96.4 (SD19.8) mg. ADRs reported in ≥ 5% of patients were weight increase 9.1% and hyperprolactinemia 5.7%.

Conclusions Treatment with once-monthly PP was well tolerated and associated with clinically relevant improvements in disease severity and functioning in young, newly diagnosed schizophrenia patients.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.636

EW519

Early schizophrenia patients treated with once-monthly paliperidone palmitate over a 12-month period - a retrospective observational study

L. Hargarter [1,*], P. Bergmans [2], P. Cherubin [3], A. Schreiner [1]
[1] *Janssen Cilag Germany, Medical Affairs EMEA, Neuss, Germany*
[2] *Janssen Cilag Netherlands, Biostatistics, Tilburg, Netherlands*
[3] *Janssen Cilag France, Medical Affairs EMEA, Issy-Lès-Moulineaux, France*
* *Corresponding author.*

Introduction Little is known about patient characteristics and rehospitalization in newly diagnosed patients with schizophrenia treated with long-acting antipsychotics.

Objectives To retrospectively explore hospitalizations, drug utilization and clinical outcomes from medical records of young, newly diagnosed schizophrenia patients during the first 12 months of treatment with once-monthly paliperidone palmitate (PP).

Methods International, multicenter, retrospective, observational study. Outcomes presented are patient characteristics, reason for PP initiation and hospitalization data.

Results Eighty-four patients were analyzed: mean age (years) at first psychotic episode was 23.8 (SD2.6), 23.9 (SD2.6) at first antipsychotic treatment and 24.1 (SD2.7, range 19-29) at PP initiation. Time between first antipsychotic treatment and PP initiation was 4.8 (SD: 3.4, range: 0-12) months. At PP initiation, 42.9% of patients were in hospital, primarily for the management of the first episode/relapse (97.2%). Reason for PP initiation was: LAT favored over oral treatment for relapse prevention (56%), partial/non adherence with previous oral medication (20.0%), convenience (15.5%) or limited access to health care systems (2.4%). Mean time (days) between admission and initiation of PP, and between initiation of PP and discharge from hospital was 28.8 (SD23.0) and 23.2 (SD24.5), respectively. 96.4% of patients were not hospitalized during the 12-month PP treatment period. 3/84 patients (3.6%) had a single hospitalization of 15.7 (SD: 8.1) days for management of episode/relapse.

Conclusions In this young, newly diagnosed schizophrenia population, the number of hospitalizations following PP initiation was low. Main reason to initiate PP was clinicians favoring LAT over oral antipsychotic treatment for relapse prevention or due to partial/non adherence with previous oral treatment.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.637

EW520

Real-world paliperidone palmitate data from acute units: The SHADOW study

E. Parellada [1,*], M. Bioque [1], B. Herrera [2], M. García-Dorado [2]
[1] *Hospital Clínic de Barcelona, Unitat d'Esquizofrènia Clínic, Barcelona, Spain*
[2] *Janssen-Cilag S.A., Medical Department, Spain*
* *Corresponding author.*

Introduction There is an increasing interest in understanding how antipsychotic treatments work in a real-world-setting. This is especially important with long-acting-antipsychotics, where explanatory trials may not always represent the real-world-population. Observational studies and pragmatic-clinical trials could provide additional information about new therapies, which could inform decision-making processes.

Objectives To assess the effectiveness of Paliperidone-Palmitate(PP) in an acute setting within real-world-conditions. Functionality, satisfaction with treatment and pattern of use were also evaluated.

Methods An observational, prospective 6-week follow-up study was performed in acute units including adult patients with acute exacerbation of schizophrenia that started treatment with PP. Data were collected from initiation of PP until week-6 (or patient's discharge if earlier). Clinical-Global Inventory-Severity (CGI-S) was used to assess effectiveness as well as changes in illness severity. Other outcomes included total score on the Personal and Social Performance scale (PSP), patient-satisfaction with medication (MSQ) and tolerability. Student's-*t* tests were used to assess changes from baseline in CGI-S and PSP.

Results Two hundred and eighty patients were included in the analysis (mean age: 40.5 ± 12.2 [SD] years). A significant decrease in mean (SD) CGI-S score between baseline (4.7 [0.9]) and endpoint (3.3 [0.9]) ($P < 0.0001$) was observed. (Note that 21% of patients were discharged on PP-monotherapy). Patient-functioning also significantly improved from baseline to endpoint ($P < 0.0001$). Seventy-four percent of patients were satisfied (measured by MSQ) at the end of follow-up. Anticholinergic-treatment was less frequent for PP discharged on monotherapy vs. not monotherapy (12.5% vs 21.2% respectively). Overall, PP was well-tolerated. Twenty-five AEs were reported in 20 patients (incidence 7.1%). No serious AEs occurred.

Conclusions These results support the effectiveness and tolerability of PP in an acute setting under daily-clinical-practice with good acceptance by patients.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.638

EW521

Reducing cardiovascular risk in non-selected outpatients with schizophrenia: A 2.5-year programme conducted in a real-life setting

P. Hjorth [1,*], P.M. Jørgensen [2], A. Kynde [3]
[1] *Aarhus university hospital, mental health center- psychiatric hospital, Randers, Denmark*
[2] *Odense university hospital, department of psychiatry, Odense, Denmark*
[3] *Aarhus university hospital- Risskov, department of organic mental disorder and emergency Ward, Aarhus, Denmark*
* *Corresponding author.*

Introduction Patients with schizophrenia have increased somatic morbidity and increased mortality. Knowledge of how to integrate prevention and care of somatic illnesses into the treatment of psychiatric patients is required.

Objectives Forty-seven patients diagnosed with schizophrenia participated in the programme (mean age: 33.3 years, SD: 11.9).

