

they improved in consumption of soft drinks ($P=0.001$) and fast food meals ($P=0.009$). Furthermore, the long-term patients lowered their weight and waist circumference while becoming more physically active. There were no changes in HbA1c in the intervention period.

Conclusion Our study showed being long-term ill and female gender was associated with positive outcome of lifestyle intervention into improving physical health and reducing diabetes type 2 risk, meanwhile being newly diagnosed and being male showed a negative outcome despite intervention.

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

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EV1253

Doses of antipsychotics in maintenance phase compared to doses in acute phase treatment

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Maintenance phase treatment with antipsychotic medications is recommended for all patients with schizophrenia. From clinical perspective and based on studies, small proportion of patients after first psychotic episode and far smaller proportion of patients with multiple psychotic episodes do not experience relapse. The use of antipsychotic medications as maintenance treatment reduces relapse rates. The optimal doses of antipsychotics in maintenance phase stay unclear although investigators attempted to identify doses sufficiently high to prevent relapses and at the same time sufficiently low to avoid adverse effects. In maintaining remission, it is usually recommended to use doses of antipsychotic medications that were effective in acute phase treatment as long as they are well-tolerated, but few studies and clinical experience show that lower doses than those usual for the acute phase are sufficient for maintenance treatment. The aim is to investigate doses of antipsychotics used in maintenance phase compared to doses used in acute phase treatment.

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EV1254

Subjective well-being under clozapine measured with the Serbian version of GASS-C: Preliminary results

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Introduction Clinical benefits of antipsychotic treatment depend on the efficacy and on the patients' tolerability and compliance. To reduce patient initiated treatment discontinuation, timely detection of treatment emergent side effects is essential. The Glasgow Antipsychotic Side-effects scale for clozapine (GASS-C) is a recently developed instrument to measure subjectively experienced clozapine side effects.

Objectives Timely detection of unreported clozapine related side-effects.

Aim Documenting the prevalence of side-effects in schizophrenia or chronic psychotic disorder with the Serbian version of the GASS-C.

Methods The sample included 95 in and outpatients with schizophrenia or chronic psychotic disorder. All subjects filled out the Serbian version of the GASS-C and a sociodemographic questionnaire.

Results The median age was 46.1 years; 53.7% of subjects were male. Clozapine doses ranged from 25 to 423 mg. Drowsiness (78%) was the most commonly reported side-effect. Overall, 16.8% of the patients added other complaints, such as headache, pain, hand or leg numbing or nightmares. According to GASS-C total score categorization [2], only 4.2% of subjects were rated with severe side-effects, while 14% of themselves rated their symptoms as severe or distressing. More side effects were reported by female patients and by inpatients. Only a weak positive correlation was found between the severity of the side effects and clozapine dosage.

Conclusions We found the GASS-C to be a useful instrument that elicits both unknown side-effects and patients rating of their severity. Side effects did not clearly relate to the prescribed dose. Future research should include the relation of clozapine plasma levels with side effects assessed with GASS-C.

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

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EV1255

Effect in antipsychotic-induced hyperprolactinemia after switching to long-acting injectable aripiprazole:

A 1-year study

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Introduction Antipsychotic-induced hyperprolactinemia is associated with relevant side effects: short-term as hypogonadism, gynecomastia, amenorrhoea, sexual dysfunction and galactorrhoea; long-term as cardiovascular disease, bone demineralization and breast and prostate tumors.

Aims To evaluate the effect of switching to long-acting injectable aripiprazole on long-lasting antipsychotic-induced hyperprolactinemia.

Methods This was a prospective observational 1-year study carried out in 125 outpatients with schizophrenia who were clinically stabilized but a switching to another antipsychotic was indicated. We measured the basal prolactin at the start of the study and 1 year after switching to long acting injectable (LAI) aripiprazole.

Results In basal analytic, 48% had hyperprolactinemia (21.8–306.2 ng/mL) and 66.5% of them described side effects: 78% sexual dysfunction (72% men), 11% galactorrhoea (100% women), 5.5% amenorrhoea and 5.5% bone pain (100% women). In 48% of patients with hyperprolactinemia, the previous antipsychotics comprised: LAI-paliperidone (65.7%), oral-risperidone (7%), oral-olanzapine (6.1%), oral-paliperidone (5.2%), LAI-risperidone (4%) and others (12%). One year after switching to LAI-aripiprazole, prolactin levels were lower in all patients and in 85% prolac-

tine levels were normalized. Overall, 72% described a clinical improvement, especially in terms of sexual dysfunction.

