

Mean variations from baseline scores at 4 months were: (-0.21 ±0.31) on the GCI-SCH.

The rate of adherence to treatment with PP6M after 4 months was 100%.

Tolerability was good. None of the patients experienced an adverse event.

Conclusions: In our study, we found that short-term treatment with paliperidone palmitate 6-month formulation is effective and well tolerated in clinical practice conditions

Disclosure of Interest: None Declared

EPV1016

Addressing the factor associated with high rate of admission in a sample of patient with psychosis including the Changes Due to COVID-19 (Telepsychiatry)

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Introduction: Patients with psychosis are particularly more prone to relapse, emergency presentation and subsequent hospital admissions (1). Hospitalization is not only a stressful experience to patients and carers, but also a financial burden to the National Health Service (NHS). Inpatient and community-based mental health services represent 47% of the annual healthcare costs for patients with SMI in the UK (2). The COVID pandemic had profound effects on health care services including the shift to remote consultations (Telepsychiatry) using video and telephone consultations in outpatient clinics. This shift to tele psychiatry was considered a novel challenge to both service users and service providers. We studied the impact of this change in the delivery of care on the number of admissions in patients suffering from psychoses.

Objectives: We aimed at examining the factors associated with higher rates of hospital admissions and the effect of telepsychiatry (changes due to COVID) on the rate of hospital admissions in patients with a psychotic illness.

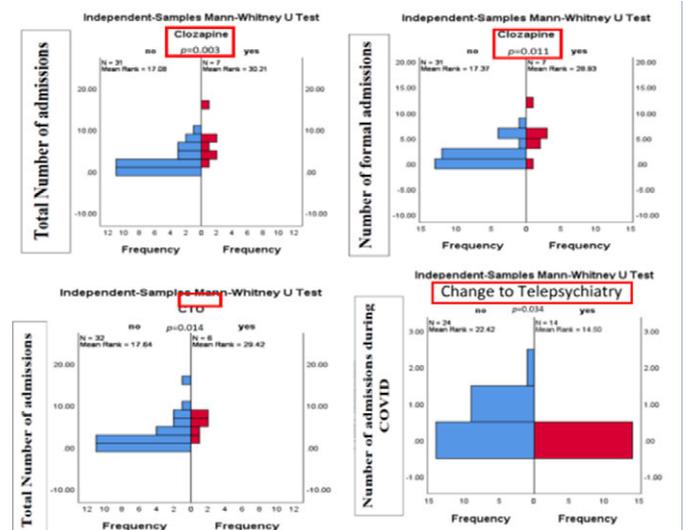
Methods: We reviewed the care plans of forty patients with a diagnosis of a psychotic illness who were randomly selected from two specialist psychosis teams in Essex. We looked into a number of factors to identify their associations with the number of hospital admissions. Moreover, we compared patients who had changes in their care due to COVID-19 with those who received care as usual in terms of the number of admissions in the first year of the pandemic.

Results: Patients who were under CTO or were receiving Clozapine had significantly higher total number of admissions compared to those who were not. The change in the type of care to telephone or

video consultation during COVID-19 was associated with a lesser number of admissions during the first year of the pandemic.

Patients receiving clozapine have higher total number of admissions. This finding might be explained by the severity of illness in this patient group. It could also be linked to the re-initiation policy within EPUT that mandates inpatient initiation and re-initiation of clozapine even in the absence of relapse signs. The shift from classic face-to-face to telephone and video consultation has its well-known shortcomings. However, it does appear to be a suitable alternative to a group of patients that it was associated with lower rates of hospital admission during the height of the pandemic.

Image:



Conclusions: To conclude, the factors that were associated with a higher number of admissions in patients with psychosis were under CTO or receiving treatment with Clozapine. Preliminary evidence showed that telepsychiatry is a suitable alternative to standard care during the COVID-19 pandemic.

Disclosure of Interest: None Declared

EPV1017

A Case Report of Clozapine-induced Symmetrical Drug-Related Intertriginous and Flexural Exanthema with cross-reactivity between Clozapine and Quetiapine

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Introduction: Symmetrical Drug-Related Intertriginous and Flexural Exanthema (SDRIFE) is characterised by a distinctive pattern of erythematous and symmetrical rash over the gluteal and intertriginous regions after exposure to certain systemic medications.

This is an uncommon condition which has been thought to be due to a Type IV delayed hypersensitivity reaction. Literature on clozapine-induced SDRIFE remains scarce, and reports of cross-reactivity among anti-psychotics are limited as well.

