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PALIPERIDONE ER IN AN ACUTE PATIENT UNIT: A CLINICAL PROFILE.

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Introduction: The emergence of new antipsychotics, such as Paliperidone Extended Release, demands a constant effort on behalf of the clinics to outline an appropriate profile for those patients who may benefit more.

Objective: To collect clinical and social-demographic data to develop a profile of the patient who has used Paliperidone Extended Release in our hospitalisation unit.

Method: This is a naturalistic, descriptive and retrospective study; we will include 36 patients admitted to our Acute Patients Unit. The inclusion and exclusion criteria were clinical.

Results: A total of 44.4% were over the age of 40 years; positive symptoms (52.8%) and behavioural alterations (19.4%) prevailed; the most common diagnosis was schizophrenia (47.2%). A total of 61.1% of cases were associated with other APs, especially Injectable Risperidone Extended Release or antipsychotics with a sedation profile. A total of 83.3% did not require mechanical restraint, and 80.6% did not present side effects. The most common side effects were extrapyramidal symptoms. The mean duration of hospitalisation was  $19.60 \pm 12.07$  days. The mean dose of Paliperidone Extended Release was  $14.41 \pm 4.83$  mg/day. Initially, a dose of  $13 \pm 4.42$  mg/day was used, while the maximum dose was 27 mg/day.

Conclusions: Our experience with Paliperidone Extended Release in the hospital scope allows us to state that it is a drug with a very positive efficacy and safety-tolerability profile. Therefore, we may consider Paliperidone Extended Release a first line antipsychotic due to its contributions in different patient elements (clinical, functionality, tolerability, etc.)