

cluster 1 was significantly lower than that in cluster 2 and cluster 3 (Table 2,  $P=0.0042$  and  $0.0208$ , respectively).

**Conclusion** For the first time, we obtained effectiveness patterns of amisulpride-treated Chinese patients. Age and gender may be predictors of effectiveness.

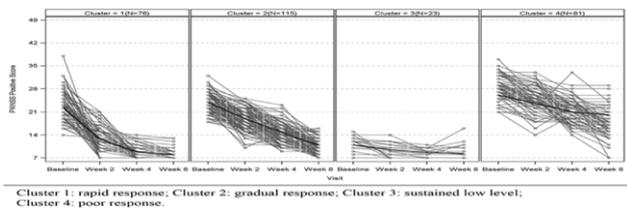


Fig. 1 Time series clustering of PANSS positive score. Four clusters and fitting curves (thick lines) are presented.

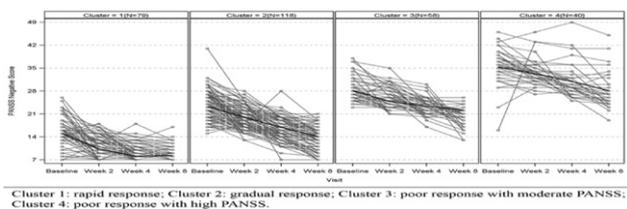


Fig. 2 Time series clustering of PANSS negative score. Four clusters and fitting curves (thick lines) are presented.

Table 1 Age comparison of positive PANSS clusters.

	Cluster 1 (n=76)	Cluster 2 (n=115)	Cluster 3 (n=23)	Cluster 4 (n=81)
Age (Mean±SD)	30.3±10.07	32.8±12.35	27.3±6.61	36.9±13.03
<b>P value of pairwise comparison</b>				
VS Cluster 1	-	-	-	-
VS Cluster 2	0.4899	-	-	-
VS Cluster 3	0.7080	0.1787	-	-
VS Cluster 4	0.0025*	0.0674	0.0032*	-

\* $P<0.05$

Table 2 Gender comparison of negative PANSS clusters.

	Cluster 1 (n=79)	Cluster 2 (n=118)	Cluster 3 (n=58)	Cluster 4 (n=40)
Female, n (%)	55 (69.62)	53 (44.92)	26 (44.83)	21 (52.50)
Male/Female ratio	0.436	1.226	1.231	0.905
<b>P value of pairwise comparison</b>				
VS Cluster 1	-	-	-	-
VS Cluster 2	0.0042*	-	-	-
VS Cluster 3	0.0208*	>0.999	-	-
VS Cluster 4	0.2630	0.8405	0.8782	-

\* $P<0.05$

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**EV1268**

**Treatment of drug-resistant schizoaffective disorder with aripiprazol depot off-label: A case report**

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**Introduction** We expose a woman diagnosed with schizoaffective disorder 2 years ago, before she received several diagnostics. She was admitted to the psychiatry unit with hyperactivity, pressured speech without taking an appropriate turn, flight-of-ideas,

irritability, expansiveness, emotional lability, ideas of reference and insomnia without diurnal tiredness. In addition, she admitted having abandoned the medication one month ago. She was diagnosed with maniac episode with psychotic symptoms and the medication was reintroduced. After two weeks, no response was observed so we decided to introduce ability depot 600 mg/3 weeks.

**Objectives** We want to show that it is possible the use of ability depot off-label in patients with a special difficulty in handling. Also, we want to show that higher doses are not dangerous and it's possible to study new treatment guidelines for ability depot.

**Methods** We use the Positive and Negative Syndrome Scale (PANSS) pre (the day of the introduction) and post (at two weeks) treatment with aripiprazol depot; the Clinical Global Impression rating scale (CGI), also pre and post.

**Results** We have obtained a punctuation of 180 in PANSS the day of the introduction of the aripiprazol depot and 45 at two weeks. In addition, we obtained 6 in CGI the day of the introduction and 3 at two weeks.

**Conclusions** In this case, aripiprazol depot has shown good tolerability and efficacy for the acute phase of schizoaffective disorder at higher doses than recommended in clinical guidelines. The efficacy and safety data are consistent with short-term, placebo-controlled studies of aripiprazol depot conducted in similar populations.

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

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**Clinical-immunological predictors of prognosis of the efficiency of antipsychotic therapy with amisulpride in schizophrenia**

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**Introduction** Detection of clinical-biological predictors of the efficiency of antipsychotic therapy in schizophrenic patients, correction and individualization of therapeutic indication of antipsychotics are relevant questions of modern psychiatry. Immune dysfunctions, disturbance of psychoneuroimmunological interaction, metabolic imbalance worsen clinical pattern of disease, contribute to formation of therapeutic resistance and side effects, and decrease efficiency of treatment of patients.

**Objective** To detect clinical-immunological predictors of the efficiency of therapy of schizophrenic patients with amisulpride.

**Methods** We examined 19 schizophrenic patients, aged 18–64 years, who received treatment with amisulpride (Solian). The psychometric scale PANSS was used for evaluation of dynamics of psychopathological symptoms. Therapy efficiency was evaluated using CGI scale. The immunological investigation included identification of phenotypes of surface receptors of immunocompetent cells, level of IgM, IgG, IgA, phagocytic activity of leucocytes. Research was carried out in two points: first—at admission, second—by week 6 of treatment. Predictors of efficiency were identified relying on the analysis of interquartile ranges of clinical-immunological parameters.