

included. All study data were extracted from the patients' medical files of the psychiatric dispensary in the prison Dob. DDIs were determined by different interaction classes with Lexicomp Online™ 19.0 version and only X (major interactions and should be avoided) and D (minor interactions and avoid if it is possible) were included.

Results Together 220 patients were included. Number of patients with at least 1 interaction, were 139 (63.2%). Number of patients with at least 1 X interaction, were 59 (26.8%). Number of patients with more than one (1) X interactions was 15 (6.8%). More than half of the patients (56.4%) were treated by hypnotics and 38.4% with benzodiazepines. The most frequent X DDIs were: buprenorphine, methadone and sulpride with antipsychotics (clozapine and quetiapine) and antidepressants (e.g. escitalopram, fluoxetine).

Conclusions In patients treated with methadone and buprenorphine there are frequent DDIs resulting in contraindications for prescribed combination of drugs. If an antidepressant is to be used in patients prescribed methadone and buprenorphine, sertraline is recommended.

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EV1101

Changes in the trend of anti-psychotics prescription in elderly patients in a general hospital in Singapore 2005–2013

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Objectives This was a descriptive study of the prescription trend of anti-psychotics for elderly patients in a general hospital in Singapore.

Methods Elderly patients aged >65 who received at least 1 prescription of anti-psychotics during 2005, 2007, 2009, 2011 and 2013 in Tan Tock Seng Hospital, Singapore, were selected. Data was obtained from the hospital computerized prescription records.

Results The total number of elderly patients who received anti-psychotics increased from 865 in 2005 to 1990 in 2013. Following the official warning issued by the health sciences authority in 2004 regarding the increased risks of cerebrovascular events in elderly patients taking olanzapine and risperidone, prescriptions for risperidone reduced between 2005 to 2013 (20.74% vs. 11.79%, 95% CI: 0.07–0.10, $P < 0.0001$). However, the percentage of prescriptions of other atypical anti-psychotics such as quetiapine increased from 27.47% to 58.48% (95% CI: 0.29–0.33, $P < 0.0001$), in 2005 and 2013 respectively, and prescriptions for olanzapine remained relatively stable at 6.65% in 2005 and 8.94% in 2013 ($P > 0.05$). With the black box warnings extended to typical anti-psychotics 3 years later, the percentage of prescriptions of typical anti-psychotics decreased between 2005 to 2013, e.g. haloperidol (33.19% vs. 13.39%, 95% CI: 0.17–0.22; $P < 0.0001$), sulpiride (6.58% vs. 2.83%, 95% CI: 0.03–0.05, $P < 0.0001$) and chlorpromazine (3.85% vs. 1.85%, 95% CI: 0.01–0.03, $P < 0.0001$).

Conclusions After the first safety warning the percentage of prescriptions for risperidone dropped significantly, and there was a significant increase for quetiapine. The percentage of haloperidol, sulpiride and chlorpromazine prescriptions declined after both warnings. Anti-psychotics use in the elderly continues to be prevalent.

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

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EV1102

Psychiatrists' opinions on long-acting anti-psychotics drugs: Perceived differences and identification of the ideal patient for each of these medications

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Introduction Long-acting anti-psychotic drugs (LAI) are increasingly used in clinical practice, owing to their ability to improve adherence.

Objectives and aims To understand the variables that inform treatment choice, within the LAI anti-psychotics, in the daily clinical practice.

Methods Fifteen attending psychiatrists from the university clinic of Siena and the community mental health service USL 7 Siena and Val d'Elsa were asked to answer a questionnaire comprising 4 questions, and asking for their clinical experience regarding olanzapine, risperidone, haloperidol, zuclopentixol, paliperidone and aripiprazole LAIs.

In particular, they were asked to indicate:

- which LAI has been their mostly used;
- what have been the most relevant side effects;
- an efficacy score ranging from 0 to 5;
- who the ideal patient for each of these medications could be.

The answers were statistically assessed and the final results described as a percentage of the total.

Results The results are shown by the Tables 1 and 2.

Conclusions LAI are still heterogeneously used in the daily clinical practice: their actual use depends on the individual experience with a specific drug as well as on their costs and the availability of resources within the medical service. The most used LAI resulted to be risperidone, although haloperidol LAI is still considered to be the most effective one. Those psychiatrists interviewed had an overall good opinion about the most recent LAI such as paliperidone and aripiprazole. This is due to their good tolerability, which allows them to be administered more safely to the youngest, in order to preserve their good functioning.

