

exacerbation of the tics, interfering with his social and academic life, making it impossible to attend classes. The mother takes him to emergency services, and he is admitted to pediatrics. During the stay in pediatrics, he is diagnosed with Attention Deficit Hyperactivity Disorder, in addition to confirming the TS diagnosis. Extended-release methylphenidate is initiated (neuropsychiatry). After starting methylphenidate, the patient's tics worsen, also presenting insomnia and hyporexia. Due to the diagnosis of ADHD, school failure, and affective symptoms (hypothymia), atomoxetine is initiated. The tics become constant and incapacitating. As the dose of aripiprazole is increased, the child presents extrapyramidal effects. As a therapeutic alternative, guanfacine is initiated, progressively discontinuing aripiprazole. Currently, the child is stable from motor and vocal tics, allowing him to lead a normalized life.

**Conclusions:** Although guanfacine is not as effective in reducing tics as antipsychotics, since the latter produce more side effects, it is justifiable to use it. This drug is capable of enhancing the therapeutic effect and reducing the adverse effects that antipsychotics could produce. Guanfacine may be a good alternative as a first line in the treatment of Tourette Syndrome with or without attention deficit disorder and hyperactivity.

**Disclosure of Interest:** None Declared

## EPV0830

### Asenapine versus other atypical antipsychotics for schizoaffective disorder Case study

E. Shaska

Acute Services, Psychiatric Hospital, Vlora, Albania  
doi: 10.1192/j.eurpsy.2024.1452

**Introduction:** Antipsychotics are psychotropic medications that are indicated for the treatment of psychosis and mood disorders. Due to minimal side effects and their efficacy (affecting many receptors) compared to standard antipsychotics, today atypical antipsychotics are being used more and more as first-line treatment.

The aim of this study is to show the efficacy of asenapine and its tolerability as opposed to other atypical antipsychotics.

**Objectives:**

1. What are the side effects identified?
2. Side effects and efficacy of asenapine vs other atypical antipsychotics?

**Methods:** It is a comparative, regular, clinical study, an examination case of a 53-year old female diagnosed with Schizoaffective Disorder 27 years ago and treated outside of hospital with atypical antipsychotics, such as: risperidone, olanzapine, quetiapine, aripiprazole, amisulpride. The study covers the timespan of 2010-2022.

**Results:** The results showed that asenapine sublingual 15 mg had fewer side effects than other atypical antipsychotics. They were mouth dryness, headache, fatigue.

The other atypical antipsychotics caused: metabolic disorders, like considerable weight gain, cholesterol and glycaemia increase, extrapyramidal side effects, hyperprolactinemia.

Asenapine sublingual 15 mg was not as effective in treating Schizoaffective Disorder as risperdal 5mg, olanzapine 15 mg, aripiprazole 20 mg, amisulpride 600 mg.

The efficacy of asenapine sublingual 15mg was the same as quetiapine 400 mg.

**Conclusions:** This study showed that asenapine has minimal side effects but its efficacy in treating Schizoaffective Disorder as monotherapy is lower than other atypical antipsychotics.

**Key words:** antipsychotics, schizoaffective disorder, side effects, efficacy

**Disclosure of Interest:** None Declared

## EPV0831

### Importance of the type of pharmacological treatment in patients with severe mental disorder

M. Lucas, P. Romero\*, N. Sirvent, R. Roig, J. Bajén, M. Aliño, C. Escobar and C. López

PSYCHIATRIC, SESCAM, ALBACETE, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1453

**Introduction:** The use of long-acting treatments is a common clinical practice in psychiatry. No disease insight and the risk of treatment discontinuation in a significant portion of our patients, increase the demand for psychiatric emergency and hospital admissions. Treatment adherence must be facilitated, taking into account possible side effects and patient's subjective satisfaction.

**Objectives:** -Evaluate the type of long-acting intramuscular treatment in selected patients. -Evaluate the differences in treatment satisfaction between different types of long-acting intramuscular treatments as well as frequency of psychiatric emergency and hospital admissions in the last year.

**Methods:** We select patients with different severe mental disorders who stay in a Medium Stay Unit, Sociosanitary Community Residence, Supervise house and Residence for the elderly in Albacete (Spain); all of them, with intramuscular neuroleptic treatment (zuclopenthixol dihydrochloride, aripiprazole long acting, palmitate paliperidone monthly, 3-monthly and 6-monthly) at least 1 year.

We evaluate their sociodemographic characteristics, the satisfaction questionnaire with the treatment (TSQM-9) and the rate of psychiatric emergencies and admissions after current intramuscular treatment in last year.

**Results:** We have selected 57 patients with an average age of 45.86. 78.94% with a diagnosis of schizophrenia, 12.28% with schizoaffective disorder, 5.26% bipolar disorder and 3.5% unspecified psychotic disorder.

We can see in the graphics below that the longer duration of the intramuscular treatment, the greater satisfaction in all the items of the TSQM-9 questionnaire.

31% of the patients with zuclopenthixol dihydrochloride treatment, have gone to psychiatric emergencies and 28% of psychiatric admissions in the last year. 18% of the patients with aripiprazole long acting, 17% with paliperidone palmitate long acting-monthly and 12% de 3-monthly have gone to psychiatric emergencies and 15%, 12% and 12% needed psychiatric admissions respectively. Patients with palmitate long acting-monthly have not emergencies or psychiatric admissions in the last year.