EV1016

Antipsychotic medications and cardiometabolic risk – A review of current literature

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In the USA, 68% of adults and 31% of children are overweight or obese. Obesity doubles mortality rates and has significant associated medical costs with an average obese person spending $1500 or more per year. In addition, 10% of all adults and 23% of adults over 60 years have type 2 diabetes, with an average person spending $2257 or more per year. In 2009, 1 out of every 10 healthcare dollars was spent on type 2 diabetes, totalling $174 billion. People with serious and persistent mental illness die on average 25 years earlier than the general population. Cardiovascular disease is the primary cause of death in persons with mental illness and accounts for 60% of the increased mortality. Furthermore, 46.24% of individuals with cardiometabolic risk factors who are also on antipsychotic medications take high- to moderate-risk antipsychotics. The cluster of cardiometabolic syndrome includes: type 2 diabetes, hypertension, dyslipidemia, obesity and pre-existing cardiovascular disease. There are, however, modifiable risk factors including smoking cessation, diet change, physical activity, medical care and choice of antipsychotic medication (on which the physician has direct control). More information is therefore needed on various antipsychotic medications and their associated cardiometabolic risk factors in order to educate physicians. In this review article, we examined 10 articles on antipsychotic medications, and their effect on the 5 domains, including type 2 diabetes, hypertension, dyslipidemia, obesity and pre-existing cardiovascular disease. Overall, there was a clear trend, which found a significant difference in the associated risk factors amongst various antipsychotic medications.

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EV1017

Clinical predictors of clozapine response

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Introduction Schizophrenia is a chronic, severe, and disabling mental disorder. An evaluation of clinical predictors to clozapine was described.

Object Identify clinical predicting factors to clozapine.

Methods This is a cross-sectional study including patients diagnosed with schizophrenia or schizoaffective disorder according to the DSM 5 criteria and treated with clozapine.

Results Of the 33 patients, 78.8% were males and 69.7% of them were single. The mean age was 36 years old. The mean age at the onset of the disorder was 24 years old. The mean number of hospitalizations was 6. The beginning of the mental disorder was acute in 21.2% of the cases. The mean duration of the disease course before starting clozapine treatment was 11 years. The mean duration of treatment was 19 months. The diagnosis according to DSM 5 criteria was schizophrenia in 87.9 and schizoaffective disorder in 12.1% of cases. The outcome was assessed by PANSS and BPRS scales with a symptomatic remission in 63.63% of cases. The analytical study revealed a significant correlation between favorable evolution and the latest onset of the disorder ($P = 0.04$), the number of previous hospitalizations ($P = 0.009$), disorder's duration ($P = 0.032$), male sex ($P = 0.0004$) and secondary resistance ($P < 10-3$).

Conclusion The evaluation of clinical factors is important in our practice in order to improve the response to clozapine. Otherwise, adherence to treatment and quality of insight are determining factors of the treatment response.

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EV1018

Paliperidone palmitate versus other antipsychotics

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The aim of the study was to describe the psychopharmacological treatments received by inpatients diagnosed with spectrum disorders schizophrenia and other psychotic disorders in Dr. Rodriguez Lafora Hospital. It is an observational, descriptive and retrospective study. We collected information about patients aged 18 to 64 who were hospitalized during the month of January of 2015 in the acute psychiatric hospitalization by Selene software. We reviewed treatments and number of psychiatric re-hospitalization six months later and we analyzed the results by SPSS software. From a sample of 51 inpatients, 15 of them were diagnosed with disorders of the spectrum of schizophrenia and other psychotic disorders. Of the patients, 13.3% was treated with haloperidol, 26.7% with olanzapine, 26.7% with risperidone although it was modified by paliperidone in mental health center, 6.7% with quetiapine, 6.7% with amisulpride, 13.3% with oral paliperidone and 13.3% patients with intramuscular paliperidone. Of these, 40% are readmitted to hospital. Patients were readmitted due to ineffectiveness and adverse effects of haloperidol, olanzapine, risperidone. 73.3% of inpatients were treated with monotherapy. Of the patients, 26.7% were treated with polytherapy, who received olanzapine, risperidone and amisulpride. It would be important to use psychoactive substances that allow monotherapy to reduce adverse effects and psychiatric re-hospitalization.

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EV1020

New models for research and development in the treatment of mental illness

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The pharmaceutical industry's investments in research and development of novel treatments for mental illness have heavily declined in the past decade. Major private investments are, by most experts, seen as necessary to develop new treatments. However, psychiatry is not the only area overlooked by the industry. For decades infectious diseases have also lacked investments in research and development.

Aims The aims of this study were to investigate the new models of research and development in infectious diseases that emerged after the pharmaceutical industry ceased their investments and to model how these can be used in psychiatry.

