

they either have a more favorable SD profile. (3) SD with vortioxetine was not statistically higher when compared with placebo, and was statistically lower compared with other SSRIs or SNRIs. (4) There is evidence that antidepressants that are also 5-HT1A receptor agonists (e.g. vortioxetine and vilazodone) may facilitate sexual performance.

Conclusions In case of SD pharmacologic and non-pharmacologic options are available. Vortioxetine seems to be a good pharmacologic option, with better NNH than SNRI and less SD.

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

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EV1096

Aripiprazole once monthly outpatient experience

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Introduction Aripiprazole once monthly (AOM) is one of the most recently introduced antipsychotics with a different mechanism of action, which seems to bring clinical and tolerability implications [1].

Objectives We describe the patient profile that may benefit from AOM treatment.

Methods This is a single-centre, retrospective, one year follow-up study of 13 cases of ambulatory AOM use. We analyze clinical and functional evolution, and the tolerability profile of patients in a real clinical practice basis.

Results Mean age was 53.69; 53.8% were males and 46.2% females. The most frequent diagnosis was Schizophrenia and other chronic psychosis (69.3%). Only 7.7% had co-morbidity with substance use disorder (cocaine); 61.6% were on previous treatment with other injectable anti-psychotics; 84.6% of the sample received AOM as monotherapy. Reasons for switching to AOM are shown on Fig. 1. Events during switching are shown on Fig. 2. Outcomes with AOM long-term treatment were positive in 84.61% of cases and are shown on Fig. 3.

Conclusions Switching to AOM could be considered as a good strategy to improve tolerability, functionality and ultimately adherence to treatment in patients in middle age of life with a chronic psychotic disorder [2].

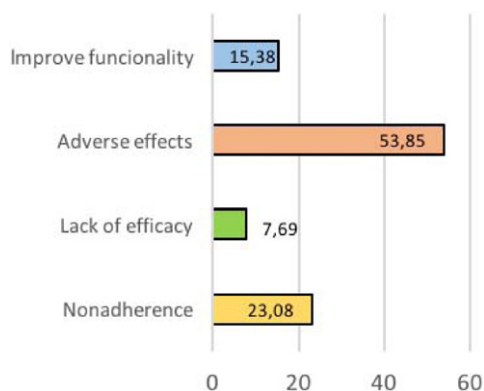
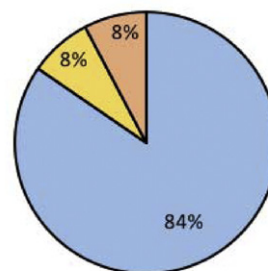


Fig. 1 Reasons for switching.



None Withdrawal Hospitalization

Fig. 2 Events during switching.

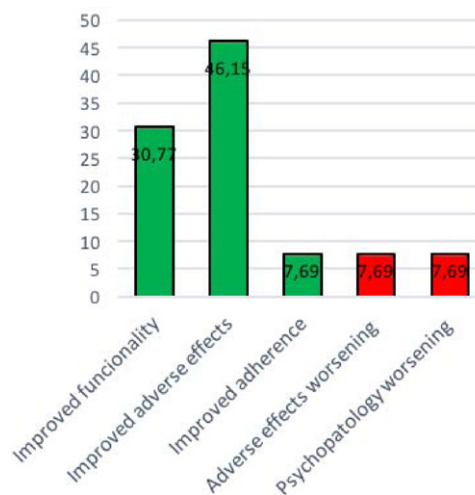


Fig. 3 Outcomes with AOM.

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

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EV1097

Clinical vignette – Aripiprazol long acting injection monotherapy as long-term treatment for bipolar disease

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Introduction Over the last decade a number of effective maintenance treatments for bipolar disorder (BPD) have been developed. Lithium remains the best-established option, but valproic acid, lamotrigine, olanzapine, and quetiapine are also effective maintenance drugs. However, oral administration contributes to lower adherence rates with these drugs. In the United States and Europe,