

use 17 to 22 ( $P < 0.001$ ) with maximal difference between groups at age 20.

**Conclusions** Later onset of use is associated with reduced cannabis experiences till the early 1920s. This may have public health implications.

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

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### EV1315

#### Restraint or not restraint. Involuntary transport from home of schizophrenic patients

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**Introduction** Although physical restraint (PR) is a non-rarely practice on psychiatry there are few studies that focus the attention on the risk factors for this intervention. PR is a legitimacy practice when is needed and well applied but is not free from side effects. Knowing risk factors might be useful to improve the application of PR.

**Objectives** Study the risk factors involved with the use of PR at patient's home in individuals with schizophrenia before the involuntary transport (IT) to a psychiatric facility.

**Methods** Is a descriptive and observational study of 267 psychotic patients that were assisted by a psychiatric home care unit (EMSE) in Barcelona during their IT. The sample was divided in two groups, depending on the need of PR. Socio-demographic data were collected as well as positive and negative syndrome scale (PANSS), WHO disability assessment schedule (WHO/DAS), global assessment of functioning scale (GAF), Scale to assess unawareness of mental disorder (SUMD). Aggressiveness was assessed by PANSS-EC consisting of 5 items: excitement, tension, hostility, uncooperativeness and poor impulse.

**Results** From the 267 psychotic patients 109 required PR. 154 were male and the average of age was 47. The results were significant in the PR group versus no PR for PANSS-EC ( $P = 0.000$ ), as well as WHO/DAS ( $P = 0.017$ ), GAF ( $P = 0.042$ ), Positive PANSS ( $P = 0.000$ ), age ( $P = 0.001$ ) and substance use ( $P = 0.012$ ). Were no significant for gender, insight or Negative PANSS.

**Conclusions** Aggressiveness and violence were the most important PR related factors followed by positive symptoms, age, substance use and global functioning.

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

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### EV1316

#### Effectiveness in controlling symptoms with long-acting injectable aripiprazole

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**Introduction** Depot antipsychotic treatment has been a radical change in the evolution and prognosis of patients with schizophrenia. Long-acting injectable aripiprazole is an antipsychotic dopamine partial agonist. It has a good tolerance in terms of metabolism and prolactine level.

**Objetives** Studying the causes of readmission at the acute unit of Marqués de Valdecilla university hospital (HUMV) in patients treated with Long-acting injectable aripiprazole LAI 400 mg.

**Methodology** This is a descriptive study which pretends to assess the causes of readmission in a sample of 30 patients (12 women, 18 men) with non-affective psychosis, which had entered the acute unit of HUMV from 1st January to 30th September 2016 because of psychotic decompensations and had been treated with long-acting injectable aripiprazole 400 mg.

**Results** Out of the 30 patients there were five readmissions during the observation time. Two of them for psychotic decompensation, two because of premature abandonments, with oral aripiprazole supplementation and the last one because of desertion of injectable drug. No gender differences were observed.

**Conclusions** It is necessary 15 days of oral supplementation before and after the first dose of long-acting injectable aripiprazole to ensure that adequate therapeutic levels are achieved and to avoid readmissions by misuse of the drug. One of the limitations encountered in this work would be the small sample size and limited observation time. A longer-term research may allow to find more scientific evidence to clarify the clinical safety and efficacy of long-acting injectable aripiprazole in patients with non-affective psychosis.

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### EV1317

#### Psychotic disorder of organic etiology, in the context of sarcoidosis. A case report

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**Introduction** Neurosarcoidosis is an uncommon cause of psychosis. It courses with an affectation of the brain, the spinal cord and other areas of the nervous system. It associates both neurological and psychiatric symptoms: cranial mononeuropathy, myelopathy or radiculopathy meningitis, neuroendocrine dysfunction, dementia, delusions, hallucinations.

**Objectives** To review in Pub-Med about neuropsychiatric manifestations of neurosarcoidosis.

**Methods** We describe the case of 60-year-old woman diagnosed with long evolution schizoaffective disorder with a recent decompensation in the context of a stressful situation. As somatic background to highlight: cognitive impairment (encephalic bilateral and symmetrical frontal atrophy in cranial magnetic resonance) and a probable sarcoidosis with hilar and mediastinal lymph nodes without histologic confirmation. She was hospitalized at the acute care unit because of a descompensation of her schizoaffective disorder. The patient was distressed, with delirious speech, sensoriperceptive hallucinations, hypothyria and weight loss.

**Results** Firstly we evaluate the lack of clinical improvement with an anti-psychotic drug in previous hospitalizations. For that reason, we thought in organic mental disorder as an alternative diagno-