Material and methods This is a cross-sectional study conducted in 2015. The data were obtained from the patients' charts and compared with the results of a more extensive study conducted at the same hospital during 2002–2005 period. Statistics was performed using standard statistical methods.
Results Of the total number of patients ($n = 44$), 81.8% ($n = 36$) were on antipsychotic monotherapy, while in the previous study, which included 198 patients, monotherapy was noted in just 32.3% hospitalizations ($n = 64$) (Chi = 34.5; $P < 0.001$). Among patients treated with polypharmacy, the majority was prescribed the combination of a first- and second-generation antipsychotic ($n = 7$, 87.5%), while just one patient was treated with two first-generation antispychotics ($n = 1$, 12.5%). In the 2002–2005 period, the combination of two first-generation antipsychotics was dominant (58.9%, $n = 79$).
Conclusion This study indicates that in Serbian psychiatry there is a strong tendency towards reduction of antipsychotic polypharmacy. However, this is a single-centre study with a relatively small number of participants and more extensive research on the national level is warranted to confirm this trend.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1008

Lithium-induced acute intermittent dystonia in a patient with schizoaffective disorder

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While lithium is well known for its neurotoxicity, there are very few publications about lithium-induced acute dystonic reaction. We are presenting a clinical case of lithium-induced acute intermittent dystonic reaction in a patient with schizoaffective disorder (SAD). The patient is a 69-year-old African-American male with a long history of SAD, who was treated for many years with ziprasidone and divalproex and was admitted with SAD exacerbation. Due to increased QTC interval, we switched patient to lurasidone. After 2 weeks, due to increased ammonia level, divalproex was switched to lithium (600 mg loading dose and then 450 mg twice/day). Three days later, patient developed a series of intermittent episodes of acute dystonia, manifested as mutism, dysarthria, upper and lower extremity muscle rigidity, dysphagia, and tremor (Table 1). Dystonic reactions responded to benztropine. Eventually, lithium was discontinued and patient did well on a combination of carbamazepine and olanzapine. In this case, we would like to emphasize not only the intermittent but also the atypical presentation of acute dystonic reactions with involvement of large muscle groups, the resemblance to NMS, and a "spectrum" of dystonic reactions rather than one clear-cut presentation. We can only speculate the role lurasidone played in this presentation but reoccurrence of dysarthria on day 54 after lithium was restarted points to its major role.
Table not available.
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EV1009

Tolerability and side effects of an extended-release injectable suspension of aripripazole in a series of inpatients in a dual diagnosis unit

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Introduction The integrated care in dual diagnosis units involves selecting pharmacological treatment strategies for both substance use disorder and the non-addictive psychiatric disorder. It is recommended to choose drugs with a favorable balance between efficacy/tolerability, an adequate side effects profile and the minimal drug interactions.
Objectives and aims To evaluate the tolerability and side effects after first administration-first dose of an extended-release injectable suspension of aripiprazole in a group of patients admitted to an acute dual diagnosis unit.
Methods The study included a series of patients admitted in our unit from May to August 2015 that received the first dose of the aripiprazole preparation (400 mg). Evaluations included different scales for side effects (SAS, ESRS, UKU) and the clinical global impression scale (CGI).
Results A total of 9 patients were included and evaluated (all men, mean age: 39-years-old). Diagnoses were: bipolar disorder (5/9), schizophrenia (2/9), schizoaffective disorder (1/9) and delusional disorder (1/9) with concomitant substance use disorder (6 cannabis, 2 alcohol, 1 cocaine). All of them without outpatient control and treatment at admission. The results of the clinical scales conclude that none of them had significant side effects, including extrapyramidal, with an improvement in the ICG scale.
Conclusion Tolerability of extended-release injectable suspension of aripiprazole was good in all cases. In the future, new cases should be included to extend the sample and to evaluate other aspects such as the craving for substances.
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EV1010

Treatment efficacy with paliperidone palmitate in patients after the first psychotic episode

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Objectives To evaluate factors of therapeutic efficacy of paliperidone palmitate, such as the speed of action and its maintenance in patients who experienced a first psychotic episode that led to a hospital admission in the acute unit.
Materials and methods Two-year observational and descriptive study. Patients admitted to the Mental Health Hospital Unit (MHHU) from January 2013 to July 2014, with a first psychotic episode and under paliperidone palmitate treatment. Monitoring