Conclusions Several studies have described an improvement of drug-induced hyperprolactinemia after switching to or adding oral aripiprazole. In our study, we observed that levels of prolactin were normalized in 85% of patients with a clinical improvement in almost all of cases. These findings suggest that switching to LAI aripiprazole may be an effective alternative for managing antipsychotic-induced hyperprolactinemia due to its partial agonism in D2 brain receptors, especially in tuberoinfundibular pathway.

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EV1256

The side effects of risperidone depot in patients with psychotic disorders

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Background and aim A long-acting form of risperidone is now broadly available for the treatment of schizophrenia and closely related psychiatric conditions. It combines the advantage of previously available depot formulations for first-generation drugs with the favorable characteristics of the modern “atypical” antipsychotics, namely higher efficacy in the treatment of the negative symptoms of schizophrenia and reduced motor disturbances [1].

Methods During this study, we observed side effects that appear in patients that are treated with risperidone depot. Patients were observed for a period of 3 months (October–December 2015) and the side effects were evaluated with Glasgow Antipsychotic Side-effect Scale (GASS). The data obtained were analyzed with SPSS, trying to prove the impact of variables such as: gender, age, diagnosis, dose and duration of treatment on the occurrence of side effects.

Results Through statistical processing, we reached the conclusion that there is a statistically significant correlation between duration of treatment and side effects (P value was 0.0001). Between two variables has a strong positive correlation (Kendall value was 0.766). Has a statistically significant correlation between the drug dose and side effects (P value was 0.026). Between two variables has a moderate positive correlation (Kendall value was 0.504). No statistically significant correlation between these variables: gender-side effects, diagnose-side effects and age-side effects.

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

Reference

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EV1257

Mortality in people with psychotic disorders in Finland: A population-based 13-year follow-up study

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Introduction People with psychotic disorders have increased mortality compared to the general population. The mortality is mostly due to natural causes and it is disproportionately high compared to the somatic morbidity of people with psychotic disorders.

Objectives We aimed to find predictors of mortality in psychotic disorders and to evaluate the extent to which sociodemographic and health-related factors explain the excess mortality.

Methods In a nationally representative sample of Finns aged 30–70 years ($n=5642$), psychotic disorders were diagnosed in 2000–2001. Information on mortality and causes of death was obtained of those who died by the end of year 2013. Cox proportional hazards models were used to investigate the mortality risk.

Results Adjusting for age and sex, diagnosis of nonaffective psychotic disorder (NAP) ($n=106$) was statistically significantly associated with all-cause mortality (HR 2.99, 95% CI 2.03–4.41) and natural-cause mortality (HR 2.81, 95% CI 1.85–4.28). After adjusting for sociodemographic factors, health status, inflammation and smoking, the HR dropped to 2.11 (95% CI 1.10–4.05) for all-cause and to 1.98 (95% CI 0.94–4.16) for natural-cause mortality. Within the NAP group, antipsychotic use at baseline was associated with reduced HR for natural-cause mortality (HR 0.25, 95% CI 0.07–0.96), and smoking with increased HR (HR 3.54, 95% CI 1.07–11.69).

Conclusions The elevated mortality risk associated with NAP is only partly explained by socioeconomic factors, lifestyle, cardiometabolic comorbidities and inflammation. Smoking cessation should be prioritized in treatment of psychotic disorders. More research is needed on the quality of treatment of somatic conditions in people with psychotic disorders.

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EV1258

Validation of the Czech version of the community assessment of psychic experiences (CAPE)

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Introduction In the Czech Republic, research of the schizophrenia spectrum suffers from a lack of standardized measuring instruments. The community assessment of psychic experiences (CAPE) has been used internationally to quantify positive, negative and affective symptoms associated with the spectrum and to screen individuals who may be in risk of developing a spectrum disorder.

Aims and objectives This study aimed to develop a Czech version of the CAPE and to examine its psychometric properties in a nonclinical population.

Methods An author with an expertise in the field and a subject-naïve author translated the CAPE into the Czech language. After a professional back-translation, the instrument's most suitable version was agreed upon. Lie-scale items were added to allow for an online circulation. The CAPE was administered to a large sample of participants alongside the Beck depression inventory (BDI-II).

Results Internal consistency was assessed using the Cronbach's alpha. Internal structure was evaluated using confirmatory factor analysis and compared to the structure of the original. Criterion validity was examined through correlation analyses of the BDI-II scores and the total and subtotal CAPE scores.