EV1302

Pharmacotherapy of acute psychotic states: The reason for benzodiazepines and valproic acid augmentation

A. Veraksa[1,*], A. Egorov[2]
[1] City Psychiatric Hospital N 3, Inpatient Unit N 24, St. Petersburg, Russia
[2] IM Sechenov Institute of Evolutionary Physiology and Biochemistry, Laboratory of Behavior Neurophysiology and Pathology, St. Petersburg, Russia
* Corresponding author.

Acute psychotic states (APS) usually are diagnosed as schizophrenia spectrum and affective disorders and make up about 45% of cases. The goal of the study was to elucidate the effect of benzodiazepines (BDZ) and valproic acid augmentation in the APS pharmacotherapy. The study was carried out on 102 inpatients diagnosed up to ICD-10 as schizophrenia ($n = 24$), acute and transient psychotic disorders ($n = 40$), other mental disorders due to brain damage and dysfunction and to physical disease ($n = 17$), schizoaffective disorder ($n = 12$), bipolar affective disorder ($n = 9$). Patients were randomized into four therapeutic groups:
– benzodiazepines (BDZ);
– one neuroleptic or combination of one neuroleptic and one BDZ (NBDZ);
– combination of valproic acid with BDZ or neuroleptic (VBDZN);
– polypragmasy (PP): from two drugs of one group up to four and more drugs at the same time.
The mental state of the patients was evaluated daily and estimated before, weekly and after APS termination by BPRS and CGI scale. The APS in all groups lasted from 1 to 50 days (mean 11.4). The shortest duration of APS was In BDZ group – 4.7 days; in VBDZN and NBDZ, the duration was 7.0 and 7.4 days ($P < 0.05$); in PP group, the treatment lasted 24.5 days ($P < 0.001$). Before therapy, average BPRS rate was 43.5 ± 8.1, CGI – 6.2 ± 0.8; after APS, BPRS was 18.9 ± 2.1, CGI – 1.1 ± 0.3. All rates did not differ among subgroups. APS therapy by BDZ and its combination with neuroleptics and valproic acid was effective compared to the polypragmasy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2287

EV1303

It is possible to change clozapine by another neuroleptic

F.X. Fluvia[1,*], R. Pastor[2]
[1] Home for the chronically mentally ill, Psychiatry, Xabia, Alacant, Spain
[2] Home for chronically mentally ill Xabia Bella, Psychiatry, Xabia, Alacant, Spain
* Corresponding author.

It is well known that when we have a schizophrenic patient who do not respond to two batches of neuroleptics at full dosage for more than six month, it may be wise to try with clozpine which is believed to be one of the best neuroleptics we have but with two main handicaps: it can produce leucopenia which can be fatal and epileptic seizures as well. We do think that in many cases, clozapine has been used too soon in the treatment of the schizophrenic patient, before we can really talk of a resistant patient. To prove that we have changed the clozapine treatment of four chronically ill schizophrenic patients admitted to a home for the chronically mentally ill. Two patients were changed from clozapine 400 mg/day to paliperidone 15 mg/day along two months time. They both improved in mental clarity and ability of thinking. Another patient were changed from 600 mg/day to 27 mg/day of paliperidone. That patient worsened a little bit mainly with hostility and social avoidance but it was mandatory to change neuroleptic because he had had two seizures and had low levels of platelets and therefore he was at risk of developing leukopenia. The fourth one was taking 300 mg of clozapine and was changed to 12 mg of paliperidone. We got no change in the clinical outcome.
Discussion We discuss the different explanations for the results we got.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2288

EV1304

Prescription profile of antipsychotics in inpatients with psychotic disorders

M.D.C. García Mahía*, Á. Fernández Quintana, M. Vidal Millares
CHU A Coruña, Psychiatry, A Coruña, Spain
* Corresponding author.

