

Guidelines/Guidance

EPP110

Guideline concordant screening and monitoring of extrapyramidal symptoms in patients prescribed antipsychotic medication: a systematic review and narrative synthesis

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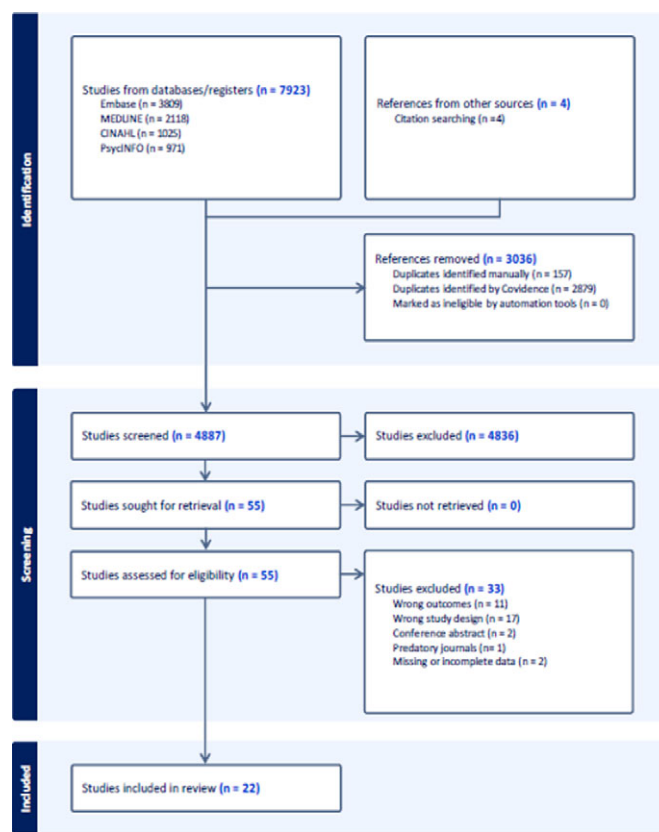
Introduction: Given the increasing rates of antipsychotic use in multiple psychiatric conditions, greater attention to the assessment, monitoring and documentation of their side effects is warranted. While significant attention has been provided to metabolic side effect monitoring, comparatively little is known about how clinicians screen for, document and monitor their motor side effects (i.e. parkinsonism, akathisia, dystonia and tardive dyskinesia (TD), collectively “extrapyramidal symptoms” or EPS).

Objectives: This review aims to systematically assess the literature for insights into current trends in EPS monitoring practices within various mental health settings globally.

Methods: In line with our preregistered protocol (PROSPERO: CRD42023482372), we systematically searched the OVID Medline, PubMed, Embase, CINAHL and PsycINFO databases for studies published from 1998 to present day. Figure 1 shows a detailed flowchart of the selection process. Included studies were assessed for quality using a modified version of the Quality Improvement Minimum Criteria Set (QI-MQCS) and findings summarized using narrative synthesis. All stages of the review process are reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines.

Results: A total of 22 studies met our inclusion criteria. Studies occurred in varied settings and employed a range of study designs. The APA and NICE guidelines were most commonly used to guide practice. Baseline monitoring rates in adult settings ranged from 0 to 54%, and 3.7 to 100% in child & adolescent settings. In studies reassessing EPS monitoring rates following practice improvement initiatives, virtually all demonstrated benefits. Screening processes and instruments varied, ranging from standardized rating scales (such as the AIMS for TD screening) to locally developed tools. In some studies, no structured tool was identified. Monitoring rates were higher when structured processes and tools were used.

Image 1:



Conclusions: This review demonstrates significant heterogeneity in clinical practice for the screening, documentation, and monitoring of EPS in patients prescribed antipsychotic medication in mental health settings globally. Adherence to existing guidelines was found to be poor in most settings, with practice improvements observed in virtually all settings where quality improvement initiatives were implemented. The best improvements were seen to occur after services introduced structured EPS screening tools with regular education on their use.

