

aripiprazole is approved for the acute management of manic and mixed episodes and maintenance in BPD. It presents the advantage of a low risk of metabolic side effects, sexual dysfunction, and sedation, which can facilitate treatment adherence and help improve clinical outcomes.

Objectives The authors present an illustrative case on which aripiprazol long acting injection monotherapy was effective as maintenance treatment in a patient with long history of BPD with several hospital inpatient admissions and very poor therapeutic adherence.

Methods Case report based on the patient's file. Narrative review of articles available in PubMed about the use of aripiprazol in BPD.
Results For this patient, aripiprazol long acting injection has proved to be an excellent choice for long-term treatment of BPD. The once-a-month injection promotes therapeutic adherence, which in this case was combined with involuntary outpatient treatment, ensuring therapeutic compliance.

Conclusions Aripiprazol has been shown to be safe and effective in the maintenance treatment in BPD. It shows similar efficacy and a superior tolerability profile when compared with other well-established treatments. Further studies are needed, warranted by its potential advantages, particularly on patients with poor insight and adherence.

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

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EV1098

Treating bipolar disorder in pregnancy

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Introduction Bipolar disorder is a chronic psychiatric illnesses characterized by alternating episodes of mania/hypomania and major depression, or with mixed features. Acute exacerbations and maintenance treatment with appropriate pharmacotherapy are mandatory. Long-term treatment with mood-stabilizing medications is typically required. The incidence of bipolar disorders in women during the primary reproductive years is very high, and the episodes of mania or depression are thought to occur in an estimated 25%–30% of women with bipolar disorder during pregnancy.
Objectives Provide a clinically focused review of the available information on the effectiveness and safety of the different pharmacotherapies in the treatment of bipolar disorder during pregnancy.
Methods A bibliographic review is made of the pregnancy in bipolar disorder, based on the data published in PubMed.

Results Clinical decision making about the use of mood stabilizers and atypical anti-psychotics by pregnant women can be conceptualized as balancing the competing risks imposed by withholding or stopping pharmacotherapeutic treatment against that of continuing or initiating pharmacotherapy during pregnancy. Some of the most effective pharmacotherapies have been associated with the occurrence of congenital malformations or other adverse neonatal effects in offspring. There is few information about the safety profile and clinical effectiveness of atypical anti-psychotic drugs when used to treat bipolar disorder during pregnancy.
Conclusions Treating women with bipolar disorders during pregnancy is a challenge. There are no uniformly effective or risk-free treatment options. Fully informed decision-making requires the review of the risks of both untreated maternal bipolar disorder and risks associated with potential interventions.
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EV1099

A case report of an acute confusional state related with perampanel

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Introduction Perampanel (PER) is a new selective, non-competitive AMPA glutamate receptor antagonist. PER is generally well tolerated, with dizziness, somnolence, headache, and fatigue as the most common treatment-emergent adverse events, however neuropsychiatric adverse reactions; particularly irritability and aggressiveness can be expected.

Objective We describe a patient who developed an acute confusional state presumably related to treatment with PER.

Aims At the conclusion, the participants should be able to remember that PER is associated with psychiatric side effects.

Methods Collect the data of the clinical history of the patient, who was admitted in the acute psychiatry ward of our hospital.

Results A 32-year-old woman diagnosed with pharmacoresistant juvenile myoclonic epilepsy, was referred to the emergency department because of severe behavioral disturbances, insomnia, irritability and aggressivity after increasing the dose of PER from 6 to 12 mg. Physical exploration, drug screen and blood tests were all normal. No abnormalities were found in CT, EEG and MRI, and then she was referred to psychiatric ward. At her admission, she presented fluctuations of her mental state and level of consciousness. She was diagnosed with acute confusional syndrome induced by PER, and consequently PER was stopped and risperidone was initiated. In the 4th week symptomatology remitted.

Conclusion Anti-epileptic drug's (AEDs) are associated with psychiatric side effects. Patients with epilepsy have higher risk develop psychiatric symptoms and behavioral disturbances. There is evidence to suggest that AMPA receptors are involved in the pathogenesis of psychiatric conditions. Such mechanisms could be responsible of the psychiatric symptoms observed. Neuropsychological profiles of AEDs are important considerations for treatment selection, particularly in children and adolescents.

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

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EV1100

A retrospective study of drug – drug interactions in patients treated with pharmacotherapy in the biggest Slovenian correctional facility

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Background Drug-drug interactions (DDIs) are known to lead to treatment failure.

Objectives In most European countries there are no data on DDIs in patients within correctional facilities.

Aim The main aim of this paper is to present the most frequent DDIs in the biggest Slovenian male, Slovenian correctional facility Dob to avoid serious DDIs in future.

Methods A retrospective study was carried between September 2015 and June 2016 on 141 patients on substitution treatment (methadone, suboxone and buprenorphine) and 125 other prisoners with mental disorders in need for psychiatric treatment were

included. All study data were extracted from the patients' medical files of the psychiatric dispensary in the prison Dob. DDIs were determined by different interaction classes with Lexicomp Online™ 19.0 version and only X (major interactions and should be avoided) and D (minor interactions and avoid if it is possible) were included.

