S98 Oral Communication

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**Keywords:** postpartum depression; zuranolone; rapid onset of action; major depressive disorder

## O0093

## Benzodiazepine use during cariprazine treatment in acute schizophrenia

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**Introduction:** Although antipsychotics are first-line treatments for schizophrenia, benzodiazepines (BZDs) are often used as concomitant medications in acutely exacerbated patients due to their anxiolytic and sedative effects. Cariprazine (CAR), a D3-preferring dopamine D2/D3 partial agonist antipsychotic, has been examined in many clinical studies for the treatment of acute schizophrenia, with and without benzodiazepines.

**Objectives:** To delineate the effects of benzodiazepine-use during cariprazine treatment in acute schizophrenia.

**Methods:** Pooled data of cariprazine-treated (1.5-6mg/day) and placebo-treated patients from four short-term, randomised, double-blind trials (NCT00404573, NCT01104766, NCT01104779, NCT00694707) were analysed. Baseline characteristics (age, duration of illness) and efficacy outcome parameters (Total and Hostility Factor Score of the Positive and Negative Syndrome Scale [PANSS]) were compared in patients receiving benzodiazepines (for more  $\geq$ 3 consecutive days) and not receiving benzodiazepines (<3 consecutive days).

Results: Altogether, 36.7% and 40.7% of the CAR-treated and PBO-treated patients required BZDs. BZD-taking was associated with a higher age in both the CAR-treated (p=0.0002) and PBO-treated (p<0.0001) patients, and with longer illness-duration in both treatment groups (p<0.0001). PANSS Total Score at baseline was similar for BZD users and non-users (CAR: LS Mean=96.36 and 96.27; PBO: LS Mean=95.55 and 96.66). Change from baseline in the PANSS Total Score was greater for patients who did not use BZD vs those who did (CAR: LS Mean= -23.8 vs LS Mean 17.2, p<0.0001; PBO: LS Mean= -14.0 vs LS Mean 12.9, p=0.5776).

**Conclusions:** These findings may suggest that requiring benzodiazepines is a potential indicator of longer illness duration and poorer response in acute schizophrenia.

**Disclosure:** I am an employee of Gedeon Richter Plc. **Keywords:** benzodiazepine; cariprazine; schizophrénia; Pharmacotherapy

## O0094

Characterising the evolution of antipsychotic polypharmacy and clozapine prescribing patterns in schizophrenia patients during psychiatric hospitalisations

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**Introduction:** A high prevalence of antipsychotic polypharmacy (APP) and low utilisation of clozapine is considered as inappropriate prescribing that can lead to suboptimal treatment, increased risk of poor response or adverse effects.

**Objectives:** To explore the evolution of prevalence of APP and associated factors as well as clozapine prescribing patterns between hospital admission and discharge.

**Methods:** We collected retrospective data on adult inpatients diagnosed with schizophrenia spectrum disorders in 2020-2021 in 6 Belgian hospitals.

**Results:** Of the 516 patients analysed, APP prescribing significantly increased from 47.9% on hospital admission to 59.1% at discharge. Both on admission and at discharge, APP was associated with treatment with a first-generation antipsychotic, not being treated with an antidepressant nor a mood stabilizer, high antipsychotic dosage, increased number of psychoactive cotreatments and total medicines. A lower number of comorbidities (OR=0.68, CI=0.50-0.91), no treatment with benzodiazepines (OR=0.02, CI=0.01-0.09) nor with trazodone or sedative antihistamines (OR=0.06, CI=0.01-0.03) and two or more previous antipsychotic trials (OR= 4.91, CI=1.30-18.57) was associated with APP on admission only. APP at discharge was more frequent in patients with antipsychotic adverse effects (OR=2.57, CI=1.10-6.00), prior clozapine use (OR =16.30, CI=3.27-81.22) and not involuntary admitted (OR=0.26 CI=0.08-0.88). Contrary to admission, treatment with benzodiazepines was associated with APP at discharge (OR=10.9, CI= 3.38-5.38). Only 9.3% of admitted patients were treated with clozapine. Although 28.1% were eligible, clozapine was introduced to 10 patients leading to 11% being discharged on it.

**Conclusions:** Inappropriate prescribing of antipsychotics to schizophrenia patients persist after psychiatric hospitalisations and are associated with identifiable characteristics.

Disclosure: No significant relationships.

**Keywords:** clozapine; Psychiatric hospitalisations; Antipsychotic polypharmacy; Clinical pharmacy

## O0095

DNA methylation may mediate psychotropic druginduced metabolic side effects: results from a 1-month observational study

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**Introduction:** Metabolic side effects of psychotropic medications are a major drawback to patients' effective treatment. Among the