

incoherent language appeared for the first time at the age of 17. High doses of two consecutive anti-psychotics were tried without remission and finally clozapine was initiated with clinical improvement.

Discussion In clinical practice, a subgroup of psychotic patients experience, significant ongoing positive symptoms despite of using first line anti-psychotic medication.

Conclusion Most recent research; suggest that clozapine may have an important role in the early treatment of first-episode patients, even becoming a first line option to consider.

Keywords Clozapine; First episode psychosis

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

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EV1073

Long acting injectable aripiprazole: An observational study

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Introduction Several trials have shown the efficacy of long acting injectable (LAI) second-generation anti-psychotics compared with other anti-psychotics. LAI aripiprazole is a novel therapeutic tool in the management of patients with schizophrenia.

Aims The present study aimed to evaluate the clinical outcomes of patients who initiated treatment with LAI aripiprazole, by comparing their clinical outcomes prior and after initiating treatment with LAI aripiprazole.

Methods This observational, retrospective, mirror study assessed a series of socio-demographic and clinical variables during the 12 months prior to commencing LAI aripiprazole, while on another anti-psychotic medication, and the first 12 months of LAI aripiprazole. The sample included a series of consecutive patients receiving LAI aripiprazole at the Doctor Peset university hospital health area, in Valencia (Spain). The variables analyzed in the study included: emergency room visits, number and average length of hospitalizations, relapse, rate of abandonment of treatment and number of anti-psychotics needed as maintenance treatment.

Results The preliminary analysis showed a reduction in the rate of emergency room visits and the number of relapse and total hospitalizations while on LAI aripiprazole; however, there is no a reduction of the average length of hospitalizations. A reduction in the number of anti-psychotics as maintenance treatment was not appreciated, however, there was an improvement in treatment adherence.

Conclusions The preliminary results showed that LAI aripiprazole is an useful option that could suppose a benefit concerning treatment adherence, a decreased in number of relapses and hospitalizations and use of health resources.

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

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A pharmacologic option to reduce hospital admissions and relapses of patients with severe mental illness

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Introduction Some diseases relapses involve functional impairment that sometimes takes years to recover. We present our

experience using long-acting aripiprazole as maintenance therapy in patients diagnosed with psychotic episode, acute mania (bipolar disorder) or personality disorder, who were previously treated with another anti-psychotic.

Aims Analyze what treatment were they taking before aripiprazole depot. Determine the number of hospital admissions and relapses before and after long-acting aripiprazole treatment.

Methods Descriptive analysis based on a sample of 37 patients, aged 18–65 years, treated during one year with anti-psychotics at two community mental health units.

Results Reduction of hospitalization average: 0.59/year with non-long-acting-aripiprazole anti-psychotic, 0.18/year with long-acting aripiprazole (66.6%).

Conclusion Long-acting aripiprazole appears to reduce the number of hospitalizations and relapses compared to other anti-psychotics. However, the sample size is small and more studies are needed.

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Tobacco and anti-psychotics side effects

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Introduction It's known that, patients with schizophrenia smoke more tobacco than general population, and that tobacco is a potent inducer of cytochrome P450 isoenzyme 1A2 (CYP 1A2). In addition, clozapine and quetiapine, drugs frequently used in the treatment of schizophrenia, are CYP1A2 substrates. So, tobacco smoking may reduce blood levels of clozapine and quetiapine.

Objective To revisit the influence of changes in tobacco consumption in clozapine and quetiapine side effects.

Methods Case report.

Results A 48-year-old male diagnosed of schizophrenia following DSM IV-TR criteria. He required five hospital admissions from 2008 to 2013 because of psychotic episodes. Since 2013, he was asymptomatic receiving clozapine, 600 mg/day, and quetiapine, 1200 mg/day. Recently, he came to the emergency service due to sudden extreme sedation, thinking impairment, sialorrhea, and walking disability. The patient denied treatment abuse and his family confirmed this statement. When asked about toxics he referred progressive tobacco reduction in the last 3 months (from 60 to 20 cigarettes/day). Bearing in mind the relationship between clozapine and quetiapine metabolism and tobacco, treatment was slowly reduced until the doses of clozapine 500 mg/day and quetiapine 400 mg/day. One week after admission, side effects disappeared, psychotic symptoms were not detected, and the patient was discharged.

Conclusions Inquiring about changes in tobacco consumption may be useful when anti-psychotics side effects appear suddenly without an alternative explanation.

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Sex and age factors in neuroleptic malignant syndrome diagnosis frequency

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