Results Together 220 patients were included. Number of patients with at least 1 interaction, were 139 (63.2%). Number of patients with at least 1 X interaction, were 59 (26.8%). Number of patients with more than one (1) X interactions was 15 (6.8%). More than half of the patients (56.4%) were treated by hypnotics and 38.4% with benzodiazepines. The most frequent X DDIs were: buprenorphine, methadone and sulpride with antipsychotics (clozapine and quetiapine) and antidepressants (e.g. escitalopram, fluoxetine).

Conclusions In patients treated with methadone and buprenorphine there are frequent DDIs resulting in contraindications for prescribed combination of drugs. If an antidepressant is to be used in patients prescribed methadone and buprenorphine, sertraline is recommended.

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

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EV1101

Changes in the trend of anti-psychotics prescription in elderly patients in a general hospital in Singapore 2005–2013

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Objectives This was a descriptive study of the prescription trend of anti-psychotics for elderly patients in a general hospital in Singapore.

Methods Elderly patients aged >65 who received at least 1 prescription of anti-psychotics during 2005, 2007, 2009, 2011 and 2013 in Tan Tock Seng Hospital, Singapore, were selected. Data was obtained from the hospital computerized prescription records.

Results The total number of elderly patients who received anti-psychotics increased from 865 in 2005 to 1990 in 2013. Following the official warning issued by the health sciences authority in 2004 regarding the increased risks of cerebrovascular events in elderly patients taking olanzapine and risperidone, prescriptions for risperidone reduced between 2005 to 2013 (20.74% vs. 11.79%, 95% CI: 0.07–0.10, $P < 0.0001$). However, the percentage of prescriptions of other atypical anti-psychotics such as quetiapine increased from 27.47% to 58.48% (95% CI: 0.29–0.33, $P < 0.0001$), in 2005 and 2013 respectively, and prescriptions for olanzapine remained relatively stable at 6.65% in 2005 and 8.94% in 2013 ($P > 0.05$). With the black box warnings extended to typical anti-psychotics 3 years later, the percentage of prescriptions of typical anti-psychotics decreased between 2005 to 2013, e.g. haloperidol (33.19% vs. 13.39%, 95% CI: 0.17–0.22; $P < 0.0001$), sulpiride (6.58% vs. 2.83%, 95% CI: 0.03–0.05, $P < 0.0001$) and chlorpromazine (3.85% vs. 1.85%, 95% CI: 0.01–0.03, $P < 0.0001$).

Conclusions After the first safety warning the percentage of prescriptions for risperidone dropped significantly, and there was a significant increase for quetiapine. The percentage of haloperidol, sulpiride and chlorpromazine prescriptions declined after both warnings. Anti-psychotics use in the elderly continues to be prevalent.

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

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EV1102

Psychiatrists' opinions on long-acting anti-psychotics drugs: Perceived differences and identification of the ideal patient for each of these medications

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Introduction Long-acting anti-psychotic drugs (LAI) are increasingly used in clinical practice, owing to their ability to improve adherence.

Objectives and aims To understand the variables that inform treatment choice, within the LAI anti-psychotics, in the daily clinical practice.

Methods Fifteen attending psychiatrists from the university clinic of Siena and the community mental health service USL 7 Siena and Val d'Elsa were asked to answer a questionnaire comprising 4 questions, and asking for their clinical experience regarding olanzapine, risperidone, haloperidol, zuclopentixol, paliperidone and aripiprazole LAIs.

In particular, they were asked to indicate:

- which LAI has been their mostly used;
- what have been the most relevant side effects;
- an efficacy score ranging from 0 to 5;
- who the ideal patient for each of these medications could be.

The answers were statistically assessed and the final results described as a percentage of the total.

Results The results are shown by the Tables 1 and 2.

Conclusions LAI are still heterogeneously used in the daily clinical practice: their actual use depends on the individual experience with a specific drug as well as on their costs and the availability of resources within the medical service. The most used LAI resulted to be risperidone, although haloperidol LAI is still considered to be the most effective one. Those psychiatrists interviewed had an overall good opinion about the most recent LAI such as paliperidone and aripiprazole. This is due to their good tolerability, which allows them to be administered more safely to the youngest, in order to preserve their good functioning.

Table 1

LAI	% of psychiatrists who said it is the most used	Most relevant side effects	Efficacy score
Olanzapine		Metabolic syndrome (100%)	3,85/5
Risperidone	53,3%	Prolactin increase (100%)	3,93/5
Aripiprazole	20%	<ul style="list-style-type: none"> • no side effects (60%), • akathisia (40%) 	3,26/5
Zuclopentixol		<ul style="list-style-type: none"> • sedation (60%), • extrapyramidal (40%) 	3,4/5
Haloperidol		EPS (100%)	4,13/5
Paliperidone	20%	<ul style="list-style-type: none"> • no side effects (60%) • prolactin increase (40%) 	3,8/5