

faced with reality, these patients are unable to adjust themselves and frequently are negativistic to offered help and therapies.

**Conclusion** We assume that paranoid patients should be treated not with straightforward strategies, such as psychoeducation, but with less stigmatizing methods that work on metacognitive and motivational levels.

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

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## EV1282

### A systematic review of the pharmacological treatment of delusional disorder

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**Introduction** Pharmacological treatment is the gold standard in delusional disorder (DD), moreover the second generation antipsychotics (SGA) are widely used in the treatment of DD, in spite of this, none SGA is authorized for the treatment of DD.

**Objectives** To evaluate the evidence available for pharmacological treatment in adults with DD. Especially, that concerning SGA.

**Methods** A systematic review on pharmacological treatment of DD was conducted. We selected the best evidence available. Then, we analysed them critically, assessing its biases and quality, finally performed a narrative and quantitative synthesis.

**Results** The quality of the evidence was very low. There were not randomized clinical trials.  $n=385$ , 177 SGA. Antipsychotics achieved a good response in a 33.6% of the patients. First generation antipsychotics (FGA) did show superiority compared to SGA (39% good response vs. 28%, respectively.  $P \leq 0.02$ ). We could not find data about superiority of any drug over other. Pimozide, traditionally considered the most effective drug, did not confirm to be a superior treatment compared to others. Reasons for superiority of FGA were analyzed. The role of another treatments were testimonial, but antidepressants can be a promising treatment.

**Conclusions** There is no evidence to make strong recommendations, although antipsychotics in general appear to be an effective treatment for DD. Superiority of FGA against SGA was shown. We need to develop clinical trials in DD and SGA, since their better tolerance profile might be the best candidates to do.

**Keywords** Delusional disorder; Pharmacological treatment; FGA; SGA

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

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## EV1283

### Seroprevalence of toxoplasma gondii in Romanian psychiatric patients

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**Introduction** Toxoplasma gondii infection has been recently associated with schizophrenia and other psychiatric disorders.

**Aim** The aim of the present study was to evaluate the prevalence of T. gondii antibodies among acute psychiatric patients from Western Romania.

**Methods** This study included 214 consecutive patients admitted at the psychiatric clinic, County Clinical Emergency Hospital in Timisoara, Romania, between 30.06.2011 and 12.01.2012. Clinical and laboratory investigations were performed in these hospitalized patients, including serologic tests for T. gondii IgG and IgM antibodies.

**Results** The 214 patients aged 19 to 71 years (mean = 42.5), 64.9% were females. T. gondii antibodies were detected in 117 (54.7%) of 214 psychiatric patients. When the data were analyzed by diagnostic groups, T. gondii antibodies were demonstrated in 30 (50.84%) of 59 patients with schizophrenia, in 28 (59.57%) of 47 with persistent delusional disorder, 10 (31.25%) of 32 with acute and transient psychotic disorder, 13 (54.16%) of 24 with schizoaffective disorder and 35 (70%) of 50 with bipolar disorder. A high prevalence of T. gondii antibodies was found among patients with bipolar disorder compared to those with schizophrenia ( $P=0.043$ ) acute and transient psychotic disorder ( $P<0.0001$ ) and healthy controls ( $P<0.0001$ ). Of the 18 patients with schizophrenia and a BPRS score  $<51$ , T. gondii antibodies were detected in 13 (72.2%) compared to 17 (41.4%) of 41 in whom BPRS score was  $>51$  ( $P=0.03$ ).

**Conclusion** These findings suggest that T. gondii infection may be associated with several psychiatric disorders. A high seroprevalence of T. gondii was demonstrated in patients with bipolar disorder.

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

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## EV1284

### A descriptive study of a sample of 42 male outpatients diagnosed psychotic disorder

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**Aims** The approach to mental illness and specifically in serious mood disorders, long-term treatments that improve adherence as continuous treatments ensure compliance are needed, they minimize the risk of relapse and readmission and therefore increase the chances to have a good fit and social, relational and even occupational functioning.

**Method** We analysed a sample of 42 male diagnosed with schizophrenia, schizoaffective disorder, chronic delusional disorder that starts treatment with Paliperidone Palmitate in outpatients. It is analysed the dose of paliperidone palmitate employed for stabilization and family satisfaction at the time of stabilization is analysed in the study.

**Results** The mean dose of Paliperidone Palmitate is 138 mg. The patient diagnosed with schizophrenia are 47.6% and the average dose is 132.5 mg. Chronic delusional disorder is 2.3% and the mean dose 50 mg. Other comorbidity mood disorders are 21.4% and the mean dose is 183 mg. Other disorders (F70, F72...) are 28.5% and mean dose 133 mg. The average family satisfaction (minimum 1 up to 5) is 4, with the highest score among patients diagnosed with F20 Schizophrenia.

**Conclusions** Long lasting injectable medications achieve important adherence and a high percentage of antipsychotic monother-