

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. Uzelac¹, R. Zeiss¹, B.J. Connemann¹, D. Lang², C. Schönfeldt-Lecuona¹

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-

come in schizophrenia. A helpful approach to promote adherence in schizophrenia is the use of long-acting injectable (LAI) antipsychotics.

Object To evaluate:

– the global functioning and the hospitalization rate occurred in the year before and in the year following the switch from a low-efficacy oral antipsychotic to either a LAI once-monthly therapy (palmitate paliperidone or olanzapine pamoate) or the corresponding oral compound (paliperidone, risperidone or olanzapine) in schizophrenic patients;

– the treatment attitude and the insight in patients treated with second-generation antipsychotic (SGA)-LAIs and with the corresponding oral compounds.

Method Sixty adult schizophrenic outpatients: thirty were switched to LAIs and thirty to the corresponding oral antipsychotic. We used the following scales: Drug Attitude Inventory (DAI), Schedule for the Assessment of Insight (SAI), Life Skill Profile (LSP).

Results Number of hospitalizations per year decreased in both groups (LAIs: from 1.3 ± 0.5 to 0.3 ± 0.5 ; oral: from 1.3 ± 0.5 to 0.6 ± 0.5). We found a direct association between the “hospitalization event” and the oral drug compared to the corresponding LAI formulation ($P=0.049$; OR: 3.05; 95% IC: 1.01–9.26). Patient receiving LAIs achieved a more significant improvement at the LSP score compared to the oral group ($P < 0.001$ vs. $P = 0.0034$) and higher DAI (5.9 ± 4.3 vs. -1.1 ± 4.3) and SAI (8.7 ± 2.9 vs. 5.6 ± 2.1).

Conclusions Our data suggest that SGA-LAIs, improving the adherence to the treatment, may sensitively reduce costs in mental health services.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.378>

EW0765

Analysis of big data shows haloperidol with a decreased level of serum potassium

J.S. Noh^{1,*}, M.Y. Park², K.Y. Lim¹

¹ Ajou University School of Medicine, Department of Psychiatry, Suwon, Republic of Korea

² Mibyeong Research Center, Korea Institute of Oriental Medicine, Daejeon, Republic of Korea

* Corresponding author.

Introduction Haloperidol has been used for the treatment of schizophrenic disorders and other disorders with psychotic symptoms in psychiatric cares. It has been reported that haloperidol can cause QT-prolongation as well as Torsades de Pointes, especially in hypokalemic condition. Here, we tested the usefulness of the large clinical electronic medical record system data from a hospital located in South Korea and further investigated any change in potassium levels before and after an exposure to haloperidol.

Methods The dataset used in this study is derived from open access database with information such as admission, discharge, diagnosis, prescribed drugs and selected laboratory data for the period 1 June 1994 to 31 July 2013. This database contains information of total 461,170 patients with 4,920,758 prescriptions and 3,811,812 data about serum potassium levels.

Results Extracting a dataset from this database to compare the levels of serum potassium before and after haloperidol usage, we selected 3661 cases of data, 2476 of them (67.6%) were males and 1185 (32.4%) were females. More than 98.5% (3606) was Asians, and mean age of the patients was 68.63 ± 17.3 years old. The levels of serum potassium before and after haloperidol usage were 4.93 ± 2.53 and 3.86 ± 0.6 mEq/L, respectively, and *t*-tests revealed that those levels were significantly different (< 0.001).

Conclusions Findings showed that an exposure to haloperidol could lead to a decrease in levels of serum potassium. We suggested

that EMR data can be a valuable tool to investigate the effects of treatment on several clinical data.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.379>

EW0766

Effectiveness and tolerance of treatment with Aripiprazole LAI in a group of schizophrenics patients

N. Olmo López (Psychiatrist)^{1,*}, M. García Nicolás (Psychiatrist)¹, L.A. Núñez Domínguez (Psychiatrist)²

¹ Mental Health Centre, Navarra, Tudela, Spain

² Medical Center, Navarra, Pamplona, Spain

* Corresponding author.

Introduction In the pharmacological treatment of schizophrenia, more and more authors suggesting the use of injectable antipsychotics long-term these patients, since it increases adherence to treatment, one of the risk factors for relapse that argues most often to explain the failure of the treatment of these patients.

In the present study, it is to observe the evolution of a group of such patients to assess efficacy and tolerability of treatment with Aripiprazole LAI.

Material and method Data from 17 patients treated at a mental health center in Navarra (Spain), diagnosed with schizophrenic disorder, followed over a year after beginning treatment with Aripiprazole LAI are collected.

The data collected are:

- date of treatment change (month and year);
- antipsychotic previous;
- reason for change;
- aripiprazole LAI dose;
- number of income before and after the start of Aripiprazole LAI (mirror);
- effects adverse pre and post start of treatment with Aripiprazole LAI: metabolic, endocrine, extrapyramidal;
- treatment antipsychotic concomitant pre and post start Aripiprazole LAI.

Results The results show a decrease in the number of income after the start with Aripiprazole LAI, with very good retention of treatment, and a low number of side effects, which were mild.

Conclusions Treatment with Aripiprazole LAI is a good therapeutic alternative to the use of antipsychotic drugs by mouth, with good adherence, tolerability and efficacy.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.380>

EW0767

The new target therapy to prevent weight gain associated to atypical antipsychotics: PKC β

C. Pavan^{1,*}, A. Rimessi², B. Zavan³, V. Vindigni⁴, P. Pinton²

¹ University of Padova, Department of Medicine, Padova, Italy

² University of Ferrara, 2a Department of Morphology, Surgery and Experimental Medicine, Section of Pathology, Oncology and Experimental Biology, Laboratory for Technologies of Advanced Therapies LTTA, Ferrara, Italy

³ University of Padova, Department of Biomedical Sciences, Padova, Italy

⁴ University of Padova, Department of Neurosciences, Padova, Italy

* Corresponding author.

Antipsychotic drugs are currently used in clinical practice for a variety of mental disorders. Clozapine is the most effective medication for treatment-resistant schizophrenia, in controlling aggression