apy, thus reducing the side effects, although in our sample 8% which has occurred was removed therefrom.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1285

Combination of clozapine and aripiprazole once-monthly in resistant schizophrenia. A review of a clinical case

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Introduction We report the successful management of a 49-year-old woman with an initial diagnosis of schizoaffective disorder transitioned to resistant schizophrenia. First contact with our psychiatrist service in 2000; referring problems with treatment adherence and occasional toxic abuse, she underwent 15 admissions in acute adult psychiatric hospitalisation units since then (last discharge March, 2015), and a one-year stay (2012–2013) in an adult mid-term mental health unit. She is currently followed-up throughout the major mental-health outpatient visits program.
Aims The patient was prescribed paliperidone 6 mg 2-0-0, oxcarbazepine 600 mg 1-0-1 and clonazepam 0.5 mg 1-0-1 during the last 2 months.
Methods Due to lack of treatment adherence and toxic abuse she suffered a psychotic decompensation in May 2015. She was then prescribed clozapine 200 mg 1-0-2, boosted with aripiprazole 400 mg once monthly. The adjunction of aripiprazole once monthly (AOM) was intended to improve treatment adherence, and to supplement the psychotic control of clozapine without entailing a worsening of therapy tolerability. The patient was monitored during 5 months in our unit.
Results We observed a positive psychopathological evolution of the patient, which allowed us to re-evaluate the initial diagnostic, ascribing the previous mood fluctuations to toxic consumption.
Conclusion Previous works have been published about the combination of clozapine and oral aripiprazole for the treatment of resistant schizophrenia, but, as far as we know, this is the first repost of the combined use of clozapine and AOM. Based on our results, this antipsychotic combination resulted in a psychopathological improvement of the patient, with good tolerability.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1286

Treatment patterns in schizophrenia: Clinical case of successful management with a series of long acting injectable antipsychotics

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Introduction We report the successful management of a 57-year-old woman with a 20 year diagnostic of paranoid schizophrenia (first visit November, 1995). She presented several comorbidities (arterial hypertension, diabetes mellitus and morbid obesity), with a history of five previous hospitalizations (1995, 2012, January and May 2014, and April 2016).
Aims/methods The patient was always prescribed depot antipsychotics: she was treated for 14 years with Zuclopentixol depot (discontinued due to dermic adverse reactions and weight gain). After a period with oral paliperidone (from 2012 until 2013) and due to lack of adherence to oral therapy, in August 2013 she was prescribed paliperidone palmitate. The treatment was discontinued after nine months (May 2014) due to weight gain, a significant increase of serum prolactin levels and two psychotic relapses that led to hospital admissions.
Results She was then prescribed Fluphenazine decanoate depot for one year and 4 months, but she was switched to Aripiprazole once monthly (AOM) in September 2015 to avoid metabolic syndrome.
Conclusions Non-personalized antipsychotic treatment in a patient with a complicated comorbidity history can result in lack of compliance and a risk of relapse, and in a worsening of her medical conditions, with the consequential negative impact in her functioning and quality of life. Based on our results, the treatment with AOM resulted in a positive evolution of the patient, with a good tolerability profile, in an improvement of treatment-caused adverse events (weight loss, and prolactin serum levels normalization); all factors that enable treatment adherence and good clinical response.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1287

A thalamo-cortical genetic co-expression network is associated with thalamic functional connectivity linked with familial risk for schizophrenia

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Introduction The genetic architecture of schizophrenia is based on polygenic trajectories. Indeed, genes converge on molecular co-expression pathways, which may be associated with heritable characteristics of patients and their siblings, called intermediate phenotypes, such as prefrontal anomalies and thalamic dysconnectivity during attentional control [2].
Objectives Here, we investigated in healthy humans association between co-expression of genes with coordinated thalamo-prefrontal (THA-PFC) expression and functional connectivity during attentional control.
Methods We used Brainspan dataset to characterize a coordinated THA-PFC expression gene list by correlating post-mortem gene expression in both areas (Kendall's Tau>.76, Bonferroni $P<.05$). Then, we identified a PFC co-expression network[1] and tested all gene sets for THA-PFC and PGC loci [3] enrichments