

they improved in consumption of soft drinks ($P=0.001$) and fast food meals ($P=0.009$). Furthermore, the long-term patients lowered their weight and waist circumference while becoming more physically active. There were no changes in HbA1c in the intervention period.

Conclusion Our study showed being long-term ill and female gender was associated with positive outcome of lifestyle intervention into improving physical health and reducing diabetes type 2 risk, meanwhile being newly diagnosed and being male showed a negative outcome despite intervention.

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EV1253

Doses of antipsychotics in maintenance phase compared to doses in acute phase treatment

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Maintenance phase treatment with antipsychotic medications is recommended for all patients with schizophrenia. From clinical perspective and based on studies, small proportion of patients after first psychotic episode and far smaller proportion of patients with multiple psychotic episodes do not experience relapse. The use of antipsychotic medications as maintenance treatment reduces relapse rates. The optimal doses of antipsychotics in maintenance phase stay unclear although investigators attempted to identify doses sufficiently high to prevent relapses and at the same time sufficiently low to avoid adverse effects. In maintaining remission, it is usually recommended to use doses of antipsychotic medications that were effective in acute phase treatment as long as they are well-tolerated, but few studies and clinical experience show that lower doses than those usual for the acute phase are sufficient for maintenance treatment. The aim is to investigate doses of antipsychotics used in maintenance phase compared to doses used in acute phase treatment.

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EV1254

Subjective well-being under clozapine measured with the Serbian version of GASS-C: Preliminary results

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Introduction Clinical benefits of antipsychotic treatment depend on the efficacy and on the patients' tolerability and compliance. To reduce patient initiated treatment discontinuation, timely detection of treatment emergent side effects is essential. The Glasgow Antipsychotic Side-effects scale for clozapine (GASS-C) is a recently developed instrument to measure subjectively experienced clozapine side effects.

Objectives Timely detection of unreported clozapine related side-effects.

Aim Documenting the prevalence of side-effects in schizophrenia or chronic psychotic disorder with the Serbian version of the GASS-C.

Methods The sample included 95 in and outpatients with schizophrenia or chronic psychotic disorder. All subjects filled out the Serbian version of the GASS-C and a sociodemographic questionnaire.

Results The median age was 46.1 years; 53.7% of subjects were male. Clozapine doses ranged from 25 to 423 mg. Drowsiness (78%) was the most commonly reported side-effect. Overall, 16.8% of the patients added other complaints, such as headache, pain, hand or leg numbing or nightmares. According to GASS-C total score categorization [2], only 4.2% of subjects were rated with severe side-effects, while 14% of themselves rated their symptoms as severe or distressing. More side effects were reported by female patients and by inpatients. Only a weak positive correlation was found between the severity of the side effects and clozapine dosage.

Conclusions We found the GASS-C to be a useful instrument that elicits both unknown side-effects and patients rating of their severity. Side effects did not clearly relate to the prescribed dose. Future research should include the relation of clozapine plasma levels with side effects assessed with GASS-C.

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EV1255

Effect in antipsychotic-induced hyperprolactinemia after switching to long-acting injectable aripiprazole: A 1-year study

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Introduction Antipsychotic-induced hyperprolactinemia is associated with relevant side effects: short-term as hypogonadism, gynecomastia, amenorrhoea, sexual dysfunction and galactorrhoea; long-term as cardiovascular disease, bone demineralization and breast and prostate tumors.

Aims To evaluate the effect of switching to long-acting injectable aripiprazole on long-lasting antipsychotic-induced hyperprolactinemia.

Methods This was a prospective observational 1-year study carried out in 125 outpatients with schizophrenia who were clinically stabilized but a switching to another antipsychotic was indicated. We measured the basal prolactin at the start of the study and 1 year after switching to long acting injectable (LAI) aripiprazole.

Results In basal analytic, 48% had hyperprolactinemia (21.8–306.2 ng/mL) and 66.5% of them described side effects: 78% sexual dysfunction (72% men), 11% galactorrhoea (100% women), 5.5% amenorrhoea and 5.5% bone pain (100% women). In 48% of patients with hyperprolactinemia, the previous antipsychotics comprised: LAI-paliperidone (65.7%), oral-risperidone (7%), oral-olanzapine (6.1%), oral-paliperidone (5.2%), LAI-risperidone (4%) and others (12%). One year after switching to LAI-aripiprazole, prolactin levels were lower in all patients and in 85% prolac-