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The patient suffering a schizophrenic disorder with a comorbid drug use is a challenge for the technical team of psychiatrists who provide to control this disorder. In some guides that include a revision of the efficacy of several psychopharmacological and/or psychological treatment shows that there any treatment has no efficacy in this group of patients. But it suggests that long-acting antipsychotic may play a role in some cases with no adherence. We study prospectively some data in a group of patients of these characteristics treated with paliperidone palmitate as main psychopharmacological treatment, using as measurements of outcome the number of psychiatric admissions, dosage of oral treatment, use of drug before and after the beginning of Paliperidone Palmitate. Our results show that it exists a decrease of number of admissions, dosage of oral concomitant treatment and drug use, with a very good adherence and no dropouts in the follow-up. We conclude that Paliperidone Palmitate may be a very good alternative for the psychopharmacological treatment in schizophrenic patients with comorbid drug use.

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EV1039

Heavy cannabis use impairs verbal memory of first psychotic episode patients

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Introduction Cannabis consumption is known to be increased in both schizophrenic and first psychotic episode patients. Contrary to what has been reported in studies with healthy people, all published studies so far have reported no impairments or even beneficial effects on neurocognition associated with cannabis consumption in schizophrenia and first psychotic episode patients. However, these studies did not address the effects of very high cannabis consumption.

Objective Our aim in this study was to assess the effects on neurocognition of regular and heavy cannabis consumption in first psychotic episode patients.

Methods A total of 74 patients were included in the study and assigned to 3 different groups according to their mean cannabis consumption during the last year (non-users, regular users, and heavy users). Participants were administered verbal memory, attention, processing speed, working memory, vocabulary, arithmetic and spatial orientation tasks.

Results Our results showed the heavy cannabis group of first psychotic episode patients to be significantly impaired in all the verbal memory measures with respect to the non-users group. There were no significant differences between regular users and non-users.

Moreover, regular cannabis consumption was associated with an improvement in some attention and processing speed measures.

Conclusions Our data showed heavy cannabis consumption to impair verbal memory in first psychotic episode patients and suggest a dose-related effect of cannabis consumption, since regular consumption did not impair verbal memory and may be beneficial for other tasks.

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EV1040

Choosing an antipsychotic on a case of late-onset psychosis – A challenge on everyday practice

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Introduction Psychosis with onset in late adulthood already constitutes a challenge on the differential diagnosis and treatment, especially in polypharmacy patients.

Methods and aims We present a case report of a 61-year old woman with a late-onset psychosis and discuss the clinical evolution and the pharmacological treatment.

Results The patient suffered from obesity, type II diabetes mellitus with poor glycemic control, and hypertension. She had a first psychotic episode at the age of 56, having persecutory delusional ideas and auditory hallucinations with psychomotor agitation and insomnia. She was first medicated with an atypical antipsychotic (olanzapine) with little response and worsening of the glycemic control. A switch was performed to haloperidol with remission of symptomatology with low doses (4 mg/day). Through follow-up the doses of haloperidol was decreased and eventually suspended, but having a relapse a few months later. Haloperidol was again introduced and the symptoms remitted. Stability was maintained, but the patient started to show lower limbs symmetrical rigidity and psychomotor retardation. It was decided to switch haloperidol to risperidone, but the patient reported side effects with its use, and had to stop it. Haloperidol was again introduced, but had to be discontinued after motor symptoms got worse. Again the patient had another recurrence of psychotic symptoms and it was decided to introduce paliperidone (6 mg/day) with good response and tolerability.

Conclusions The safety and tolerability of antipsychotic medication is variable. When choosing a treatment in a patient with comorbid medical conditions, it can severely influence the desirable outcome.

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EV1041

Subacute psychiatric hospitalization unit: The role of clozapine

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Introduction Several studies report that Clozapine is more effective in reducing symptoms of schizophrenia, producing clinically meaningful improvements and postponing relapse than other antipsychotic strategies.

Objectives To analyze the prescription of Clozapine in a sample of 88 inpatients admitted to a subacute psychiatric hospitalization unit.

Methods This is a transversal study. All patients admitted for a medium-term psychiatric treatment since 01/06/2014 to 30/11/2015 were included. Data about socio-demographical status and clinical situation were obtained and compiled in a database. This study compares patients receiving clozapine treatment with those who receive other psychopharmacologic treatment. Statistics were performed using SPSS Software.

