

patient received individual guidance on healthy food and on how to live a physically active life.

**Results** Extensive problems with obesity, especially among the women, were observed, and low level of physical activity among the patients was demonstrated. The included patients were in a high risk of developing cardio vascular diseases and diabetes type 2. The main outcomes were reduction in waist circumferences and in consumption of soft drinks and an increase in coffee drinking. Furthermore, an increase in time spent on moderate and light physical activities was observed. The patients showed great interest in the programme, and it was unproblematic getting the patients to participate in the entire programme. Moreover, they willingly followed the health guidance and achieved a healthier life.

**Conclusions** The intervention seems relevant and manageable in an outpatient setting. The results are promising in the ongoing process of improving physical health among patients with schizophrenia. We recommend implementation of the programme in daily practice.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.639>

## EW522

### A mirror image study of the utility of long acting aripiprazole

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**Aims and background** Ablify Maintena (AM) is a long acting injection of aripiprazole that received marketing authorisation in the UK in January 2014. It is costly compared to first generation antipsychotics (FGAs) LAIs and there are no robust trials comparing AM with FGAs. We examined the effectiveness and use of AM in a mental health trust.

**Methods** We identified all patients prescribed AM in North Staffordshire (population: 470,000) since launch and examined records for demography, diagnosis, bed and medication use. We examined the effectiveness of AM using a mirror image design.

**Results** Thirty patients received AM in a time frame allowing a 1-year follow-up. Sixty-nine percent were male and the mean age was 39 years. Over half were detained under the 1983 Mental Health Act and 30% were inpatients on a psychiatric intensive care unit when AM was started. Twenty-eight patients had a psychotic diagnosis. There was a significant reduction in bed occupancy (63 v 6 days,  $P=0.0001$ ) and admissions (1.6 v 0.5,  $P=0.0001$ ). The median dose was 400 mg. Lack of effectiveness/poor adherence with prior treatments were the main reason for starting AM in 84%. Eighty-six percent of patients clinically improved on AM. Blood parameters were in the normal range.

**Discussion** Within the limitations of the methodology, our results show a reduction in psychiatric bed use in the year following AM initiation on an intention to treat basis. The reduction in bed use equates to a minimum annual saving of £14,250 per patient. AM at the median study dose costs £2645 per year.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.640>

## EW523

### Coping strategies and quality of life in schizophrenia outpatients treated by Psychopharmacs - cross-sectional study

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**Introduction** The modern psychiatric view of schizophrenia spectrum disorders and their treatment has led to an increasing focus on coping strategies and quality of life of these patients.

**Objectives** Understanding the relationship between quality of life and coping strategies can help in finding those coping strategies that enhance the quality of life. It is important to study the inner experience and striving of patients because of connection with well-being and treatment adherence.

**Aims** : In the present study, the authors examined the relationship between demographic data, the severity of symptoms, coping strategies, and quality of life in psychotic outpatients.

**Methods** Psychiatric outpatients who met ICD-10 criteria for a psychotic disorder (schizophrenia, schizoaffective disorder, or delusional disorder) were recruited in the study. Questionnaires measuring the coping strategies (SVF-78), the quality of life (Q-LES-Q), and symptoms severity (objective and subjective clinical global impression-objCGI; subjCGI) were assessed. Data were analysed using one-way ANOVA, Mann-Whitney U-test, Pearson and Spearman correlation coefficients, and multiple regression analysis.

**Results** One hundred and nine psychotic outpatients were included in the study. The QoL was significantly related to the Positive and Negative coping strategies. The severity of disorder highly negatively correlated with the QoL score. Stepwise regres-

Table 1 Description of the sample, demographic and clinical data.

VARIABLE	MEAN AND STANDARD DEVIATION
Age	41.96 ± 10.23
Gender (M: F)	41:62
Age of the disease onset	26.12 ± 8.97
Lifetime duration of treatment	15.38 ± 9.52
Minimum	1
Maximum	45
Number of hospitalizations	4.13 ± 3.97
Psychiatric heredity	
Same disorder	15 (14.6 %)
Other disorder	39 (37.9 %)
Without	47 (45.6 %)
Education:	
elementary	9 (8.7 %)
vocational training	25 (24.3 %)
secondary school	52 (50.5 %)
university	16 (15.5 %)
Marital Status:	
single	61 (59.2 %)
married	24 (23.3 %)
divorced	15 (14.6 %)
widowed	1 (2.9 %)
Employment Yes/No	33/70
Retirement	87
Full invalidity	60
Partial invalidity	20
Old-age	7
From parent family	66
From incomplete family	31
Brother/sister Yes/No	90/13
Birth order	
First-born	44
Second-born	36
Third-born	10
Using psychiatric medication Yes/No	101/2
Regular use	94
Regularly, more than prescribed amount	2
Irregularly use	6
ObjCGI severity	4.14 ± 2.75
SubjCGI severity	2.75 ± 1.39