

Conclusions Our results suggest an improvement in the patient's clinical vision and attitude towards medication with long-acting depot.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2306>

EV1322

DECIDE Study: Effectiveness of shared decision-making in treatment planning at discharge of inpatient with schizophrenia. Experience after 20 months of the study

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Introduction Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. There has been extensive and growing interest in its application to long-term illnesses but surprisingly not in severe psychiatric disorders, such as schizophrenia. However, the great majority of schizophrenics are capable of understanding treatment choices and making rational decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions, but robust evidence in objective health outcomes is needed.

Aims and objectives Of the study: to demonstrate the effectiveness, measured as treatment adherence and readmissions at 3, 6 and 12 months, of shared decision making in the choice of antipsychotic treatment at discharge.

Of the oral presentation: to present the study design; to make an interim report of the data obtained at the moment of the congress.

Methods Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Study population: Inpatients diagnosed of schizophrenia and schizoaffective disorders (ICD-10/DSM-IV-R: F20 y F25) at Adult Acute Hospitalization Unit at Jerez General Hospital.

Results Currently in the recruiting phase with 55 patients included in the study. An interim analysis of at least half of the target sample size.

Conclusions We will show the study design and decision tools employed. Conclusions in relation to the effectiveness (adherence and readmissions) and subjective perception.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2307>

EV1323

DECIDE Study: Antipsychotic treatment profile. Comparison of antipsychotic polytherapy in patients discharged after acute episode of UHSM, taking decisions shared vs. usual care strategies

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Introduction Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions, but robust evidence in objective health outcomes is needed.

Aims Analyze the degree of antipsychotic polytherapy or monotherapy in patients discharged after their inclusion in the study and randomized to Share Decision-Making or Treat as Usual. Present preliminary conclusions after 20 months of follow-up.

Methods Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Previous antipsychotic treatment is collected by interviewing patient and family and as included in digital history and health card, discharge and reviews conducted at 3, 6 and 12 months.

Results Interim analysis shows there are no differences between groups (SDM and TaU) before intervention, we note the following results:

- the degree of antipsychotic polytherapy prior to admission for the entire sample decreased at discharge;
- at discharge, there is a difference between SDM and TaU. Antipsychotic polytherapy in SDM decreases in a higher level.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2308>

EV1324

The utility of omega-3 fatty acids in depression

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Introduction Recent studies have reported therapeutic benefit from the use of omega-3 fatty acids (EPA and DHA) as adjunctive treatment of depression.

Objectives The goal of this work is to assess the effectiveness and tolerability of dietary supplementation with omega-3 in the treatment of depressed patients.

Method Prospective, descriptive, observational study in a general psychiatry outpatient clinic. Consecutive inclusion of depressed patients started on dietary supplementation with omega-3 because of partial response to antidepressants and/or intolerance to high doses or combination of antidepressant drugs between January and May 2015. Sociodemographic variables, clinical data and information about tolerability were recorded. Clinical response to treatment over time was assessed at 4–6 months follow up using the 5-item CGI (Clinical Global Impression) scale.

Results We included 30 depressed patients started on omega-3. None of them reported side effects. Seventy-three percent of

patients reported clinical improvement (40% much improvement, 33% some improvement). None of them got worse. We did not find association between clinical response and age, sex, type of depression nor duration of illness.

Conclusion Despite the limitations of this study, our work support previous positive results on the use of omega-3 fatty acids (EPA and DHA) as adjunctive treatment of depression. Giving the safety of its use, clinicians might recommend omega-3 as adjunctive treatment of depression in cases with a partial response to antidepressants.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2309>

EV1325

Antipsychotic injectable extended release: A case report

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Objective To demonstrate the therapeutic efficacy of aripiprazole LP by a case of difficult clinical management and that we often find in our daily practice.

Methods Description of a clinical case of a 21-year-old man, recently diagnosed with paranoid schizophrenia with no awareness of disease neither treatment adherence and harmful use of THC and cocaine that are identified as precipitating factors for multiple hospital admissions.

Results Injectable medication with objective clinical improvement is significant, cessation of readmissions, achieving improvement in all parameters measured functionality and proper adherence to treatment as well as outpatient mental health of both devices as of drug dependence.

Conclusion Psychiatry is facing the great challenge of modifying the natural history to the deterioration of schizophrenia, a disease considered one of the leading causes of years lived with disability. The objectives medium and long-term treatment of this disease are centered on the delay-avoidance disability and improving the functioning and quality of life of people with this disease.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2310>

EV1326

Adherence to treatment and number of relapses in patients treated with atypical antipsychotic prolonged release

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Introduction The extended release injectable offers a good alternative for those patients with no or poor adherence to treatment. Numerous studies indicate that decrease the number of relapses in such individuals. Our aim is to check whether a group of our patients diagnosed with dual pathology coincide with these data.

Methods We followed a group of 5 patients diagnosed with paranoid schizophrenia or delusional disorder with drug consumption in the last year. We measured the number of relapses, understood as the number of visits to emergency and outpatient devices Mental Health Hospitals and hospitalizations six months before the start of treatment with aripiprazole injectable extended release and six months after.

Results The preliminary results point to a significant reduction in the number of emergency room visits and hospitalizations after starting sustained release injectable treatment.

Conclusions Our preliminary results are consistent with the literature, we found also reduced consumption of toxic and better adherence to drug addiction devices. The new antipsychotics extended release is a good alternative for patients with dual diagnosis.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2311>

EV1327

Electroconvulsive therapy: Brief versus ultrabrief pulse right unilateral electroconvulsive therapy

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Introduction Electroconvulsive therapy (ECT) is an effective depression treatment, but it has potential cognitive side effects. Bitemporal ECT has been traditionally used, but in recent decades, right unilateral (RUL) electrode placement has been proposed to decrease the cognitive side effects of ECT. Ultrabrief pulse (UBP) right unilateral (RUL) ECT is an increasingly used treatment option that can potentially combine efficacy with lesser cognitive side effects.

Objectives To evaluate whether ultrabrief pulse (UBP) right unilateral (RUL) electroconvulsive therapy (ECT) is as effective as brief pulse (BP) RUL ECT in addition to cause lesser cognitive side effects.

Material and methods A search is performed in the available scientific literature on systematic review and meta-analysis of the subject under study, through the database PubMed.

Results – Current evidence supports the efficacy of right unilateral (RUL) electroconvulsive therapy (ECT) given with an ultrabrief pulse width in the treatment of depression;

– ultrabrief pulse RUL ECT leads to lesser cognitive side effects than traditional forms of ECT;

– ultrabrief pulse RUL ECT may be slightly less effective than traditional forms of ECT.

Conclusions BP compared with UBP RUL ECT was slightly more efficacious in treating depression and required fewer treatment sessions, but led to greater cognitive side effects. The decision of whether to use BP or UBP RUL ECT should be made on an individual patient basis and should be based on a careful weighing of the relative priorities of efficacy versus minimization of cognitive impairment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2312>