Objectives: To present a clinical case of Clozapine-induced SDRIFE with cross-reactivity between Clozapine and Quetiapine.

Methods: We describe a case of a lady with Treatment Resistant Schizophrenia who developed erythematous lesions with desquamation over her skin fold regions and buttocks within two months of Clozapine initiation.

Results: In our case, the lady was diagnosed with SDRIFE secondary to Clozapine. Clozapine was ceased, and the rashes resolved completely within a week. However, her psychiatric condition continued to worsened and she was trialed on Quetiapine. Unfortunately, she developed angioedema of the lips which necessitated a cessation of Quetiapine.

Conclusions: This case report illustrates the importance of recognising this rare condition, which can be readily treated by withdrawal of the culprit drug. Given that Clozapine and Quetiapine are structurally similar and fall under the class of Dibenzodiazepines, physicians should also be aware of the possibility of cross-reactivity among anti-psychotic medications leading to hypersensitive reactions.

Disclosure of Interest: None Declared

EPV1018

Correlation between Negative Life Experiences and Auditory Hallucinations in Schizophrenia

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Introduction: Auditory Hallucination(AH) is a core & one of the most common symptom seen in schizophrenia. A prevalence study found that 1yr prevalence of AHs is 70% among patients of schizophrenia. Most theories of AHs discuss biological & psychological factors in phenomenology of voices. There definitely is a role of biological & neuroanatomical basis for occurrence of psychotic phenomenon & AHs, however environment & sociocultural background play important role in their genesis. It has been observed that theme of AHs is usually same, repetitive & associated with past life experiences of patients. The Negative Life Experience(NLE) though not always have significant impact on patient's psyche, may manifest sooner or later in mental illness. Although AHs may be comforting, helping to cope up with unacceptable unconscious conflict, most patients report them to be negative, distressing & affecting socio-occupational functioning, thus making it important to understand & treat them effectively. Often, AHs stays as a residual symptom with which patient has to deal throughout life. This study is an effort to bridge existing gaps for better understanding of AHs & hence, Schizophrenia. It aims to understand effect of NLE on AHs, & thereby contribute to aetiology & therapeutic services to reduce distress of patients.

Objectives: This study aims to find presence of history of past NLE in patients with schizophrenia having AHs, find a correlation between NLE & the content of AHs & hence to establish the role

of sociocultural factors in phenomenology of AH in patients with schizophrenia.

Methods: A longitudinal study of 30 patients diagnosed with Schizophrenia as per DSM-5 having AHs visiting Psychiatry Department of Government Hospital was carried out over a period of 2yrs. A quantitative study to find correlation between presence of NLE & AH in patients and a qualitative study by in-depth interview of 10 patients with help of semi-structured questionnaire to understand phenomenology by procedures of interpretative phenomenological analysis was carried out.

Results: A positive statistically significant correlation between NLE & content of AH was found. Majority of patients experienced AHs based on NLE in past & heard voices related to it. Various themes such as Guilt, Fear, Inadequacy, Anger, Frustration surfaced during the qualitative study.

Conclusions: This study thus strengthens the holistic model where sociocultural factors with biological & psychological factors play a role in pathogenesis of AHs. Treatment weighing on addressing NLE & emotions attached to it may help in foreshortening recovery & deal with residual AHs. This can help in therapeutic management of distress in patients, relieve internal conflict within their psyche, where they would feel more understood and learn to live with persistent AHs.

Disclosure of Interest: None Declared

EPV1019

Treatment adherence of a case managed program for patients with severe schizophrenia compared to standard care in mental health units.

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Introduction: Although some studies have reported that case management (CM), when is compared with standard care, reduces the loss of contact with health services, the debate continues about its superiority over other treatment models.

Objectives: To assess treatment adherence and reasons for treatment discontinuation, and the impact of the type of APs administration on it, for a group of patients with schizophrenia treated in a CMP or receiving standard treatment in mental health units (MHUs).

Methods: An observational, longitudinal study (ten-year follow-up) was conducted on 688 patients with severe schizophrenia (CGI-S \geq 5). All the causes of the end of treatment were recorded, together with the AP medication prescribed and kind of regimes.

Results: 43.6% of the patients had discontinued treatment in MHUs and only 12.1% on the CMP ($p < 0.0001$). 27.6% of patients in MHUs were on long-acting injectables (LAIs), and 57.6 on the CMP ($p < 0.001$). Treatment discontinuation was closely linked to be on OAPs medication in both cases ($p < 0.001$).