

tion include drugs, infectious agents and food additives. Drugs attributing eruption include nonsteroidal anti-inflammatory drugs, antibiotics, and anti-epileptic drugs, antidepressive medication amongst others.

Conclusions No specific diagnostic criterion exists for eruption and the diagnosis is purely based on clinical presentation. Diagnostic features, which suggest eruption, are the acute onset (or recurrent nature) and skin lesions.

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

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EV1333

A “Newly Discovered in Romania” atypical antipsychotic prolonged release treatment for patient with schizophrenia. First results of a naturalistic study with recently approved paliperidone palmitate

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Introduction Intramuscular paliperidone palmitate is a long-acting atypical antipsychotic, which has only been marketed in Romania from March 2015 as a free of charge medication/subsidized for the acute and maintenance treatment of schizophrenia in adults.

Objectives and aims To determine the efficacy and tolerability of paliperidone palmitate in 12 patients with schizophrenia in an outpatient care unit, taking into account the limited clinical experience with this product in Romania.

Methods The study was performed in an outpatient care unit. Data was collected from medical records of patients started on paliperidone palmitate between March and June 2015. This time period was selected because we wanted to have at least a 6-month period of evaluating these patients. Some of the patients were previously on risperidone long-acting injection (in Romania the advantages of a 1-month injection instead of 2 and the fact that the medication does not need to be held in a refrigerator are 2 important factors that can increase the compliance of the patients). Others were treated with other long-acting antipsychotics (flupentixol). The rest were patients treated before with risperidone, with good response, but with problems of non-compliance.

Results None of the patients treated with paliperidone palmitate relapsed. Some of them had, at maximum dose, minor extrapyramidal symptoms that disappeared when we lowered the dose. Taking into account the lack of insight and the non-compliance of patients with schizophrenia, this treatment seems to be extremely valuable, maybe more in this kind of cases, in outpatient care units.

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

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EV1335

Nutrition interventions in people with severe mental illness: Novel strategies for addressing physical health co-morbidity in a high-risk population

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Introduction Nutrition interventions are critical for weight management and cardiometabolic risk reduction in people experiencing severe mental illness (SMI). As mental health teams evolve to incorporate nutrition interventions, evidence needs to guide clinical practice.

Aims A systematic review and meta-analysis was performed to assess whether nutrition interventions improve:

- anthropometric and biochemical measures,
- nutritional intake of people experiencing SMI.

To evaluate the effectiveness of a dietician-led nutrition intervention, as part of a broader lifestyle intervention, in the early stages of antipsychotic prescription.

Method An electronic database search was conducted to identify all trials with nutritional components. Included trials were pooled for meta-analysis. Meta-regression analyses were run on potential anthropometric moderators. Weekly individualised dietetic consultations plus group cooking classes were then offered to clients attending a Community Early Psychosis Programme, who had recently commenced antipsychotics for a 12-week period.

Results From pooled trials, nutrition interventions resulted in significant weight loss (19 studies, $g = -0.39$, $P < 0.001$), reduced BMI (17 studies, $g = -0.40$, $P < 0.001$), decreased waist circumference (10 studies, $g = -0.27$, $P < 0.001$) and lower blood glucose levels (5 studies, $g = -0.37$, $P = 0.02$). Dietician-led interventions ($g = -0.90$) and trials focussing on preventing weight gain ($g = -0.61$) were the most effective. The 12-week nutrition intervention resulted in a 47% reduction in discretionary (junk) food intake ($P < 0.001$) and reductions in daily energy (-24% , $P < 0.001$) and sodium intakes (-26% , $P < 0.001$), while improving diet quality ($P < 0.05$).

Conclusion Evidence supports the inclusion of nutrition interventions as part of standard care for preventing weight gain and metabolic deterioration among people with SMI.

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

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EV1336

Acute dystonia and dyskinesia progressing in the patient with fibromyalgia upon the use of duloxetine

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Purpose In this article, a case who was prescribed duloxetine (30 mg capsule) upon the fibromyalgia diagnosis by a physical therapist and had acute dystonia and dyskinesia after approximately 1.5 hours from duloxetine intake shall be presented.