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EPP110

Protocol for the Management of Metabolic and Cardiovascular Risk in Psychiatric Inpatients

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Introduction: Psychiatric patients, especially those with psychotic disorders, face an increased metabolic and cardiovascular risk, which ultimately leads to higher mortality from cardiovascular disease and reduced life expectancy. This is due to a multitude of risk factors, including those related to the course of the mental illness, lifestyle, socioeconomic and cultural circumstances, and the use of certain medications, such as atypical antipsychotics. This underscores the need for structured interventions during hospitalization to identify and manage these risks. Non-pharmacological interventions, such as physical activity and dietary education, have shown to be beneficial in managing weight and improving cardiovascular health. Pharmacological treatments, particularly the use of metformin and aripiprazol, have demonstrated efficacy in reducing metabolic disturbances such as weight gain, dyslipidemia, and hyperglycemia. The implementation of structured protocols to mitigate metabolic risk in psychiatric inpatients is recommended.

Objectives: The main goal of the protocol is to guide the assessment, diagnosis, and therapeutic management of metabolic and cardiovascular risk factors in psychiatric inpatients. It also aims to guide the follow-up of these patients after discharge and coordination with other medical specialties.

Methods: The protocol was developed in an interdisciplinary manner, involving the specialties of Psychiatry, Endocrinology, and Internal Medicine, and is based on recent guidelines and recommendations from other countries on this matter. The protocol was also adapted to the current conditions of the psychiatric inpatient setting.

Results: The protocol involves a thorough clinical evaluation, including medical history, physical examination, and extensive laboratory analysis to identify comorbidities. Cardiovascular risk is calculated using the SCORE2, PRIMROSE and QRISK3 models. Non-pharmacological interventions include physical activity programs and nutritional counseling, while pharmacological interventions involve adjusting antipsychotic medications, selecting antipsychotics with more favourable metabolic profiles, and the adjuvant use of medications like metformin, aripiprazol, and topiramate. These evaluations are conducted at regular intervals, including post-discharge, to assess the efficacy of these interventions.

Conclusions: Psychiatric inpatients, especially those on atypical antipsychotics, face significant metabolic and cardiovascular risks. A comprehensive assessment of risk factors and early intervention during hospitalization, combining lifestyle modifications and pharmacological treatments, can significantly reduce these risks and improve patient outcomes. Continued monitoring and coordination with outpatient services post-discharge are essential for sustained management of these health risks.

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Classification of Mental Disorders

EPP111

Inter-rater reliability of psychiatric diagnosis: a systematic review and metaanalysis

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Introduction: Psychiatric diagnosis plays a key role in the mental health care. One of the critical factors that influence the diagnostic process is inter-rater reliability, the degree to which different raters agree on the diagnosis when assessing the same patient. Despite the availability of standardized diagnostic manuals, variability in psychiatric diagnoses persists. The assessment of inter-rater reliability involves calculating statistical measures which quantify the level of agreement between raters beyond what would be expected by chance. Improving inter-rater reliability in psychiatric diagnoses is necessary for optimizing both patient care and research quality in mental health.

Objectives: Assess inter-rater reliability across main psychiatric disorders and identify the sources of variability.

Methods: This study was performed according to the PRISMA guidelines and a total of ninety-three studies were included. Regarding inclusion criteria, (1) the articles had to focus on inter-rater reliability, (2) study participants had to have an average age greater than 18 years, and (3) the reported diagnoses had to refer to a diagnostic manual. Quality scores were assessed for all included studies (Armijo-Olivo *S et al.* J Eval Clin Pract. 2012; 18 12-8). Seven different meta-analysis were conducted, one for each psychiatric diagnosis detected. The heterogeneity between studies was quantified using Cochran's Q and I^2 . Funnel plots was analyzed to assess the possible influence of publication and location biases (Higgins&Green. BMJ. 2011;343). To account for publication bias, the Eggers' test and the Fail-Safe Number31 was applied.

Results: Psychotic disorder: ($k=0.70$; 95% CI: 0.66-0.75) ($I^2=97\%$).

Anxiety Disorders: ($k=0.65$; 95% CI: 0.60-0.70) ($I^2=91\%$).

Obsessive-Compulsive Disorder (OCD): ($k=0.73$; 95% CI: 0.64-0.82) ($I^2=76\%$)

PTSD: ($k=0.60$; 95% CI: 0.52-0.66) ($I^2=84\%$).

DCA: ($k=0.73$; 95% CI: 0.67-0.79) ($I^2=76\%$).

Personality disorder (PD): two different meta-analysis were conducted because many studies used Intraclass Correlation Coefficient (ICC) as a value to express inter-rater agreement. [$k=0.65$ (95% CI: 0.59, 0.7)] ($I^2=96\%$) (ICC=0.85; 95% CI: 0.82-0.87) ($I^2=66\%$).

Image 1:

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only

