EV1004

Treating ADHD in people with intellectual disabilities

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Objectives Attention Deficit Hyperactivity Disorder (ADHD) is more prevalent in people with intellectual disabilities (ID). Drug therapy is the primary treatment for ADHD targeting the core signs of inattention, impulsivity, and hyperactivity (NICE 2013). Knowledge on ADHD has been gleaned from studies in children and children with ID. People with ID have comorbid disorders for example, autism and epilepsy that can complicate the management of ADHD. Knowledge of the effects of treatment is essential in managing ADHD in people with ID. The current evidence on the application of drug therapy for ADHD in ID is described.
Method A literature review of publications in English language was undertaken.
Results Using medication to treat ADHD is effective in treating the signs of ADHD in people with ID. The response rates in ID to drug therapy for ADHD approximates to 55% that is lower than in the general population. People with ID experience more side effects from medication that can lead to withdrawal from treatment. Guidelines exist internationally on the appropriate prescribing of medication. Methylphenidate, a psycho-stimulant drug is the drug of first choice. Atomxetine, a non-stimulant drug, is effective in people with ID.
Conclusions ADHD in people with ID is treatable but clinicians need to be knowledgeable and skilled in managing the disorder in people with ID. Newer drugs could offer more because of their different profile of more tolerable side effects.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1005

Analysis of the diagnoses of patients treated with palmitate paliperidone

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Objectives Review of the diagnoses of the treated patients with palmitate paliperidone for one year in a mental health unit, as well as some of their key sociodemographic characteristics, the length of the hospital stay and the average treatment according to clinical diagnosis.
Methods Descriptive epidemiological study including patients admitted to our hospital. It covers the period from January 2014 to December 2014.
Results For the period between January and December, a total of 315 patients were admitted in our mental health hospital unit, of which 45 were treated with paliperidone palmitate. The diagnosis were: schizophrenia (25 patients; 55.56%), schizoaffective disorder (7 patients; 15.56%), delusional disorder (5 patients; 11.11%), bipolar disorder (1 patient; 2.22%), personality disorder (2 patients; 4.44%), obsessive-compulsive disorder (1 patient; 2.22%), organic brain disorder (1 patient; 2.22%), schizophreniform disorder (1 patient; 2.22%) and mental retardation (1 patient; 2.22%). The mean age of patients was 35.7 years old. The most common marital status was unmarried state (30 patients; 66.6%). The average stay per hospital admission was 19.33 days. The most abused drugs were tobacco (31 patients; 68.8%). The mean dose of paliperidone palmitate was 137.5 mg. Schizophrenic patients need higher doses of treatment.
Conclusions A significant improvement in functionality was observed in our patients. What's proven efficacy and good tolerability and adherence, so we consider paliperidone palmitate as a drug of first choice in the treatment of schizophrenia.
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EV1006

Nalmefene and alcohol use disorder

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Introduction Psychopharmacology study.
Objective To evaluate Nalmefene effectiveness in clinical practice in patients diagnosed with alcohol use disorder.
Method Descriptive, prospective and observational study with patients diagnosed with alcohol use disorder, treated with Nalmefene during 6 months.
Results Twenty-seven patients (9 women and 18 men); average age: 47.92. A total of 64.28% with F10 as an exclusive main diagnosis. Drink urge perception at the beginning: 6.37 points over 10.6 months later, 3.25 points. Loss of alcohol drinking control perception at the beginning: 6.03 points over 10. Six months later, it is reduced down to 2.37 points. GGT reduction (from 107.18 to 36.5 U.I./L) and Mean Corpuscular Volume reduction (from 90.2 to 88.9 fl). The average of days/month with binge drinking at the beginning was 16.18 SD (standard drinks); and monthly total of alcohol consumption is 182.75 SD. After a month: 4.6 days and 66.52 SD. After 6 months, it decreases to 4 days/month and 63.3 SD. The results of the Rhode Island Change Assessment scale are: 7.4% in pre-contemplation stage, 70.37% contemplation stage, 3.7% action stage and 18.5% in maintenance stage. Six months later: 75% contemplation, 12.5% action and 12.5% maintenance stage. The main side effects were: nausea and vomiting, 22.22% at the beginning and 12.5% that persist with intakes; sexual side effects in 22.22% throughout the treatment; the 14.8% report increased sleeping and dreaming, 14.8% report restlessness, after six months drowsiness prevails with a 18%. At first, orthostatic dizziness appears in a 14.8%, disappearing 4 weeks later.
Conclusion Nalmefene is effective in reducing alcohol consumption, with few side effects and good acceptance.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1007

Antipsychotic polypharmacy at the clinic of psychiatry, clinical centre of Serbia

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Introduction Antipsychotic polypharmacy is not supported by current guidelines. However, it is often present in practice. A common reason for this is to gain a greater, faster therapeutic response and reduce the doses of individual drugs, thus reducing the adverse effects.
Aims and Objectives The aim of this study is to analyze the prevalence of antipsychotic polypharmacy at the Clinic of Psychiatry, Clinical Centre of Serbia and to compare it with the data from 10 years ago when similar research was conducted.

