Results: The study included a total of 20 patients (n: 20). 80% of the patients were male and 20% were female. The mean age was 39.7 years. 75% of the patients had an associated substance use disorder. The following alternate starting schedules were performed with biannual paliperidone palmitate: monthly paliperidone palmitate on days 1 and 8, and 6-monthly paliperidone palmitate on day 38 (n: 11); monthly paliperidone palmitate 150 mg together with semi-annual paliperidone palmitate both on day 1 (n: 5); biannual paliperidone palmitate on day 1 supplemented with oral paliperidone for 45 days (n:4). A total of 0 visits to the emergency department and 0 admissions were observed after the 6-monthly paliperidone palmitate regimen.
Conclusions: Alternative initiations with 6-monthly paliperidone palmitate may be a useful and safe clinical alternative in patients with very low adherence who, due to clinical needs, require starting 6-monthly paliperidone palmitate earlier in order to guarantee adherence.

Disclosure of Interest: None Declared

EPP0758

Clinical experiences with 6-monthly paliperidone palmitate beyond the diagnosis of schizophrenia. A retrospective study

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doi: 10.1192/j.eurpsy.2023.1045

Introduction: Long-acting injectable antipsychotics (LAIA) are used in diagnoses other than schizophrenia. Over the last two decades, LAIAs have been developed with less administration frequency, going from 2-weekly presentations to 6-monthly presentations. The 6-monthly paliperidone palmitate has recently been released, allowing a reduction in the frequency of administration compared to the 1-monthly presentation and the 3-monthly presentation. Descriptive studies based on real clinical evidence can be very useful to assess clinical outcomes.
Objectives: The main objective of the study is to describe the use of 6-monthly paliperidone palmitate in patients with schzophrenia, providing variables that objectify the evolution such as the number of psychotic decompensations.
Methods: Retrospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 10 month (n=80). The patients selected were all those who received 6-monthly paliperidone palmitate treatment from after 10 months of use at Hospital Universitario Infanta Elena. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.
Results: A total of 80 administrations of 6-monthly paliperidone palmitate were performed in the study. None of the patients presented adverse reactions related to the administration of the drug, not reporting local pain or inflammation of the puncture area, except for the characteristic discomfort of an intramuscular puncture. Regarding the efficacy of 6-monthly paliperidone palmitate, none of the patients presented a psychotic decompensation after its administration, maintaining psychopathological stability after the change. The switch to 6-monthly paliperidone palmitate was made from both 1-monthly paliperidone palmitate and 3-monthly paliperidone palmitate, both showing the same efficacy. Regarding tolerability, all the patients who were administered 6-monthly paliperidone palmitate were previously treated with the monthly and quarterly presentation of the same molecule, having presented good tolerability to it, maintaining said tolerability after treatment. change to 6-monthly paliperidone palmitate, with no adverse reaction being recorded after the change. The adherence presented by the patients was very good, performing 100% of the administrations.
Conclusions: 6-monthly paliperidone palmitate may be an effective and well-tolerated treatment for the treatment of schizophrenia and other diagnoses such as bipolar disorder or borderline personality disorder. According to objective data, 6-monthly paliperidone palmitate could be an effective and well-tolerated treatment as an alternative to monthly and quarterly presentations of the same molecule. Longitudinal studies must be carried out to confirm this hypothesis.

Disclosure of Interest: None Declared

EPP0759

Patients' perspectives on switching from one to three monthly Paliperidone Palmitate a cross-sectional patient satisfaction survey

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doi: 10.1192/j.eurpsy.2023.1046

Introduction: Paliperidone 3-monthly (PP3M) is a long-acting injectable antipsychotic (LAI) which has been shown to be an equally effective and more convenient alternative to Paliperidone 1-monthly (PP1M) (Hope *et al.* Australas Psychiatry 2018;26 (2):206-209). A prerequisite for PP3M use is stability on a consistent dosing of PP1M ≥4 months, though, few studies have so far explored patients' experiences with switching.
Objectives: The aim of the study was to assess satisfaction and perspectives following the change to PP3M. A safety question with regards to the Covid-19 was also included.
Methods: This cross-sectional survey was performed within a large, urban mental health setting between May-June 2021 while the UK was still under Covid-19 restrictions. Two psychiatrists obtained verbal consent before administering the survey. Questions 1 and 2 focused on satisfaction and safety with respondents rating to what extent they agreed or disagreed using a 5-point Likert scale. Questions 3 and 4 focused on advantages and disadvantages of the medication change; suggested answers were supplied but there was also an option to provide additional responses. Additional demographic and clinical information were collected from the electronic records.
Results: Of the 61 patients who were receiving PP3M at the time of the survey 46 (31 male and 15 female) agreed to participate. One declined to participate, while 14 were not contactable, making the response rate 98% (46/47).
89.5% of respondents strongly agreed or agreed that they were satisfied after switching, 6.5% neither agreed nor disagreed and