EW0759

Decrease in antipsychotic and other psychotropic medication during 30 months of lifestyle intervention among outpatients with schizophrenia

M. Højlund[1,*], A.F. Elliott[1], N.J. Madsen[1], A.G. Viuff[2], P. Hjort[3], P. Munk-Jørgensen[4]
[1] *Aarhus University Hospital Risskov, Department of Affective Disorders, Risskov, Denmark*
[2] *Regional Psychiatry Services West, OPUS, Herning, Denmark*
[3] *Aarhus University Hospital, Regional Psychiatry Randers, Randers, Denmark*
[4] *Mental Health Services Region Southern Denmark, Psychiatric Research Academy, Odense, Denmark*
* *Corresponding author.*

Introduction Patients with schizophrenia have 3-fold higher mortality from lifestyle diseases, and a long-lasting exposure to antipsychotic medication may contribute to the development of somatic illnesses. Region of Central Jutland was inspired by European initiatives to establish a lifestyle intervention program in an attempt to reduce mortality among individuals with severe mental illness.
Objectives To investigate whether this intervention could possibly lower the need for antipsychotic treatment, and to provide a unique view of actual medication practice.
Aims To investigate the influence of a lifestyle intervention program on changes in antipsychotic medication and polypharmacy in an unselected cohort of patients with newly diagnosed schizophrenia.
Methods Observational study of outpatients participating in a program with individual consultations, group sessions and exercise groups.
Results One hundred and eleven patients were eligible for analysis. Fifty-four percent of the patients were subject to antipsychotic monotherapy. Median Defined Daily Dose (DDD) of antipsychotics was 1.3 at index (interquartile range [IQR] 0.67–2.00). Fifty-two percent of the patients experienced a decrease in DDD during the period with median change of −0.33 DDD (IQR −1.00 to 0.43). We found no significant difference in baseline variables or extend of participation between patients with decrease in doses and patients with increase (Fig. 1).
Conclusions Most patients decreased or stabilized their doses of antipsychotic medication during the study period. Half of the patients were subject to antipsychotic polypharmacy. Extend and type of participation in the lifestyle intervention program did not correlate to changes in dosing of antipsychotic medication.

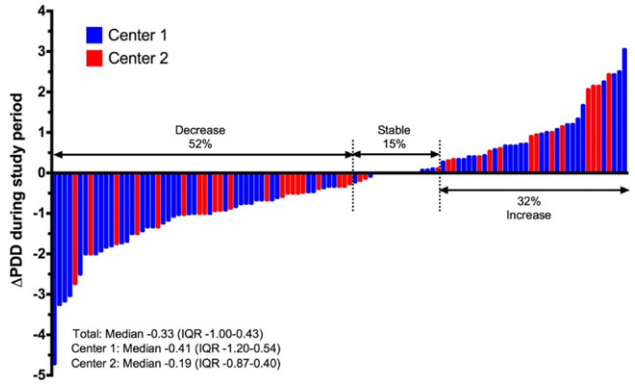

Fig. 1 Change in total DDD from index to follow-up (111 patients).

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.373

EW0760

Psychiatric comorbidity in patients affected by fibromyalgia and/or autoimmune rheumatic diseases: Preliminary results of an observational study

A. Bellomo[1], A. Zendoli[1], A. La Marca[1], E. Cuozzo[1], M. La Montagna[1,*], A. Rinaldi[1], N. Melillo[2], A. Mele[2], F.P. Cantatore[2]
[1] *University of Foggia, Department of Psychiatry, Foggia, Italy*
[2] *Ospedale Riuniti Foggia, Struttura Complessa Reumatologia Universitaria, Foggia, Italy*
* *Corresponding author.*