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Material and methods This is a cross-sectional study conducted in 2015. The data were obtained from the patients' charts and compared with the results of a more extensive study conducted at the same hospital during 2002–2005 period. Statistics was performed using standard statistical methods.
Results Of the total number of patients ($n = 44$), 81.8% ($n = 36$) were on antipsychotic monotherapy, while in the previous study, which included 198 patients, monotherapy was noted in just 32.3% hospitalizations ($n = 64$) (Chi = 34.5; $P < 0.001$). Among patients treated with polypharmacy, the majority was prescribed the combination of a first- and second-generation antipsychotic ($n = 7$, 87.5%), while just one patient was treated with two first-generation antispychotics ($n = 1$, 12.5%). In the 2002–2005 period, the combination of two first-generation antipsychotics was dominant (58.9%, $n = 79$).
Conclusion This study indicates that in Serbian psychiatry there is a strong tendency towards reduction of antipsychotic polypharmacy. However, this is a single-centre study with a relatively small number of participants and more extensive research on the national level is warranted to confirm this trend.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1008

Lithium-induced acute intermittent dystonia in a patient with schizoaffective disorder

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While lithium is well known for its neurotoxicity, there are very few publications about lithium-induced acute dystonic reaction. We are presenting a clinical case of lithium-induced acute intermittent dystonic reaction in a patient with schizoaffective disorder (SAD). The patient is a 69-year-old African-American male with a long history of SAD, who was treated for many years with ziprasidone and divalproex and was admitted with SAD exacerbation. Due to increased QTC interval, we switched patient to lurasidone. After 2 weeks, due to increased ammonia level, divalproex was switched to lithium (600 mg loading dose and then 450 mg twice/day). Three days later, patient developed a series of intermittent episodes of acute dystonia, manifested as mutism, dysarthria, upper and lower extremity muscle rigidity, dysphagia, and tremor (Table 1). Dystonic reactions responded to benztropine. Eventually, lithium was discontinued and patient did well on a combination of carbamazepine and olanzapine. In this case, we would like to emphasize not only the intermittent but also the atypical presentation of acute dystonic reactions with involvement of large muscle groups, the resemblance to NMS, and a "spectrum" of dystonic reactions rather than one clear-cut presentation. We can only speculate the role lurasidone played in this presentation but reoccurrence of dysarthria on day 54 after lithium was restarted points to its major role.
Table not available.
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EV1009

Tolerability and side effects of an extended-release injectable suspension of aripripazole in a series of inpatients in a dual diagnosis unit

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Introduction The integrated care in dual diagnosis units involves selecting pharmacological treatment strategies for both substance use disorder and the non-addictive psychiatric disorder. It is recommended to choose drugs with a favorable balance between efficacy/tolerability, an adequate side effects profile and the minimal drug interactions.
Objectives and aims To evaluate the tolerability and side effects after first administration-first dose of an extended-release injectable suspension of aripiprazole in a group of patients admitted to an acute dual diagnosis unit.
Methods The study included a series of patients admitted in our unit from May to August 2015 that received the first dose of the aripiprazole preparation (400 mg). Evaluations included different scales for side effects (SAS, ESRS, UKU) and the clinical global impression scale (CGI).
Results A total of 9 patients were included and evaluated (all men, mean age: 39-years-old). Diagnoses were: bipolar disorder (5/9), schizophrenia (2/9), schizoaffective disorder (1/9) and delusional disorder (1/9) with concomitant substance use disorder (6 cannabis, 2 alcohol, 1 cocaine). All of them without outpatient control and treatment at admission. The results of the clinical scales conclude that none of them had significant side effects, including extrapyramidal, with an improvement in the ICG scale.
Conclusion Tolerability of extended-release injectable suspension of aripiprazole was good in all cases. In the future, new cases should be included to extend the sample and to evaluate other aspects such as the craving for substances.
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EV1010

Treatment efficacy with paliperidone palmitate in patients after the first psychotic episode

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Objectives To evaluate factors of therapeutic efficacy of paliperidone palmitate, such as the speed of action and its maintenance in patients who experienced a first psychotic episode that led to a hospital admission in the acute unit.
Materials and methods Two-year observational and descriptive study. Patients admitted to the Mental Health Hospital Unit (MHHU) from January 2013 to July 2014, with a first psychotic episode and under paliperidone palmitate treatment. Monitoring