

**EPP0705****Clinical relevance of Paliperidone Palmitate three-month intramuscular injection formulation: an Italian Real-World, Retrospective, one-year Mirror Image Study**

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**Introduction:** Paliperidone Palmitate 3-month (PP3M) formulation, introduced in Italy since 2017, is an effective and safety therapeutic option for patients with schizophrenia, clinically stable with 1-month formulation (PP1M). Only a few “Real World” studies investigated the clinical relevance of PP3M and the long-term clinical and health resource utilization outcomes.

**Objectives:** The aim of this retrospective, mirror image study was to evaluate the efficacy of PP3M in terms of continuity of care and number of hospitalizations.

**Methods:** Fifty outpatients treated with Paliperidone Palmitate (PP) were recruited from a Community Mental Health Centre (CMHC) in Milan. Statistical analysis were conducted with SPSS 26. Frequencies of hospitalization 6 months before and after the start of PP3M were compared using the McNemar test, setting the significance to  $p < 0.05$ .

**Results:** This study involved 34 patients (68%) treated with PP1M and 16 (32%) treated with PP3M. The median time interval between PP1M and PP3M was 14 months. After the switch to PP3M, 69% of patients continued to visit the CMHC with an unchanged frequency (50% once/month, 6% more than once/month), while 31% with a decreased frequency (once/3 months). No patient increased the frequency of CMHC visits or started visiting it discontinuously. 44% of subjects had had at least one hospitalization prior to the switch and no hospitalizations after ( $p = 0.016$ ). Moreover, no patients showed increased hospitalizations

**Conclusions:** In this study PP3M clinical relevance was confirmed comparing pre-initiation and post-initiation 6-months time intervals: hospitalizations number significantly decreased, while the continuity of care was preserved. Further studies on a greater sample are necessary to support these preliminary data.

**Disclosure:** No significant relationships.

**Keywords:** one-year Mirror Image Study; clinical relevance; psychopharmacology; Paliperidone Palmitate 3-month formulation

**EPP0704****Valproic acid-induced hyperammonemic encephalopathy (VIHE) in a patient with Bipolar disorder: A case report and literature review.**

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**Introduction:** Valproic acid (VPA) is a valuable treatment for bipolar disorder, schizoaffective disorder, and agitation<sup>1</sup>. However, potential side-effects include sedation, headaches, tremors, ataxia, gastrointestinal issues, neural tube defect,<sup>3</sup> and mild hyperammonemia even in normal liver function test<sup>1</sup> and VPA level.

**Objectives:** To illustrate clinical presentation of VIHE and provide literature review on post-VIHE treatment options.

**Methods:** A 59-year-old male with PMH of Diabetes Mellitus, Hypertension, Hyperlipidemia, LVH, COPD, s/p CVA, and PPH of schizoaffective disorder, bipolar type. Patient stable on VPA 1250mg daily and Olanzapine 5mg daily for >2years until recent manic decompensation resulting to up-titration of VPA to 1500mg H.S. Thereafter, he presented with altered mental status, with VPA level (111.4 ug/ml), hyponatremia (119 mmol/L) and hyperammonemia (84 umol/L). Subsequently, admitted as a case of VIHE and hyponatremia.

**Results:** VPA has shown to cause hyperammonemia alone or when combined with antipsychotics<sup>6</sup>. VIHE reported in up to 47.7% of patients on VPA<sup>1</sup>, but symptomatic in approximately 10% of patients on VPA with blood ammonia level about 2-fold the normal range<sup>8</sup>. VIHE presents with confusion, ataxia, blurred vision, delirium, and seizures<sup>3</sup>. Treatment options include VPA discontinuation, switch to other mood stabilizers (lithium carbonate, lamotrigine), utilization of medications to lower blood ammonia levels (Lactulose, Rifaximin/Neomycin),<sup>3</sup> antipsychotic monotherapy, and supplements (Levocarnitine or Carglumic acid) in the prevention, maintenance, and treatment of VIHE. These supplements can be added to VPA if the benefits of re-initiating or continuing VPA outweighs the risk<sup>3</sup>.

**Conclusions:** Further research is needed.

**Disclosure:** No significant relationships.

**Keywords:** VIHE - Valproic acid induced hyperammonemic encephalopathy; bipolar disorder; VPA - Valproic acid; Schizoaffective disorder

**EPP0705****Efficacy and tolerability of brexpiprazole in patients with psychotic and mood disorders: a pilot study**

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**Introduction:** Brexpiprazole is a novel antipsychotic drug. It exerts antagonistic activity at the serotonin 5HT<sub>2A</sub>, 5HT<sub>2B</sub>, 5HT<sub>7</sub> and