Introduction Fibromyalgia is characterized by skeletal muscle pain and axial stiffness, with elective multiple points of tenderness (tender points). According to scientific literature, the prevalence of depression, anxiety and a worse quality of life is higher in patients with fibromyalgia. Trauma (sexual abuse and physical aggression) has a key role in the pain perception.
Objectives To describe the clinical characteristics of patients with fibromyalgia and/or autoimmune rheumatic diseases admitted to O.O.R.R. Foggia (Department of Rheumatology), to detect correlation between fibromyalgia and psychiatric disorders.
Aims To underline psychiatric comorbidity in patients affected by fibromyalgia and/or autoimmune rheumatic diseases.
Methods Diagnostic tests at Baseline (T0): Mini International Neuropsychiatric Interview and Structured Clinical Interview for DSM Disorder 2 to assess psychopathology, 12-Item Short Form survey for the quality of life, Diagnostic Criteria for Psychosomatic Research for disorders of somatic symptoms, Insight Scale for the awareness of the disease, Davidson Trauma scales to assess the presence of a post-traumatic stress disorder, Pittsburgh Sleep Quality Index about the quality of sleep. After 3 months (T1): further psychodiagnostic assessment for patients with positive mental status exam in drug treatment.
Results Affectivity disorders, feelings of anger, irritability, hostility, impaired stress response, increased vulnerability to traumatic events are very frequent in patients affected by fibromyalgia.
Conclusions The preliminary results of this study show that patients with fibromyalgia have diagnoses of major depression, anxiety disorders, post-traumatic stress disorder and personality disorders (cluster B). Multidisciplinary interventions are needed integrating the rheumatologic therapy with the psychiatric one, based on the detected diagnosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.374

EW0761

Switching to paliperidone palmitate in an outpatient sample: Preliminary results of a 43-month follow-up

R. Martín Gutierrez*, R. Medina Blanco, D. Sierra Biddle, M.J. Cuesta Nuñez, P. Suárez Pinilla
Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain
* *Corresponding author.*

Introduction Patients with psychosis are treated in outpatient community clinics during most of their lifetime. Antipsychotic treatments are commonly used in regular clinical practice. However, the non-adherence is one of the main causes of relapses.

https://doi.org/10.1016/j.eurpsy.2017.02.375 Published online by Cambridge University Press

Long-acting injectables (LAIs) could be a safe option to guarantee the efficacy.
Aim and objectives Our purpose is to evaluate the efficacy of the switch to paliperidone palmitate from other oral or LAI antipsychotics, in terms of hospital and emergency admissions.
Methods We performed a mirror-image study in an outpatient mental health clinic, comparing patients before and after paliperidone palmitate change over 43 months. Fifty-seven patients were included, most of them ($n=47$) were diagnosed with psychotic disorders (82.5%) while 4 were bipolar patients (7%), and the remained patients ($n=6$; 10.6%) were classified as behavioral disorders. The following variables were studied before and after the switching: number of admissions, days of stay and emergency visits.
Results From those 57 patients, 44 were previously treated with other LAIs, whereas 13 were taking oral antipsychotics. The median age at switch was 49 years (SD = 12.31). The reasons for switching were: inefficacy (26.3%), non-adherence (19.3%), side effects (38.6%), and non-specified (15.8%). We found significant differences between the three main variables: number of admissions ($t=4.59$; $P\leq 0.001$), days of stay ($t=2.27$; $P=0.027$) and emergency visits ($t=3.74$; $P\leq 0.001$).
Conclusions Paliperidone palmitate seems to be an effective treatment in order to guarantee the adherence. Our preliminary data show that paliperidone palmitate might reduce the sanitary cost in outpatients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.375

EW0762

Web search query data and prescription volumes of antidepressants

M. Gahr[1,*], Z. Uzelac[1], R. Zeiss[1], B.J. Connemann[1], D. Lang[2], C. Schönfeldt-Lecuona[1]
[1] *University Hospital of Ulm, Psychiatry and Psychotherapy III, Ulm, Germany*
[2] *University Hospital of Ulm, Psychosomatic Medicine and Psychotherapy, Ulm, Germany*
* *Corresponding author.*