Introduction Previous studies of prescribing in psychiatric services have identified the relatively frequent use of combined antipsychotics in schizophrenia.
Aims – To analyze the proportion of patients treated with more than one antipsychotic;
– to study clinical as sociodemographic variables associated with types of prescription.
Methods Retrospective descriptive study of treatment prescribed to psychiatric inpatients treated in an acute care unit of Psychiatry Service in a large teaching hospital during a period of 3 years. Consecutively admitted inpatients receiving concurrent antipsychotics were compared with those treated with a single antipsychotic. Prescription drug records at discharging were revised, $n = 263$.
Results From the total sample, 61% received more than one antipsychotic. The most common types of combinations were atypical plus a typical antipsychotic followed by two atypical antipsychotics, being less frequent combination of three or more antipsychotics. There were 19 different drug combinations. Concurrent antipsychotics were most frequently prescribed in schizophrenia and schizoaffective disorder. Patients with more previous episodes of illness received more frequently concurrent antipsychotics than patients with low number of previous episodes of illness ($P < 0.03$). Patients with longer time of hospitalization, and age between 30 and 50 years were treated more frequently with several antipsychotics. Analysis with other variables is presented in the study.
Conclusions There is a significant difference in the strategies of treatment with antipsychotics depending on diagnosis and number of previous episodes of illness. The concurrent use of multiple antipsychotics in psychiatric inpatients appears to be a response to treatment resistance and is frequent in schizophrenic patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2289

EV1305

Brief psychotherapy in eating disorders

E. Garcia[1,*], M. Leon[2], F. Polo[2], R. Martinez[3]
[1] Ciudad Real, Spain
[2] Hospital General de Ciudad Real, UTCA, Ciudad Real, Spain
[3] Hospital General de Ciudad Real, USMIJ, Ciudad Real, Spain
* Corresponding author.

First time we began to work with eating disorders, we used to hear the chronic course of the illness and the long-term treatment that our patients would need. When you have a team trained in brief psychotherapy, but not in this specific area, it sounds as just the opposite you try to reach with your patients. National guidelines however are full of psycho-educational and cognitive-conduct treatment's models, without any other validated kind of treatment.

https://doi.org/10.1016/j.eurpsy.2016.01.2290 Published online by Cambridge University Press

However, it was our experience that solution focused or problem focused therapy were also two clinical effective approaches to many psychiatric problems. In fact, we had a mature consult, in which as far as two thirds of patients had become, some way chronic. Problem was, as far as we can imagine, if that was a disease's effect or a lack of a deeper intervention, which were wider than those classic. So, we classified our patients in resistant or not resistant, and doing so we add brief therapy to the first group, reevaluating every week each intervention and the course of the illness. By doing so, we found that chronicity was, in same cases, just the result of limited treatments. Here we have analysed some chronic patients with a bad course and the alternatives that let them to recover.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2290

EV1308

Clozapine induced blood dyscrasias and a therapeutical approach

A. Gomez Peinado*, P. Cano Ruiz, S. Cañas Fraile, M. Gonzalez Cano, G.E. Barba Fajardo
Hospital Nuestra Señora del Perpetuo Socorro, Mental Health, Albacete, Spain
* *Corresponding author.*

Introduction Clozapine is a neuroleptic commonly used in treatments resistant to schizophrenia. However, despite the benefits, clozapine might cause some serious side effects. Hence, it is of the utmost necessity to keep an exacting control of the patients.

Objectives To study some of the therapeutical approaches to the treatment of clozapine induced neutropenia and agranulocytosis.

Methods Review of some articles in Mental Health Journals.

Results The treatment with clozapine, substratum of aminergic and muscarinic receptors, entails a 0.9% risk of causing agranulocytosis, and approximately a 2.7% risk of causing neutropenia. Both occur, over 80% of them, during the first 18 weeks of treatment. Thus, before starting it, it is necessary to draw some blood and analyze the complete blood count (CBC). Also, we must analyze CBCs weekly during the first 18 weeks. Other dyscrasias like leukopenia, leukocytosis, anaemia, eoshinophilia, thrombocythaemia or thrombocytopenia can also be observed. When agranulocytosis appears, it can be treated by discontinuing the clozapine treatment, but also using granulocyte-colony stimulating factor or lithium, both separated or combined with clozapine. Lithium produces reversible leukocytosis onceplasma levels of > 0.4 mmol/L are reached. Despite the simultaneous treatment with lithium, clozapine can trigger some neurological side effects, it seems that seizure risk remains invariable.

