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Interactions between SSRI's and statins: Clinical relevance versus statistical significance

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Introduction Depression and hypercholesterolemia are two of the most commonly treated conditions in the developed countries, while the lipid–lowering agents and antidepressants are among the most widely prescribed drugs in the world. There is a common concern that selective serotonin reuptake inhibitors (SSRIs) can trigger statin adverse effects, especially myopathy. However, the supporting evidence originates from studies in-vitro and big epidemiological studies. Recent pharmacokinetic insights indicate that the magnitude of pharmacokinetic interaction between SSRIs and statins is likely to be below the threshold for clinical significance.
Objectives and aims Explorative study on pharmacokinetic effects of SSRIs on statin drugs.
Methods We performed a detailed literature review through PubMed, EMBASE and Cochran's Library to assess the clinical relevance of combined SSRIs and statin use. To address pharmacokinetic interactions between two drug groups, we focused on:
– cytochrome P450 enzyme metabolism of statins;
– CYP enzyme inhibition by SSRIs;
– SSRIs–statin drug interactions;
– non-CYP pharmacokinetic pathways.
Results With regard to pharmacokinetic drug interactions and the risk of statin related myopathy, escitalopram, citalopram, and paroxetine are to be safe in co-therapy with all statins. Rosuvastatin and pravastatin are almost certain to be safe in co-therapy with all