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Method A systematic review. We searched PubMed, EMBASE and Web of Science for the keywords "infectious diseases", "research and development" and "pharmaceutical industry".
Preliminary results The searches gave a total of 248 references. Among the findings, we want to highlight the Drugs for Neglected Diseases initiative (DNDi) and the WHO Research and Development Treaty (R&D Treaty). DNDi is a non-profit organization that has developed six new drugs since 2003. The development costs were €150 millions per drug, which is considerably below the costs for drug development claimed by the pharmaceutical industry. The R&D Treaty will commit member states of the WHO to fund development for neglected health needs using alternative incentives like milestone prizes, patent pools and direct grants. The treaty has not yet been agreed upon.
Conclusions Though a low priority from the pharmaceutical industry, other funding models have proven able to deliver new treatments. This could also lead to more development of non-patentable treatments, e.g. psychotherapy.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1021

Clinical and socio-demographic characteristics of a sample of outpatients with long-acting injectable antipsychotic treatment

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Introduction There are relatively few studies of Long-acting injectable antipsychotics (LAI), although poor adherence to treatment is one of the main problems in patients with psychotic disorders.
Objectives The aim of the study is to describe socio-demographic and clinical characteristics of a sample of outpatients with LAI treatment.
Methods This is a cross-sectional study. A randomized sampling was performed among the outpatients that were receiving LAI in an outpatient clinic in Barcelona (Spain). For each patient, socio-demographic, clinical and pharmacotherapeutic data were collected through interviews and clinical history.
Results The sample consisted of 30 subjects (50% men, average age 48 years). Most of the patients in the sample have basic education (50%) and are unemployed, receiving permanent disability pension (39.3%). In addition, 44.8% of the subjects were living with family members and were not married (56.7%). Of the patients, 70% were diagnosed with schizophrenia, 13.3% schizoaffective, 10% bipolar and 6.7% delusional disorder. The main reason to initiate LAI treatment was due to non-compliance of the prescribed oral treatment (85.7%). The 40% of patients were also with oral antipsychotic treatment. Average punctuation in the 3 first items of the Scale to Assess Unawareness of Mental Disorder: 11. Average punctuation in the short version of the Simpson-Angus Scale: 1.68.
Conclusions In our sample, the outpatients with LAI treatment had a low functioning and disease awareness. Although the main reason to start LAI is the non-compliance, 40% of the patients were concurrently treated with oral antipsychotics. The extrapyramidal side effects are mild.
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EV1023

Aripiprazole is effective for the improvement of psychotic symptoms in patients with dementia with lewy bodies

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Objective Dementia with lewy bodies (DLB) is commonly considered the second most common form of dementia. The purpose of this study is to investigate the treatment effects of aripiprazole in patients with DLB.
Methods Eleven patients who had meet the criteria for DLB participated in this study. The presence of psychotic symptoms was confirmed by scores of either the delusions or hallucinations items of the Neuropsychiatric Inventory (NPI) score. Patients who had 25 or more on the Mini-mental State Examination Scale (MMSE) at the entry or having brain damage were excluded. Aripiprazole was initiated at a low dose (3 or 6 mg/day) and titrated to higher doses at 2-weeks intervals or more rapidly based on investigator's judgment. Previous medications prior to aripiprazole administration were not changed through this trial. Patient's clinical status was assessed at baseline, then 2 weeks during the study by using NPI, Clinical Global Impression (CGI) and Brief Psychiatric Rating Scale (BPRS) to measure psychotic behavioral symptoms, and Simpson-Angus Scale (SAS) to measure parkinsonism symptoms. Clinical Dementia Rating (CDR) and MMSE were carried out at screening and end point to evaluate cognitive function.
Results The mean scores of the SAS and CDR were significantly decreased at the study endpoint compared to baseline. The mean scores of the NPI and BPRS improved up until 4 weeks after having started aripiprazole. After 4 weeks, improvements slowed. The mean score of the CGI-S was decreased up until 8 weeks.
Conclusion This study shows that aripiprazole may be effective for the treatment of psychotic symptoms in patients with DLB.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1024

Tropicamide eye drops reduce clozapine-induced hypersalivation: A case report

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Introduction Clozapine-induced sialorrhea (CIS) is a common, treatment-limiting and stigmatizing side effect. All systemic agents that are used for hypersalivation may increase clozapine side effects such as blood pressure changes, constipation, or arrythmias. Oral application of topical anti-muscarinic agents may be a low side effect option for treatment of CIS.
Objective The aim of this case report was to propose an off-label treatment of tropicamide drops to CIS and to stimulate further investigation.
Case report A 33-year-old male inpatient with schizophrenia has been on clozapine 800 mg and amisulpride 600 mg/day. His drooling was occasional and severe as drool drips off his chin during the day and night. Wet area over the pillow, visual analog scale (VAS), the short form of health survey (SF-36), UKU side effect rating scale, scale for the assessment of negative symptoms (SANS), scale for the assessment of positive symptoms (SAPS) were applied at baseline and in one-week intervals. Oral application of one drop of tropicamide % 0.5 (5 mg/mL) to left and one drop to right side