Aims To investigate whether a 2.5-year interventional programme to improve physical health is effective.

Method The intervention consisted of health promotion activities focusing on the patients' health, not their diseases. The patients' physical health parameters were intensely monitored and each

patient received individual guidance on healthy food and on how to live a physically active life.

Results   Extensive problems with obesity, especially among the women, were observed, and low level of physical activity among the patients was demonstrated. The included patients were in a high risk of developing cardio vascular diseases and diabetes type 2. The main outcomes were reduction in waist circumferences and in consumption of soft drinks and an increase in coffee drinking. Furthermore, an increase in time spent on moderate and light physical activities was observed. The patients showed great interest in the programme, and it was unproblematic getting the patients to participate in the entire programme. Moreover, they willingly followed the health guidance and achieved a healthier life.

Conclusions   The intervention seems relevant and manageable in an outpatient setting. The results are promising in the ongoing process of improving physical health among patients with schizophrenia. We recommend implementation of the programme in daily practice.

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

EW522

A mirror image study of the utility of long acting aripiprazole

R. Hodgson[*], C. Aladakatti, N. Kataria, T. Saravanappa, D. Brittany

Lyme Brook Centre, Psychiatry, Stoke-on-Trent, United Kingdom
[*] *Corresponding author.*

Aims and background   Ablify Maintena (AM) is a long acting injection of aripiprazole that received marketing authorisation in the UK in January 2014. It is costly compared to first generation antipsychotics (FGAs) LAIs and there are no robust trials comparing AM with FGAs. We examined the effectiveness and use of AM in a mental health trust.

Methods   We identified all patients prescribed AM in North Staffordshire (population: 470,000) since launch and examined records for demography, diagnosis, bed and medication use. We examined the effectiveness of AM using a mirror image design.

Results   Thirty patients received AM in a time frame allowing a 1-year follow-up. Sixty-nine percent were male and the mean age was 39 years. Over half were detained under the 1983 Mental Health Act and 30% were inpatients on a psychiatric intensive care unit when AM was started. Twenty-eight patients had a psychotic diagnosis. There was a significant reduction in bed occupancy (63 v 6 days, $P = 0.0001$) and admissions (1.6 v 0.5, $P = 0.0001$). The median dose was 400 mg. Lack of effectiveness/poor adherence with prior treatments were the main reason for starting AM in 84%. Eighty-six percent of patients clinically improved on AM. Blood parameters were in the normal range.

Discussion   Within the limitations of the methodology, our results show a reduction in psychiatric bed use in the year following AM initiation on an intention to treat basis. The reduction in bed use equates to a minimum annual saving of £14,250 per patient. AM at the median study dose costs £2645 per year.

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

EW523

Coping strategies and quality of life in schizophrenia outpatients treated by Psychopharmacs - cross-sectional study

M. Holubova[1,2,*], J. Prasko[1], R. Hruby[3], D. Kamaradova[1], M. Ociskova[1], K. Latalova[1], A. Grambal[1]

[1] *Faculty of medicine and dentistry- Palacky university Olomouc-university hospital Olomouc, department of psychiatry, Olomouc, Czech Republic*
[2] *Regional hospital Liberec, department of psychiatry, Liberec, Czech Republic*
[3] *Psychiatric outpatient department, Martin, Slovakia*
[*] *Corresponding author.*

Introduction   The modern psychiatric view of schizophrenia spectrum disorders and their treatment has led to an increasing focus on coping strategies and quality of life of these patients.

Objectives   Understanding the relationship between quality of life and coping strategies can help in finding those coping strategies that enhance the quality of life. It is important to study the inner experience and striving of patients because of connection with well-being and treatment adherence.

Aims   : In the present study, the authors examined the relationship between demographic data, the severity of symptoms, coping strategies, and quality of life in psychotic outpatients.

Methods   Psychiatric outpatients who met ICD-10 criteria for a psychotic disorder (schizophrenia, schizoaffective disorder, or delusional disorder) were recruited in the study. Questionnaires measuring the coping strategies (SVF-78), the quality of life (Q-LES-Q), and symptoms severity (objective and subjective clinical global impression–objCGI; subjCGI) were assessed. Data were analysed using one-way ANOVA, Mann-Whitney U-test, Pearson and Spearman correlation coefficients, and multiple regression analysis.

Results   One hundred and nine psychotic outpatients were included in the study. The QoL was significantly related to the Positive and Negative coping strategies. The severity of disorder highly negatively correlated with the QoL score. Stepwise regres-

Table 1   Description of the sample, demographic and clinical data.

VARIABLE	MEAN AND STANDARD DEVIATION
Age	41.96 ± 10.23
Gender (M: F)	41:62
Age of the disease onset	26.12 ± 8.97
Lifetime duration of treatment	15.38 ± 9.52
Minimum	1
Maximum	45
Number of hospitalizations	4.13 ± 3.97
Psychiatric heredity	
Same disorder	15 (14.6 %)
Other disorder	39 (37.9 %)
Without	47 (45.6 %)
Education:	
elementary	9 (8.7 %)
vocational training	25 (24.3 %)
secondary school	52 (50.5 %)
university	16 (15.5 %)
Marital Status:	
single	61 (59.2 %)
married	24 (23.3 %)
divorced	15 (14.6 %)
widowed	1 (2.9 %)
Employment Yes/No	33/70
Retirement	87
Full invalidity	60
Partial invalidity	20
Old-age	7
From parent family	66
From incomplete family	31
Brother/sister Yes/No	90/13
Birth order	
First-born	44
Second-born	36
Third-born	10
Using psychiatric medication Yes/No	101/2
Regular use	94
Regularly, more than prescribed amount	2
Irregularly use	6
ObjCGI severity	4.14 ± 2.75
SubjCGI severity	2.75 ± 1.39