Introduction Persons using the Internet generate large amounts of health-related data, which are increasingly used in modern health sciences.
Objectives/aims We analysed the relation between annual prescription volumes (APV) of several antidepressants with marketing approval in Germany and corresponding web search query data generated in Google to test, if web search query volume may be a proxy for medical prescription practice.
Methods We obtained APVs of several antidepressants related to corresponding prescriptions at the expense of the statutory health insurance in Germany from 2004–2013. Web search query data generated in Germany and related to defined search-terms (active substance or brand name) were obtained with Google Trends. We calculated correlations (Pearson's r) between the APVs of each substance and the respective annual "search share" values; coefficients of determination (R^2) were computed to determine the amount of variability shared by the two variables.
Results Significant and strong correlations between substance-specific APVs and corresponding annual query volume were found for each substance during the observational interval: agomelatine ($r=0.968$; $R^2=0.932$; $P=0.01$), bupropion ($r=0.962$; $R^2=0.925$; $P=0.01$), citalopram ($r=0.970$; $R^2=0.941$; $P=0.01$), escitalopram ($r=0.824$; $R^2=0.682$; $P=0.01$), fluoxetine ($r=0.885$; $R^2=0.783$; $P=0.01$), paroxetine ($r=0.801$; $R^2=0.641$; $P=0.01$), and sertraline ($r=0.880$; $R^2=0.689$; $P=0.01$).
Conclusions Although the used data did not allow to perform an analysis with a higher temporal resolution our results suggest that web search query volume may be a proxy for corresponding prescription behaviour. However, further studies analysing other pharmacologic agents and prescription data that facilitates an increased temporal resolution are needed to confirm this hypothesis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.376

EW0763

Underreporting of adverse drug reactions: Results from a survey among physicians

M. Gahr*, J. Eller, B.J. Connemann, C. Schönfeldt-Lecuona
University Hospital of Ulm, Psychiatry and Psychotherapy III, Ulm, Germany
* *Corresponding author.*

Introduction Drug safety surveillance strongly depends on the spontaneous and voluntary reporting of adverse drug reactions (ADR). A major limiting factor of spontaneous reporting systems is underreporting (UR) which describes incorrectly low reporting rates of ADR. Factors contributing to UR are numerous and feature country-dependent differences.
Objectives/aims Understanding causes of UR is necessary to facilitate targeted interventions to improve ADR reporting and pharmacovigilance.
Methods A cross-sectional questionnaire-based telephone survey was performed among physicians in outpatient care in a federal state of Germany.
Results From $n=316$ eligible physicians $n=176$ completed the questionnaire (response rate = 55.7%). Most of the physicians ($n=137$/77.8%) stated that they report ADR, which they have observed to the competent authority rarely ($n=59$/33.5%), very rarely ($n=59$/33.5%) or never ($n=19$/10.8%); the majority ($n=123$/69.9%) had not reported any ADR in 2014. Frequent subjective reasons for ADR non-reporting were (specified response options): lack of time ($n=52$/29.5%), the subjective evaluation that the required process of reporting is complicated ($n=47$/26.7%) or requires too much time ($n=25$/14.2%) or the assessment that reporting of an ADR is needless ($n=22$/12.5%); within free answers the participants frequently stated that they do not report ADR that are already known ($n=72$/40.9%) and they only report severe ADR ($n=46$/26.1%).
Conclusions Our results suggest a need of interventions to inform physicians about pharmacovigilance and to modify the required procedure of ADR reporting or to offer other reporting options.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.377

EW0764

Treatment attitude and hospitalization: Comparison of oral therapy and long-acting injectable (LAI) antipsychotics in patients with schizophrenia

L. Montemagno*, M. Ludovico, A. Distefano, M. Marta Valentina, B. Mariacatena, C. Maria, M. Antonio, P. Antonino
University of Catania, Department of Clinical and Experimental Medicine, Catania, Italy
* *Corresponding author.*

Background Adherence to prescribed antipsychotic drugs is a crucial factor in predicting medium- to long-term clinical out-