Case It was learnt that a married female patient aged 38 consulted a physical therapist with the complaint of back pain and duloxetine (30 mg capsule) was prescribed. It was reported that, the patient applied to our hospital with the complaint of involuntary movements around the mouth, on the lips and neck, spasm, inability to open the mouth completely, spasm in jaw, gritting teeth, mumbling and aphasia after approximately 1.5 hours from her duloxetine intake. The patient was conscious. Her psychomotor activity was natural. As a result of cranial MR, EEG, BT examinations hemogram and the routine biochemistry examinations, any abnormality in zinc and iron levels was not detected. Complaints of the patient regressed after 1 hour from the discontinuance of duloxetine and the administration of biperiden 5 mg/mL ampoule 1000 cm³ in SF. After 72 hours, any symptoms were not found.

Discussion Dopamine neurotransmission can be inhibited through the increase in serotonin and norepinephrine [1]. Additionally, dystonia may originate from the prevailing of noradrenaline as a result of the failure of dopaminergic–noradrenergic balance [2].

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1338

The clinical effect an Nao Wan Merger risperdal on schizophrenia

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Objective To evaluate the clinical curative effect of risperdal merger An Nao Wan for schizophrenia.

Methods Screening a mental health center in the first half of 2012 hospitalized patients with schizophrenia, which alone give risperdal or merger An Nao Wan give risperdal with 28 days treatment cycle, were as a clinical observation objects. Efficacy was assessed using symptoms scale (PANSS), evaluation of adverse reactions was with side effects scale (TESS). And through collecting the clinical data, related testing results, the daily detailed medical records to record adverse reactions.

Results Fifty cases of screened 427 patients meet the conditions, including 11 cases with risperdal merger An Nao Wan, and 39 cases only used risperdal. All of 50 cases after two weeks treatment, the symptoms were down significantly ($P < 0.01$). The adverse reactions rate of patients only with risperdal was 53.8%, of patients with risperidone merger An Nao Wan was only 27.3%.

Conclusion Risperdal merger An Nao Wan can improve the therapeutic effect of risperidone, short the recovery time of schizophrenia, prevent the adverse reaction of psychotic drug, also improve the safety and patient drug compliance.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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Women, gender and mental health

EV1339

Epidemiological and clinical profiles of hospitalized female patients in the psychiatric hospital “Nuestra Señora Del Pilar” between 1912 and 1915

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Introduction Hospitalization is fundamental in the treatment of severe psychiatric disorders, at present and in the past. The Psychiatric Hospital “Ntra. Sra. Del Pilar de Zaragoza”, established in 1425, is one of the most ancient hospitals and with longest history of the country, one of the first centers to start considering as demented persons as another sick patient. This paper describes the sociodemographic and clinical characteristics of the patients admitted to the psychiatric hospital between 1912 and 1915.

Method We developed a descriptive research, using secondary information sources (clinical histories) of patients hospitalized between 1912 and 1915. For data analysis was used software SPSS 10.

Results We reviewed 110 files and the most common diagnoses were senile dementia and manic-depressive psychosis. The mean of age was 42 years, and the predominant marital status was the single status (47%). We documented that in more than 60% of the cases, the precedence of the patients was from rural zone. El 75% of the patients had remained hospitalized during several years until their death. Only the 10% were discharged for improvement.

Conclusion It is important to understand the socio-economic variables of the female patients from a century ago to be aware of the evolution of psychiatry and psychiatric treatment and consequently of the profile of current patients.

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EV1341

Motherhood – a disturbed beginning: A review of a case series

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Introduction Perinatal mental illness is one of the most frequent complications of pregnancy and the postpartum period. During the puerperium, the risk of developing a mental disease, such as a psychotic episode, is higher than in any other time in a woman's life.

Objectives The two main objectives are to describe a case series of 4 patients diagnosed with postpartum psychosis, and to synthesize the most important facets of this mental illness based on a literature review.

Aims The aim is to provide an overview of the clinical and epidemiological aspects of postpartum psychosis.

Methods The four clinical cases are presented by describing the similar as opposed to the differential aspects between all patients, using the information obtained through successive clinical interviews and the case file. Research was accomplished through Clinical Key and PubMed (2005–2015) using the keywords: postpartum psychosis.

Results In all four cases, the patients developed symptoms of sleep disturbance, mood fluctuation, altered thinking process with delusions or obsessions, and bizarre behaviours. This occurred within the first four weeks after labour, which was in all cases an obstructed labour. The data suggests that postpartum psychosis is a presentation of bipolar disorder. Clinical aspects and risk factors related to this perinatal complication all coincide with the cases presented.

Conclusions Postpartum psychosis is a rare presentation of perinatal mental illness. However, it presents itself, as a psychiatric emergency, and the early and correct assessment are crucial to reset the development of the mother–child bond.

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

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