

the Patient Satisfaction With Medication Questionnaire, 85% said they were satisfied with the new treatment, compared with 15% who showed some degree of dissatisfaction with the change. Overall, 90% of patients showed a preference for the current treatment compared to the previous. The patients showed good tolerance to medication, with a low score in the UKU scale (total score = 13.5). Side effects did not interfere with daily activity of the patient.

**Conclusions** Long acting injectable aripiprazole proved to be a safe treatment, with a good degree of acceptance among patients. These advantages makes of this new drug a useful addition to our kit tool.

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

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#### EW549

### Comparative study of the side-effect profile between clozapine and non-clozapine patients

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**Introduction** For resistant schizophrenia, the only approved treatment is clozapine. However, clozapine is underused, mainly due to its wide range of side-effects. Secondary effects differ amongst antipsychotics (Leucht et al., 2009). Despite that there is no good evidence that combined antipsychotics offer any advantage over the use of a single antipsychotic, combination increases the frequency of adverse events (Maudsley guidelines).

**Objectives** To compare the side-effect profile between clozapine and non-clozapine patients.

**Aims** To provide evidence that clozapine patients do not show a worse side-effects profile.

**Methods** We cross-sectionally analysed all patients from a Spanish long-term mental care facility ( $n=139$ ). Schizophrenic/schizoaffective patients were selected ( $n=118$ ) and their treatment was assessed, 31 patients used clozapine. We paired clozapine and non-clozapine patients by sex and age and assessed antipsychotic side effects and possible confounder variables.

**Results** Our sample was 27 clozapine patients and 29 non-clozapine patients. 67.9% were male with a mean age of 51.3 (SD 9.6) years. For continuous variables: age, BMI, waist/hip, cholesterol, TG, glucose, prolactin, heart-rate, blood pressure, sleeping hours, the only statistical differences found were lower heart-rate ( $P=0.001$ ) in clozapine group and higher salivation subscale of SAS ( $P=0.002$ ) in clozapine group. For discrete variables: monotherapy, obesity, overweight, metabolic syndrome or possible confounders as propranolol, laxative, diet, antiglycemic or insulin, fibrates or statins, antihypertensive or anticholinergic, no statistical differences were found.

**Conclusions** We did not find differences in cardiometabolic parameters, which are the main barrier to prescribing clozapine, probably due to the concomitant use of other drugs in both groups.

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

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#### EW 550

### Time to relapse monotherapy and acquisition in a sample of schizophrenic patients over 3 years of follow-up

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**Introduction** Poor adherence to treatment is one of the main problems in health care to psychiatric patients. The second-generation antipsychotics, and the subsequent emergence of the depot forms (long acting formulations) have facilitated this aspect, increasing the time to clinical relapse in patients with schizophrenia.

**Goals** Determine the time to relapse in a clinical sample of patients diagnosed with schizophrenia treated with paliperidone palmitate over 3 years. Other objectives include the possible reduction in hospital admissions, as well as the possible reduction of psychiatric emergency visits, concomitant medication (benzodiazepines and Biperiden) and the possible increase in drug monotherapy.

**Methodology** This is a study with a sample of 101 patients with schizophrenia who had started treatment with PP (consecutive sampling). Quantified variables in the 12 months prior to the change of PP treatment with variables at 6, 12, 24 and 36 months after initiation of treatment with PP were compared.

**Results and conclusions** At the end of the tracking, 72.22% (73 patients) remained clinically stable, with adequate adherence to treatment and there have been no clinical relapses. It has obtained a statistically significant reduction in the use of concomitant medication, emergency room visits and the average duration of revenues, with no clinical relapse should occur in patients of the sample in the second and third year.

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#### EW551

### Effects of nicotine abstinence on clinical symptoms. Study at 3 and 6-months follow-up of outpatients with schizophrenia

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