

incoherent language appeared for the first time at the age of 17. High doses of two consecutive anti-psychotics were tried without remission and finally clozapine was initiated with clinical improvement.

Discussion In clinical practice, a subgroup of psychotic patients experience, significant ongoing positive symptoms despite of using first line anti-psychotic medication.

Conclusion Most recent research; suggest that clozapine may have an important role in the early treatment of first-episode patients, even becoming a first line option to consider.

Keywords Clozapine; First episode psychosis

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

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EV1073

Long acting injectable aripiprazole: An observational study

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Introduction Several trials have shown the efficacy of long acting injectable (LAI) second-generation anti-psychotics compared with other anti-psychotics. LAI aripiprazole is a novel therapeutic tool in the management of patients with schizophrenia.

Aims The present study aimed to evaluate the clinical outcomes of patients who initiated treatment with LAI aripiprazole, by comparing their clinical outcomes prior and after initiating treatment with LAI aripiprazole.

Methods This observational, retrospective, mirror study assessed a series of socio-demographic and clinical variables during the 12 months prior to commencing LAI aripiprazole, while on another anti-psychotic medication, and the first 12 months of LAI aripiprazole. The sample included a series of consecutive patients receiving LAI aripiprazole at the Doctor Peset university hospital health area, in Valencia (Spain). The variables analyzed in the study included: emergency room visits, number and average length of hospitalizations, relapse, rate of abandonment of treatment and number of anti-psychotics needed as maintenance treatment.

Results The preliminary analysis showed a reduction in the rate of emergency room visits and the number of relapse and total hospitalizations while on LAI aripiprazole; however, there is no a reduction of the average length of hospitalizations. A reduction in the number of anti-psychotics as maintenance treatment was not appreciated, however, there was an improvement in treatment adherence.

Conclusions The preliminary results showed that LAI aripiprazole is an useful option that could suppose a benefit concerning treatment adherence, a decreased in number of relapses and hospitalizations and use of health resources.

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

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EV1074

A pharmacologic option to reduce hospital admissions and relapses of patients with severe mental illness

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Introduction Some diseases relapses involve functional impairment that sometimes takes years to recover. We present our

experience using long-acting aripiprazole as maintenance therapy in patients diagnosed with psychotic episode, acute mania (bipolar disorder) or personality disorder, who were previously treated with another anti-psychotic.

Aims Analyze what treatment were they taking before aripiprazole depot. Determine the number of hospital admissions and relapses before and after long-acting aripiprazole treatment.

Methods Descriptive analysis based on a sample of 37 patients, aged 18–65 years, treated during one year with anti-psychotics at two community mental health units.

Results Reduction of hospitalization average: 0.59/year with non-long-acting-aripiprazole anti-psychotic, 0.18/year with long-acting aripiprazole (66.6%).

Conclusion Long-acting aripiprazole appears to reduce the number of hospitalizations and relapses compared to other anti-psychotics. However, the sample size is small and more studies are needed.

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EV1075

Tobacco and anti-psychotics side effects

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Introduction It's known that, patients with schizophrenia smoke more tobacco than general population, and that tobacco is a potent inducer of cytochrome P450 isoenzyme 1A2 (CYP 1A2). In addition, clozapine and quetiapine, drugs frequently used in the treatment of schizophrenia, are CYP1A2 substrates. So, tobacco smoking may reduce blood levels of clozapine and quetiapine.

Objective To revisit the influence of changes in tobacco consumption in clozapine and quetiapine side effects.

Methods Case report.

Results A 48-year-old male diagnosed of schizophrenia following DSM IV-TR criteria. He required five hospital admissions from 2008 to 2013 because of psychotic episodes. Since 2013, he was asymptomatic receiving clozapine, 600 mg/day, and quetiapine, 1200 mg/day. Recently, he came to the emergency service due to sudden extreme sedation, thinking impairment, sialorrhea, and walking disability. The patient denied treatment abuse and his family confirmed this statement. When asked about toxics he referred progressive tobacco reduction in the last 3 months (from 60 to 20 cigarettes/day). Bearing in mind the relationship between clozapine and quetiapine metabolism and tobacco, treatment was slowly reduced until the doses of clozapine 500 mg/day and quetiapine 400 mg/day. One week after admission, side effects disappeared, psychotic symptoms were not detected, and the patient was discharged.

Conclusions Inquiring about changes in tobacco consumption may be useful when anti-psychotics side effects appear suddenly without an alternative explanation.