Results Eighty-eight patients (52% men; mean age: 48.6 years) composed the sample. In 58% of cases, schizophrenia and schizoaffective disorder were the diagnoses motivating the admission. Within the 51 patients with Schizophrenia or Schizoaffective Disorder, 16 of them (31.4%) received Clozapine. Comparing clozapine group vs non-clozapine group, there were no significant differences between the groups in terms of sex, civil state or working state. Instead, Clozapine group patients were older, had a major number of previous hospitalization admissions and had a larger trajectory of their disorder.

Conclusions Patients requiring treatment with Clozapine had a major number of hospital admissions and had more often committed suicide attempts, suggesting a more severe course of the disorder. They were older than the non-clozapine group. Clozapine is delayed in its use among resistant-treatment patients. It is worth highlighting that only 16 cases of Schizophrenia inpatients received Clozapine. It could mean that Clozapine is underprescribed.

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EV1042

The treatment of autism with pimiperone: A case report

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Introduction Adults with autism spectrum disorders (ASD) often have behavioral disorders, like aggression, agitation and self-injury. These problems are frequently severe enough to limit educational and developmental progress. Only risperidone and aripiprazole have so far been approved by the FDA for the treatment of behavioral disturbance associated with autism. These drugs are not very effective in the long term, with little benefits to the social functioning and they are associated with side effects. This case report describes the use of pimiperone, in treating behavioral disorders of a patient with autism spectrum disorder and severe mental retardation.

Case presentation Here is presented the case of a 32-year-old man with autism spectrum disorder, severe mental retardation (caused by undiagnosed phenylketonuria for the first 3 years of life) treated with antipsychotics since childhood. He showed numerous episodes of psychomotor agitation, hetero-direct physical aggression and self-injury, and movement disorders induced by drugs. Treatment with pimiperone reduced drastically crises of psychomotor agitation, and behavioral disorders, without extrapyramidal side effects, and led to an improvement in social functioning. The control of behavioral symptoms associated with adherence to treatment was maintained for 6-month follow up. These clinical observations are supported by ratings using: ABC, CGI-S and CGI-I, VABS, SAS, AIMS.

Conclusion This case report provides the first potential evidence that pimiperone may be effective in treating behavioral prob-

lems associated with autism spectrum disorders. Moreover, the improvement of social functioning and the lack of extrapyramidal side effects make this drug notable for its effectiveness and tolerability.

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EV1043

Effect of metformin treatment on metabolic parameters in atypical antipsychotic-treated schizophrenic patients

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Few studies have compared the effect of Metformin treatment on metabolic parameters in atypical antipsychotic-treated schizophrenic patients. The present study examined metabolic abnormalities due to clozapine or olanzapine in schizophrenic patients and, secondly, the effect of metformin treatment on these parameters. Twenty-six patients (19 M and 7 F) from neuropsychiatric nursing home "Villa dei pini" (Avellino) were enrolled, in collaboration with our Department of Psychiatry, University of Naples SUN. All patients had been diagnosed according to DSM-IV criteria. They were recruited from July 2013 to January 2015. Clozapine or olanzapine-related hyperglycemia required metformin introduction in therapy. All prescribed drugs were maintained at the same therapeutic daily dose during our study. We performed 1, 3 and 6 months follow up after metformin initiation. For each patient fasting cholesterol, glucose, triglycerides, body weight (BW), body mass index (BMI), systolic and diastolic blood pressure (BP) were evaluated. SPSS 16.0 (Statistical Package for Social Science) was used for data analysis. After antipsychotic treatment BMI, fasting glucose and triglycerides were significantly higher respect to basal values ($P < 0.01$, $P < 0.0001$, $P < 0.05$, respectively). After metformin treatment, a significant improvement in fasting glucose, cholesterol and triglycerides was registered ($P < 0.001$). Conversely, BMI values, although not significant ($P < 0.168$), showed a trend in increasing. This observational study underlines that metformin in antipsychotic-treated patients could be useful in preventing clozapine or olanzapine related metabolic abnormalities in schizophrenic patients.

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EV1044

Pro-BNP as a biomarker of asymptomatic clozapine-related heart dysfunction: Possible usefulness for clozapine management

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Cardiovascular clozapine-related side effects such as tachycardia and orthostatic hypotension are well recognized, but are rarely clinically important. However, the increasing number of life-threatening drug-related complications are giving rise to concerns about cardiac adverse reactions (myocarditis, cardiomyopathy, pericarditis and heart failure). The diagnosis is usually made con-

