

the modification of the oral regimen. PANSS and CGI. Metabolic profile: weight, glycaemia, and total cholesterol, LDL and HDL, triglycerides. Cost at the beginning and after 6 months.

Results Mean age: 44.50 years, 54% women. Marital status: 54% single, 27% married, 27% divorced. Mean time from diagnosis: 11 years. Toxic consumption: 27% active, 18% ex-drug users. Three patients were readmitted after introducing LAA, 2 of them were for abandoning medication (including LAA). PANSS at 6 months showed statistically significant differences in negative subscale (3 points). No statistical differences in positive and general psychopathology subscales. No metabolic side effect was found. Average saving per patient 37.05 euros per month (Fig. 1).

Conclusion This study signalizes that LAA is an effective treatment. Clinically, it has been shown that our patients improve adherence and prevent relapse. Moreover, no metabolic side effects were found. Besides, LAA is also efficient and we would save 407,55 euros per month.

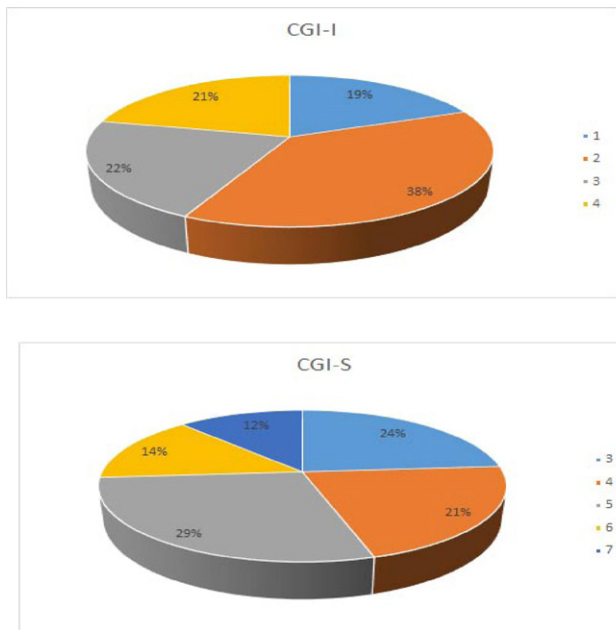


Fig. 1

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

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Twenty-four months experience of paliperidone long-acting injection in a Spanish psychiatric service: A mirror image analysis

C. Gómez Sánchez-Lafuente^{1,*}, R. Reina Gonzalez², F. Moreno De Lara¹, A. De Severac Cano¹, E. Mateos Carrasco¹, A. González Moreno¹

¹ Hospital Universitario Virgen de la Victoria, Psychiatry, Málaga, Spain

² Hospital Regional Universitario, General Practitioner, Málaga, Spain

* Corresponding author.

Introduction Lack of adherence is a common cause of relapse in schizophrenia. Long-acting antipsychotics have shown in recent studies that they improve compliance. However, some randomised controlled trials showed no difference in relapse rates between oral medication and long-acting injections.

Objective To report the use of paliperidone palmitate in an Acute Psychiatrist Unit in Spain.

Method Retrospective observational study of 42 patients prescribed paliperidone palmitate (PLAI) during an admission at Acute Psychiatric unit in Málaga. In the mirror image analysis, the main outcome measure was the total number of days of psychiatric inpatient care twelve months before and after patients started Paliperidone palmitate.

Results Most common reason for starting paliperidone palmitate was lack of adherence to oral medication (54%) followed by lack of efficacy on previous medication (31%). Olanzapine (47%) and risperidone (41%) were most commonly antipsychotics prescribed before PLAI. Thirty-four patients continued PLAI over twelve months (80%). Poor compliance was the most common reason of withdrawal. Three patients had a movement disorder adverse effect. Only one was lost because adverse effects. Total admissions and inpatient days were significantly reduced from the previous treatment to PLAI-treatment period (Table 1).

Conclusion PLAI was associated with a reduction in total inpatient days. The financial saving from reduced admissions stays exceeded the acquisition and administration cost of PLAI. Improved compliance because of PLAI is the most plausible explanation of this result (Fig. 1).

Table 1

	Previous treatment period	PLAI period
Total Admissions	81	45
Inpatient stays in days	943	516
Mean reduction in inpatient stays		10 days
Financial saving (euro/patient/year)		2905

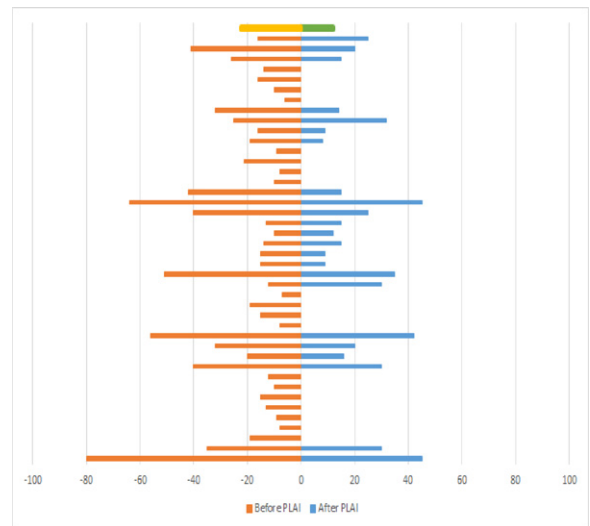


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