Table 1

LAI	% of psychiatrists who said it is the most used	Most relevant side effects	Efficacy score
Olanzapine		Metabolic syndrome (100%)	3,85/5
Risperidone	53,3%	Prolactin increase (100%)	3,93/5
Aripiprazole	20%	<ul style="list-style-type: none"> • no side effects (60%), • akathisia (40%) 	3,26/5
Zuclopentixol		<ul style="list-style-type: none"> • sedation (60%), • extrapyramidal (40%) 	3,4/5
Haloperidol		EPS (100%)	4,13/5
Paliperidone	20%	<ul style="list-style-type: none"> • no side effects (60%) • prolactin increase (40%) 	3,8/5

Table 2

	Ideal Patient	If there are positive symptoms	If there are negative symptoms	If there is relevant organic comorbidity	If young age	If substance abuse	If aggressive
Olanzapine	Schizophrenia, with anxiety agitation and insomnia	60%	14%	7%	21%	7%	60%
Risperidone	Schizophrenia with severe positive symptoms (delusions, hallucinations) and isolated affective symptoms, who could take oral supplementation with Risperdal for 15 days	92%	60%	40%	50%	60%	85%
Haloperidol	Schizophrenia with positive symptoms without affective symptoms	100%	7%	14%	20%	6%	100%
Zuchlopentixol	Psychosis with psychomotor agitation	80%	42%	50%	30%	50%	90%
Aripiprazole	Schizophrenia with obsessive symptoms or comorbidity with Bipolar Disorder or personality cluster b symptoms	42%	85%	85%	85%	85%	0%
Paliperidon	Schizophrenia with severe positive symptoms (delusions, hallucinations)	80%	65%	71%	85%	85%	50%

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EV1103

Genital cenestopathy in psychotic depression responds to augmentation with aripiprazole and pregabalin: A case report

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Introduction Psychotic depression is a well-known entity, with recent data confirming the use of antidepressant and anti-psychotic co-treatment. Psychotic symptoms can be mood incongruent and present further difficulties for treatment.

Case summary A 51-year-old female presented to our hospital, with symptoms of genital cramping, paresthesiae, feelings of unease in the vulva and depressive mood. In December 2014, the patient was diagnosed with genital polyps, which were successfully removed by curettage. The patient continued feeling various genital symptoms, which she associated with social and family stressors. After short initial outpatient treatment, the patient was admitted to our ward for complete assessment. Psychological assessment revealed psychotic elements, high anxiety and

a passive aggressive personality. Abdominal ultrasound, lumbal spine radiography, psychiatrist exam and computerized tomography of the brain showed no abnormalities. The patient was diagnosed with psychotic depression and referred to further outpatient treatment. Her drug regimen consisted of venlafaxine, risperidone, clonazepam and carbamazepine, which led to slight initial improvement. However, the patient still referred persistent symptoms as well as sedation as an adverse effect, so risperidone was switched to aripiprazole, and carbamazepine to pregabalin. The initiation of this treatment has led to complete withdrawal of symptoms and the patient has since maintained stable remission.

Conclusion Aripiprazole is well suited to the female population because of its lack of hyperprolactinemia, and its combination with pregabalin may be an option for augmenting treatment in psychotic depression with cenestopathy.

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EV1104

Hyperprolactinemia and anti-psychotics: Prevalence and risk factors

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Introduction Hyperprolactinemia is a frequent side effect observed in patients treated with anti-psychotic drugs. The frequency of clinical signs usually correlates with elevated serum prolactin levels.

Objectives To estimate the prevalence of hyperprolactinemia among patients treated with a single anti-psychotic and specify the risk factors for its occurrence.

Methods Cross-sectional study performed in a period of 6 months in the psychiatric department of Mahdia's hospital, for all patients seen in the consultation and treated with a single anti-psychotic for 12 weeks, with a stable dose, and meeting the inclusion and exclusion criteria of the study. Prolactin blood tests have been performed and confirmed by a second one in case of abnormality objectified in the first lab test results. A magnetic resonance imaging (MRI) was intended for patients with prolactin levels greater than 150 ng/mL.

Results Ninety-two patients were gathered. Prevalence of hyperprolactinemia was 34.8% of which 7.6% had prolactin levels greater than 150 ng/mL. Two macroadenomas' cases were detected. The analytical study found 7 factors significantly correlated with hyperprolactinemia, which are: female sex, substance use, the presence of side effects, prescription of atypical anti-psychotics, the anti-psychotic treatment prescribed: haloperidol/amisulpride, doses of anti-psychotic greater than 1000 mg equivalent to chlorpromazine and the combination of psychotropic drugs.

Conclusion Prolactin blood test should be a systematical analysis for all patients treated with anti-psychotics, to prevent the short and long term side effects.

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