ical and cognitive measures: PANSS scale, short Akathisia Scale Simpson-Angus Scale, State-Trait Anxiety Inventory (STAI), face emotion recognition (FEIT) and global Functioning (GAF), speed processing - through the Trail Making Test, parte A, subtest of symbol coding of the Brief Assessment of Cognition in Schizophrenia (BACS) and Verbal fluency (animals)- and sustained attention (SA)–through the Continuous Performance Test (CPT).
Results Both groups showed similar age, gender, number of hospitalizations, score in STAI-Trait, STAI-State, ANGUS, GAF, TMT-A, verbal fluency and face emotion recognition. Patients in politherapy had more years of evolution (*P* 0.047), higher score in positive PANSS (*P* 0.007), negative PANSS (*P* 0.008), general PANSS (*P* 0.001); they showed more detection errors in the CPT (*P* 0008), and a trend towards less processing speed through the symbol coding (*P* 0.063), compared to patients in monotherapy.
Conclusions Antipsychotic polipharmacy is associated with an impairment in sustained attention in patients with schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW624

DECIDE study: Effectiveness of shared decision making in treatment planning at discharge of inpatient with schizophrenia: Half sample interim analysis, preliminary conclusions

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DECIDE Study Effectiveness of shared decision making in treatment planning at discharge of inpatient with schizophrenia: interim analysis.
Introduction Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. Hamann et al. conducted a few years ago a randomized controlled trial with schizophrenic inpatients and found increased knowledge and perceived involvement in decisions about antipsychotic treatment at discharge by the experimental group, but not clear beneficial effects on long term outcomes. The present communication introduces the DECIDE study.
Aims and objectives Of the study: to demonstrate the effectiveness, measured as treatment adherence and readmissions at 3, 6 and 12 months, of shared decision making in the choice of antipsychotic treatment at discharge in a simple of schizophrenics hospitalized after an acute episode of their disorder. Of the oral presentation: to present preliminary conclusions with more of the half of the sample.
Methods Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Study population: inpatients diagnosed of schizophrenia and schizoaffective disorders (ICD-10/DSM-IV-R: F20 y F25) at Adult Acute Hospitalization Unit at Jerez General Hospital.
Results At discharge, increased scale score COMRADE, both subscales (Satisfacción in communication and trust in the decision) statistically significant. At 3 months follow-up, intensification of these differences in effect size and statistical significance and shows trends in health outcomes. We will present results for 6 and 12 months.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Four years follow-up in a naturalistic study of adults with ADHD treated with atomoxetine

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Introduction Attention-deficit/hyperactivity disorder (ADHD) is a psychiatric chronic disorder of childhood that persists into adolescence and adulthood in the most part of cases. There are various ways of treating ADHD.
Objectives Assess the effectiveness and tolerability of atomoxetine long-term and routine clinical practice in adult ADHD treatment. Study the clinical profile of the patients who take atomoxetine.
Aims The aim of this is to study the treatment of ADHD in adults with a non-stimulant drug atomoxetine.
Methods We obtain results from 126 patients recruited from July 2009 to May 2013 who have been prescribed Atomoxetine as a treatment for ADHD from the hospital pharmacy.
Results Comorbid disorders were presented in 57.1% of the patients included at the study (25.3% of which belong to the group of anxiety disorders). The use of other psychotropic drugs associated with atomoxetine was observed in 54.8% of patients. The 62.7% of the patients concerned continued treatment beyond 225 weeks (4 years 3 months) of observation. The Clinical Global Impression Improvement scale (CGI-I) and side effects determine monitoring treatment. A total of 61.9% of patients responded satisfactory to treatment with atomoxetine getting the CGI-I scale a score of 1-2. The duration of therapy and patient age are factors that influence the response. Furthermore, the clinical profile of patients treated with atomoxetine is characterized by different comorbidities, anxious symptomatology and personality disorders. Atomoxetine treatment with has also been shown its effectiveness and safe despite the presence of concomitant comorbidities and psychopharmacological treatment.
Conclusion Atomoxetine treatment with has been effective and has proven good tolerability profile during treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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