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and evaluation six months after hospital discharge. They were evaluated using the PANSS and BPRS scales at four different time points of the evolutionary process.
Results Average scores of the BPRS scale: 39 on admission day, 27 on day of discharge, 23 on the third month and 20 on the sixth month. Average score of PANSS scale: PANSS-PG: 64 on admission day, 48 on day of discharge, 25 on the 3rd month, and 20 on the 6th month. PANSS-P: 41 on admission day, 21 on day of discharge, 12 on the 3rd month, and 10 on the 6th month. PANSS-N: 21 on admission, 11 at discharge, 8 on 3rd month and 7 on 6th month. No clinically significant side effects were observed that would lead to the modification of the doses or the abandonment of the treatment in this period.
Conclusion The results of this observational study show that the start of the treatment with PAP is associated with an observable clinical response on the 4th day. The evaluation scales at the 3rd and 6th months also suggest the maintenance of efficacy of the treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1011

Effective doses of paliperidone palmitate (PAP): Retrospective analysis from three years of treatment

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Introduction The use of PAP is already much extended in general. The recommended doses in the technical specifications of the drugs, as the result of trial studies, differ from the doses administered in habitual clinical practice. Therefore, the justification of this study is to monitor the average doses prescribed, to be able to reach an agreement on the best doses. To retrospectively analyze the first 32 patients in our area of healthcare, who were prescribed PAP, the doses used at the start of treatment and after 3 years.
Materials and methods Two initial doses of PAP were analyzed, maximum and current (outpatient) in 32 patients attended in the area of mental health of North Jaen, who started the treatment with PAP between 2012 and 2013, with an average length of time of 2.55 years (SD 2.02). We evaluated the diagnosis (schizophrenia and related disorders, ICD-10 F20), the number of hospital admissions previous and posterior to the start of the treatment and change in weight.
Results Average doses: initial: 110.15 mg (SD 32.83), maximum: 165.51 mg (SD 29.76) and maintenance: 146.81 mg (SD 29.59). Average hospital admissions: prior and posterior to the start of treatment: 1.5 and 0.83. An average reduction of 44.06% in admissions was observed.
Conclusions The data obtained suggests that a dose of 75–200 mg could be effective in the maintenance of patients with schizophrenia and for decreasing the number of new hospital admissions. Fifty percent of the cases can be compensated with long acting peliperidone as a monotherapy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1012

Discontinuation, read missions and polytherapy with long-acting antipsychotics: An observational study

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Introduction and aim Long-acting antipsychotics (LAIs) provide certain advantages over oral medications. The aim of our study is to determine whether there are differences between the various long-acting injectable antipsychotics available in our environment.
Methods A retrospective observational study with psychotic patients discharged with LAIs was designed. Data on discontinuation, relapses and associated drugs in the discharge and in a year follow-up were collected. Fifty-seven patients were included: 21 risperidone (RLAI), 20 paliperidone palmitate (PP) and 16 first-generation LAIs (FG). Odds ratio was used to compare discontinuation, χ^2 test for categorical variables and Kruskal-Wallis test for independent samples.
Results Discontinuation was lower with PP: $OR_{RLAI/PP} = 2.74$ and $OR_{FGLAI/PP} = 3.09$. There were significant differences in readmissions: rehospitalizations ($\chi^2 = 7.072$, $P = 0.029$) and days of stay ($\chi^2 = 8.251$; $P = 0.016$), both lower in the PP group. We found less use of psychoactive drugs with PP, with significant differences in the discharge ($\chi^2 = 11.518$; $P = 0.003$) and in the follow-up ($\chi^2 = 7.097$; $P = 0.029$). There were also significant differences in the use of oral antipsychotics in the discharge ($\chi^2 = 27.049$, $P = 0.000$); anticholinergic drugs in the discharge ($\chi^2 = 7.001$, $P = 0.03$) and in the follow-up ($\chi^2 = 11.699$, $P = 0.003$) and benzodiazepines in the follow-up ($\chi^2 = 8.493$, $P = 0.014$), always lower in the group of patients treated with PP.
Conclusions Treatment with paliperidone palmitate may be more suitable than other long acting antipsychotics when it starts during the acute episode.
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EV1013

Economic evaluation of long acting aripiprazole as maintenance therapy for paranoid schizophrenia

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Introduction Patient adherence to a treatment regimen is of utmost importance for successful outcomes in schizophrenia. Long acting aripiprazole (LAA) is a new drug of depot antipsychotic type placed in the market recently that could prevent non-adherence and in reducing relapse in schizoprenia administered every 28 days.
Objective A descriptive, observational study designed to explore the efficacy and tolerability of long acting aripiprazole in a sample of patients diagnosed with paranoid schizophrenia that were admitted to Acute Unit in 2014. LAA was introduced on the admission.
Methods Sociodemographic variables: age, sex, and marital status. Clinical variables: average time since diagnosis, concomitant consumption of toxic substances, reason to change medication, subsequent readmissions after LAA was introduced, evaluation of