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EV1076

Sex and age factors in neuroleptic malignant syndrome diagnosis frequency

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Introduction It is not known whether sex and age are risk factors for neuroleptic malignant syndrome (NMS).

Objectives To examine sex and age distributions in NMS patients based on a systematic review of the literature.

Aims Estimate the sex-specific relative risk of an NMS diagnosis.

Methods EMBASE and PubMed databases were searched in November 2014 using broad, unrestricted criteria to identify any published observation of NMS. Any physically (online or hard copy) accessible and interpretable (using language translation software) report published from January 1, 1998 through November 1, 2014 was considered for inclusion. Secondary sources (e.g., reviews) were included when primary sources could not be accessed. All cases for which the patient's sex or the sample's sex distribution was provided were included, except for redundant reports and cases in which NMS was not the most likely clinical diagnosis. Sex ratio and age distributions were examined using standard graphical techniques and measures of association.

Results Twenty-eight independent NMS sex ratio estimates were included. Most sex ratio estimates (75%) indicated male preponderance, with a median of 1.47 (95% CI: 1.20–1.80). NMS incidence peaked at age 20–25 years and declined steadily thereafter; males consistently outnumbered females at all age intervals. Major study limitations are the heterogeneity of case ascertainment procedures and the potential for publication bias.

Conclusions NMS patients are 50% more likely to be males, and NMS is most likely to occur in young adulthood. Men, and all young adults, appear to be at increased risk for NMS.

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

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EV1077

A Comparison of DSM-IV and international expert consensus diagnostic criteria for N.M.S

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Introduction Neuroleptic malignant syndrome (NMS) requires prompt recognition for effective management, but there are no established diagnostic criteria.

Objectives To validate the recently published international expert consensus (IEC) diagnostic criteria for NMS, which assign priority points based on the relative importance of each criterion for diagnosing NMS.

Aims Determine optimal diagnostic cutoff for priority point score.

Methods Data were extracted from 221 archived telephone contact reports of clinician-initiated calls to a national telephone consultation service from 1997–2009; each case was given a total priority point score based on the IEC criteria. DSM-IV-TR research criteria, in original form and modified to accept less than 'severe' rigidity, served as the primary diagnostic reference standard. Consultants' diagnoses served as an additional reference standard. The optimal priority point cutoff score was determined using receiver operating characteristic (ROC) curve analysis.

Results Area under the ROC curve ranged from 0.715 (95% CI = 0.645–0.785, $P < 0.001$) for consultant diagnoses to 0.857 (95% CI = 0.808–0.907, $P < 0.001$) for modified DSM-IV-TR criteria. The latter was associated with 69.6% sensitivity and 90.7% specificity.

Conclusions Agreement was best between IEC criteria with a cutoff score of 74 and modified DSM-IV-TR criteria (sensitivity 69.6%,

specificity 90.7%); this cutoff score demonstrated the highest agreement in all comparisons. Consultant diagnoses showed much better agreement with modified, compared to original, DSM-IV-TR criteria, suggesting that the DSM-IV-TR criterion of "severe" rigidity may be more restrictive than what most knowledgeable clinicians use in practice.

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EV1078

Advantages of second-generation long-acting injectable anti-psychotics: Focus on hospital admission rates in southeast Tuscany

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Introduction Several studies suggested that second-generation long-acting injectable anti-psychotics (SGA-LAIs) might be effective on preventing relapse and admission/readmission rates among patients affected by schizophrenic and bipolar disorders. Moreover, studies highlighted that SGA-LAIs may reduce costs and healthcare resource utilization (HRU) among community psychiatric settings.

Objectives The objective of the present study was to evaluate whether the increased use of SGA-LAIs among community psychiatric services in southern Tuscany was related to:

– reduced costs and HRU;

– reduced hospital admission/readmission.

Methods Data consisted of both regional registry and data prospectively collected at admission and/or follow up assessments. Patients included were: patients affected by schizophrenia/schizoaffective or bipolar disorders, treated with SGA-LAIs.

Results The increased use of SGA-LAIs was related to a significant reduction of admission and/or readmission rates, as long as a significant reduction in costs and HRU among the community services included in the study.

Conclusions The present findings suggest that SGA-LAIs might have a positive cost/effectiveness profile and could reduce hospitalizations, costs and HRU among a community sample. This could be related to a better tolerability of SGA-LAIs compared to FGA-LAIs, and less adverse effects. More studies on community samples should focus on the cost/effectiveness profile of SGA-LAIs.

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EV1079

Clozapine efficiency in tardive syndromes induced by anti-psychotic treatment

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