

**Background** Pharmacological treatments for chronic diseases cause side effects. It is important to identify which of these effects could be avoided because it is a cause to drop the treatment. In the chronic psychiatric illness, one of the problems is the induction of changes in prolactin (PRL) serum.

**Purpose** Review of the literature that has been published to assess the association between different types of antipsychotic drugs and prolactin levels.

**Method** Literature search on PubMed, NCBI literature in the last three years using MeSH terms: “prolactin” and “antipsychotics”.

**Conclusions** The increase of prolactin is a common effect poorly studied in the past. After several studies have been able to achieve treatments, called “atypical”, which cause less effect on this substance. For example, aripiprazole, olanzapine and ziprasidone have a slight effect on PRL levels. Aripiprazole could even result in lower levels probably by partial agonism on dopamine receptors. Therefore, we have to make a good clinical practice taking into account the effectiveness and tolerance and interpersonal variation.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2299>

### EV1315

#### Therapeutic children’s book: “I Managed to Overcome my Fears”

C. Lima

*ForAll, Desenvolvimento Pessoal e Bem-Estar, Unipessoal, Lda., Psicologia, Porto, Portugal*

The book “I Managed to Overcome my Fears” was written based on the experience of the author. The sleep disorders in children are sometimes emotional fragility of reflection lived at the time. Caused by routine changes or adaptive and considered normal in child development. This book is meant to be a major therapeutic instrument to be used by therapists and other technicians engaged in the mental health of children. It contains the story, therapeutic indications and therapeutic homework. Getting help children overcome the fears that torment sleep, it will be easier with this feature.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2300>

### EV1316

#### The effect of relaxation techniques and trigger points therapy on stress reduction of patients with mental health disorders in a Greek hospital

G. Lyrakos<sup>1,\*</sup>, D. Menti (MSc in Health Psychology)<sup>2</sup>, I. Spyropoulos<sup>1</sup>, V. Spinaris<sup>1</sup>

<sup>1</sup> *General Hospital Nikaia “Ag. Panteleimon”, Psychiatric, Nikaia, Greece*

<sup>2</sup> *City Unity College, Department of Psychology, Athens, Greece*

\* *Corresponding author.*

**Background** Patients with mental health disorders usually suffer from high stress levels. Trigger points therapy has been shown to be very effective in providing prompt relief from stress in these patients.

**Aim** To investigate the effect of the combined use of relaxation techniques and trigger points therapy on stress levels of patients with mental health disorders.

**Method** Thirty-one patients participated in this study, 14 (45.2%) males and 17 (54.8%) females, with a mean age of 39. Out of them, 10 (32.3%) suffered from anxiety disorders, 6 (19.4%) from obsessive compulsive disorder, 10 (32.3%) from depression and 5 (16.1%) from

chronic condition stress. Data analysis was conducted with *t*-test analysis and ANOVA, using the SPSS software.

**Results** The findings revealed significant differences on stress levels before and after the use of relaxation techniques and trigger points therapy as  $t(30)=18.316$ ,  $P<0.0001$ . Before the use of relaxation techniques and trigger points therapy, individuals reported higher stress levels ( $M=6.129$ ,  $SD=1.087$ ) compared to after the therapy ( $M=1.741$ ,  $SD=.889$ ). Moreover, significant differences were found in stress reduction with regard to psychiatric illnesses ( $F(3,27)=5.027$ ,  $P=0.007$ ). More specifically, individuals with depression reported lower reductions in their stress levels after the therapy compared to both those with chronic condition stress ( $M=-2.1$ ,  $SD=0.61$ ,  $P=0.013$ ) and anxiety disorders ( $M=-1.4$ ,  $SD=0.503$ ,  $P=0.05$ ).

**Conclusion** The findings of this study highlight the importance of using trigger points therapy, combined with relaxation techniques, to reduce stress levels of patients with mental health disorders.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2301>

### EV1317

#### Antipsychotic combination strategies in patients with bipolar disorder

R. Molina Ruiz<sup>\*</sup>, M. de Castro Oller, V. Gomez Macías,

M. Roncero Rodriguez, F. Montañes Rada

*Hospital Universitario Fundación Alcorcón, Psychiatry, Madrid, Spain*

\* *Corresponding author.*

**Introduction** Treatment strategies in bipolar disorder (BPD) has changed in the last decades and polypharmacy including antipsychotics has become extremely common compared to monotherapy with mood stabilisers. Clinicians tend to use 2 or more atypical antipsychotics despite the lack of evidence to support safety, tolerability and efficacy of this practice.

**Objective** To determine most frequently used treatment strategies in a sample of bipolar disorder patients and review of the literature.

**Methodology** Analysis of a sample of 35 patients with BPD from Madrid and review of recent literature for evidence arising from international guidelines recommendations and meta-analyses.

**Results** Most frequently used treatment approach in our sample was polytherapy, including at least 1 atypical antipsychotic (31%) and polytherapy, including at least 2 antipsychotics (47%) together with mood stabilisers. Only 11% were in monotherapy with mood stabilisers and another 11% were in monotherapy with one atypical antipsychotic but without mood stabilisers. Aripiprazole and olanzapine were among the most preferred atypical antipsychotics. Efficacy and safety of such combinations have not been systematically compared with monotherapy in the literature. Previous data indicate that polytherapy in BPD may incur in important disadvantages [1].

**Conclusions** Treatment of BPD remains challenging. Polytherapy seem to have replaced monotherapy due to less relapses and better results in treatment of affective symptoms. However, compliance and secondary long-term effects should be taken into account. Superiority in terms of efficacy in polytherapy needs to be balanced with tolerability issues. More studies on combination therapy, long-term efficacy and safety are needed.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2302>