records. Sociodemographic factors, average length of stay, antipsychotic polypharmacy, type of substance and change on clinical global impression (GCI) scale during hospitalization were also obtained. Data was analyzed using the IBM SPSS, v21. The Wilcoxon signed-rank test was used in the analysis.

RESULTS: 11 patients were included; 7 (63.6%) were males, the mean age was 40.37 (SD:13.23) years and the average length of stay was 11.27 (SD:7.53) days. LAI aripiprazole was prescribed in 7 (63.6%) patients (all of them receiving 400mg monthly) and oral aripiprazole was prescribed in 4 (36.4%) patients (mean daily dose = 16.25 mg; SD:10.30). Antipsychotic polypharmacy was observed in 6 (54.5%) patients: 4 with quetiapine (mean daily dose = 75 mg; SD:61.23), 1 with clotiapine 20 mg daily and 1 olanzapine 15 mg daily. There were 6 (54.5%) polysubstance users and the substances used were cannabis (63.7%), alcohol (36.4%), stimulants (27.3%), opioids (9.1%), hallucinogens (9.1%) and sedative-hypnotics (9.1%).

The mean of inpatient admissions before and after aripiprazole initiation was 1.00 (SD:1.00) and 0.18 (SD:0.60) (p = 0.047). The mean of emergency room visits before and after aripiprazole initiation was 1.64 (SD:1.85) and 0.36 (SD:0.67) (p = 0.026). With respect to CGI scale, the severity of illness score was 5.09 (SD:0.94) and the global improvement score was 2.00 (SD:0.63) (p = 0.004).

CONCLUSIONS: These results suggest that aripiprazole could be an effective treatment in psychotic patients with comorbid substance use disorders. However, the results should be taken with caution due to some limitations in our study: a small sample, the short period of time studied, the retrospective design and the inherent biases associated with this type of research. Preliminary investigations on the topic and the results of our study allow clinicians to be optimistic about the use of D2 receptor partial agonist in the treatment of dual disorders.

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What Treatment Would You Prefer if You Were Experiencing a Psychotic Episode? Survey of a Population of Psychiatrists

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ABSTRACT: Rate of treatment non-compliance in schizophrenia, like in other chronic diseases. Long-acting injectable (LAI) antipsychotics have proven to be more effective than orals in reducing the number of recurrences. Although the perception of LAIs has changed over the last few years with the introduction of new molecules, there might be prejudices regarding these formulations within the mental health professionals community. The exercise of imagining how and with which antipsychotic you would like to treat yourself or a close relative in case of suffering from schizophrenia, can help to emerge true prescription preferences.

The objective of the present work is to assess the psychiatrists antipsychotics prescribing preferences for schizophrenia, in the hypothetical case they were patients suffering a 2nd/3rd relapse. With this purpose, we performed an on-line survey in a sample of psychiatrists and trainees from Spain.

Results showed that election of LAIs were less frequent for in Self-prescription scenario, both for the 2nd and 3rd hypothetical recurrence. Also, psychiatrist who chose LAIs for their patients are more likely to choose orals for themselves (p = 0.039; p < 0.001 for 2nd and 3rd recurrence respectively). The most preferred LAI for both patients and self-prescription was aripiprazole once-monthly (60% and 87% respectively).

Interestingly, nearly 70% of psychiatrist choosing a LAI different form Aripiprazole, would change the prescription for themselves; and those choosing aripiprazole once-monthly for their patients were more likely to maintain it for themselves (p < 0.001). Practitioners changing from LAIs to orals in the self-treatment scenario perceive LAIs as a more coercive measure (p < 0.01), being the degree of coercivity perceived the only variable associated with a change in prescription's decisions (p = 0.002). Curiously, LAIs associated coercivity was significantly lower for oncologist vs psychiatrists (p < 0.001). The level of weight gain, metabolic problems, extrapyramidal symptomatology, sexual dysfunction, sedation and cognitive problems perceived by psychiatrists is significantly lower for Aripiprazole than for the rest of LAIs (p <0.01 for all comparisons), with a comparable perceived efficacy (mean = 3.95 and 4 out of possible 5, p = 0.7). In light of our results, this is partially explained by a perception of LAIs as coercive measures, in contrast with perception of

similar treatments for the control of somatic diseases. The fact of imagining a scene where oneself is the one suffering from a disease, shows preferences in the use of psychotropic drugs for the management of schizophrenia where the profile of side-effects and efficacy has a more equitable balance: starting from comparable effectiveness, we prefer treatments associated with a perception of fewer side-effects

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Real World Patient-Reported Outcomes Following Pharmacogenomic Testing

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ABSTRACT: Background: The use of pharmacogenomics (PGx) testing has the potential to accelerate response to psychopharmacologic therapy (Rx) and improve outcomes; accordingly PGx use to select appropriate Rx is increasing. One such commercially available test is the Genecept Assay (the Assay [Genomind]) which measures variants of 18 genes (12 pharmacodynamic and 6 CYP450) for which response, tolerability or exposure to various Rx has been reported. Recent interest in genetics has led patients (pts) to be stewards of their own genetic data. In 2017 we launched a Patient Gateway to allow pts to retrieve their genetic results, have access to mental health information, and record outcomes following use of the Assay.

OBJECTIVE: To assess the effectiveness of Rx recommendations following use of the Assay, as reported on a purpose-built patient portal.

METHOD: Pts receiving the Assay were invited to visit an online, interactive portal. Pts providing informed consent (IC) were asked to record their baseline overall health using a 4- point modified patient global index (m-PGI) of severity. Pts also recorded their conditions, medications, and supplements, and various symptoms. Pts were invited to visit the portal ad libitum and re-rate their overall health using the m-PGI. These data were then combined with the pts' genetic results using custom scripts in Python (v 3.6.4) and R (v 3.5.1). All identifying data were removed. Pts included in this analysis responded (at least) twice to the health questionnaire. New medications were subsequently scored as concordant, discordant, or indeterminate with the Assay's recommendations, using predetermined criteria. We report the initial results for this subgroup herein.

RESULTS: Since launch 9,401 unique patient profiles were created on the Gateway; 5,207 (55%) of these provided IC. Of these, 410 provided at least 2 m-PGI scores. Seventy-three (73) of these pts reported scores at least 4 weeks apart and started 222 medications in the interim. 69.4% of pts identified as female; 70.8% had a diagnosis of generalized anxiety disorder, while 50.0% and 31.9% had diagnoses of major depressive disorder and post-traumatic stress disorder, respectively. 60.2% of pts reported improvement on the m-PGI of ≥ 1 unit; 20% had a ≥ 2-unit improvement. Pts reporting improvement were more likely (77% vs 66%); to have been placed on medication that were concordant with the assay than those who were not improved, although this difference did not reach statistical significance.

CONCLUSION: In this naturalistic, virtual trial of a PGx assay to guide pharmacotherapy in individuals with mental health illness, most users reported improvement in overall health. More pts whose medication was reported as concordant with the Assay reported improvement than those with discordant medications. Data collection is ongoing and updated data will be provided. Funding Acknowledgements: Genomind

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The Need for Speed: Adjunctive Triple Chronotherapy in the Accelerated Treatment of Acute Depression and Suicidality in the Adolescent Population

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ABSTRACT: Objective: This pilot study aims to explore the feasibility and proof of concept of triple chronotherapy (TCT) as a non-pharmacological, adjunctive intervention in the treatment of acute depression and suicidality in the adolescent population.

METHOD: Thirty-one adolescents with moderate to severe depression were included in the study. Each participant