

guidance. Atomoxetine was the medication of choice for a patient with a previous history of stimulant intolerance. 74% (n = 95) of patients were started on lisdexamfetamine, 20% (n = 25) were started on methylphenidate long-acting formulations and five patients on short-acting methylphenidate agent.

Of the 95 patients initiated on lisdexamfetamine, 78 (82.1%) were continued on lisdexamfetamine until the point of publication of their Shared Care Policy (SCP), nine (9.5%) patients switched medication, 10 patients initiated additional fast-acting dexamfetamine tablets and two had a second agent added to their therapy (atomoxetine n = 1, methylphenidate n = 1).

Of 25 patients initiated on methylphenidate long acting, 18 (72%) continued this medication at the point of publication of SCP. Of 25 patients initiated on methylphenidate long acting, seven (28%) patients switched medication and two patients were initiated on an additional fast acting methylphenidate.

To successfully stabilise and publish 134 patients on a SCP, 404 brief follow up appointments of 15-minute duration were utilised, which totals 6060 minutes of patient facing time. Of 134 patients, most n = 41 (30.6%) had 2 brief follow-up appointments; 32 (23.9%) had 3 brief follow up appointments and 22 (16.4%) had 4 appointments. Two patients did not attend a follow up appointment, and one patient had 11 brief follow up appointments.

**Conclusion.** Stimulant medications were typically used as first line treatment however, of these 74% were started on lisdexamfetamine while only 20% were initiated on long acting methylphenidate. Those started on lisdexamfetamine were more likely to continue on this medication to the point shared care agreement than those started on methylphenidate, 28% of whom switched to an alternative, for a variety of reasons. Mean time to reaching a shared care agreement was longer for those initiated on methylphenidate long acting compared to lisdexamfetamine.

The data show that for most patients the journey from initiation of a stimulant medication to a shared care agreement was a straightforward one, with the majority having either two or three follow up appointments.

More research is needed to better understand the apparent differences in pathway for those commenced on lisdexamfetamine and long acting methylphenidate.

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## Trajectories of Psychotropic Medications Before and After an Autism Diagnosis Vary by Age and Sex

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doi: 10.1192/bjo.2024.698

**Aims.** Interventions to support people with autism are multidimensional, but primarily psychosocial in nature. These interventions include behavioural, educational and support therapies. Some psychotropic medications are used to manage medical and psychiatric comorbidities associated with autism, which interfere with daily social and occupational functioning or limit

the implementation of psychosocial interventions. The aim of this study is to describe the trajectories of psychotropic medications in people newly diagnosed with autism according to sex and age.

**Methods.** This is a retrospective cohort study based on medico-administrative data from the Régie de l'assurance santé du Québec. The cohort included all people living in the province of Quebec (Canada) with a first diagnosis of autism (incident cases) recorded during hospitalisation or during a medical visit between January 2012 and December 2016 (index date: first diagnosis). Only individuals covered by the public prescription drug insurance plan one year before and one year after the index date were included. A patient was considered exposed to a drug from the date a prescription was claimed at a community pharmacy and for the time the drug was provided. However, as no information was available on inpatient drug, the drug trajectory represents the outpatient drug trajectory. The five classes of psychotropic drugs considered were: 1) anticonvulsants and mood stabilisers; 2) antipsychotics; 3) antidepressants; 4) anxiolytics/hypnotics; and 5) psychostimulants. Drug trajectories are represented using state sequence analyses.

**Results.** The study cohort included 3284 people, of which 867 (26.4%) were females and 2417 (73.6%) were males. Overall, 51.6% of the cohort claimed a psychotropic medication in the year preceding diagnosis and 61.1% in the following year, with higher proportions among females and increasing with age. Psychostimulants were the most prescribed medications among people diagnosed at ages  $\leq 12$  years, while antipsychotic use increased considerably with age, becoming the most commonly prescribed medication among those diagnosed in adulthood ( $\geq 18$  years), with use rates reaching as much as 80% among those diagnosed between 36 and 60 years. State sequence analyses demonstrate slight variations in the use of psychotropic medications over time, but significant variations by age category and sex.

**Conclusion.** Although psychosocial interventions are recognised by clinical practice guidelines as the cornerstone of interventions for people with autism, the use of psychotropic medications is widespread. This highlights a significant gap between the recommendations of these guidelines and what is observed in the real world.

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## Prescription Patterns in Adolescent Patients With Depressive Disorder at a Tertiary Care Centre in Singapore

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doi: 10.1192/bjo.2024.699

**Aims.** We aim to examine the prescription patterns of local psychiatrists for adolescent patients with depressive disorder, treated on an outpatient basis, as part of an integrated programme for management of mood disorders in adolescent patients (IPMDA) in Singapore.

**Methods.** An longitudinal cohort observational study was carried out at a psychiatry out-patient department in the National University Hospital of Singapore, as part of a specialised programme for the treatment of adolescents, aged 13 to 18, with depressive disorder. The data which were collected included