Conclusions Some of the clozapine's side effects, like neutropenia or agranulocytosis, are potentially lethal. Their treatment consists of discontinuing clozapine or initiating granulocyte-colony stimulating factor or lithium. These are good options that can give rise to a later continued treatment with clozapine.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2293

EV1309

Misuse of trihexyphenidyl: Factors associated to the prescription

K. Hajji[1,*], M. ilyes[2], F. Soumaya[2], Y. Samira[2], N. mohamed[2]
[1] *Boulogne-Billancourt, France*
[2] *Hospital Of Mahdia, of Psychiatry, Mahdia, Tunisia*
* *Corresponding author.*

Introduction Trihexyphenidyl (THP) is an anti-Parkison and anticholinergic drug. It is essentially prescribed by psychiatrists in order to treat abnormal movements and Parkinsonism induced by antipsychotics. However, in unusual practice, the THP is widely used by patients.

Aims To assess different factors associated to the prescription of trihexyphenidyl in patients treated with neuroleptics.

Methods A cross-sectional, descriptive, comparative and analytical study among 153 patients followed in outpatients clinics and treated by antipsychotics.

Results During a six-month period, 153 patients were interested by the study. In total, 79.73% of them were receiving a treatment by THP. Mean age was 47.79 years old. Almost patients were married (44.1%), having a primary level education (46.7%) and jobless (66.7%). Mean factors associated to THP prescription were: hospitalization in a psychiatry unit ($P = 0.025$), good evolution of mental disorder during hospitalization ($P = 0.008$), regular follow-up ($P = 0.005$), episodic evolution and existence of residual symptoms ($P = 0.001$), personality disorder ($P = 0.025$) and somatic comorbidities ($P = 0.001$). Prescription was crucial in order to indicate necessity of THP. Doses of neuroleptics were a determinant factor ($P = 0.0001$). Forty-one percent of patients were receiving more than one treatment ($P = 0.0001$). In most cases, prescription consists of classic antipsychotics (67.60%).

Conclusion Prescription of THP should be argued, considering different factors associated to the prescription, in order to prevent misuse of the drug.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2294

EV1310

Light as an aid for inpatient recovery: A systematic review

J. Henriksen*, N. Okkels
Aarhus University Hospital, Psychiatric Research Academy, Department of Affective Disorders Department Q, Risskov, Denmark
* *Corresponding author.*

Introduction The indoor light environment of hospital wards may affect functions and symptoms that are central to the process of inpatient recovery, including sleep, anxiety, well-being, and mood.

Objective To assess whether interventions in light improves recovery in hospitalized patients across all medical specialties.

Methods We systematically searched and reviewed the literature for RCT's on adult inpatients where any light intervention were compared to standard care or placebo. We reviewed effects of light on various outcomes, and compared differences in administration, timing, color, and intensity of the light.

Results We identified 2330 titles, of which 32 met our predefined selection criteria. Choice of administration, timing, wavelengths, and intensity varied. However, most studies investigated bright light therapy with high intensity and short exposure time, others low-intensity light at night filtered of wavelengths in the blue spectrum, and yet others the use of dawn simulation. Comparators were either placebo lamps with low intensity or regular indoor light. Most studies were performed on psychiatric inpatients, showing that bright light therapy is an effective aid in recovery of major depression. Across medical specialties, several studies reported improved sleep quality during the light intervention. Other studies found a lower rate of delirium. In elderly patients with dementia, studies found light interventions to relieve agitation and confusion.

Conclusions Light may ease a broad range of symptoms and behaviors across inpatient categories. The intervention is inexpensive, well tolerated, and non-invasive. This study underlines intelligent lighting design as an interesting, yet under-explored, non-pharmaceutical treatment.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2295