

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.

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#### EW0762

### Web search query data and prescription volumes of antidepressants

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**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.

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#### EW0763

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

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**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.

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#### EW0764

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

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