

EW0759

Decrease in antipsychotic and other psychotropic medication during 30 months of lifestyle intervention among outpatients with schizophrenia

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Introduction Patients with schizophrenia have 3-fold higher mortality from lifestyle diseases, and a long-lasting exposure to antipsychotic medication may contribute to the development of somatic illnesses. Region of Central Jutland was inspired by European initiatives to establish a lifestyle intervention program in an attempt to reduce mortality among individuals with severe mental illness.

Objectives To investigate whether this intervention could possibly lower the need for antipsychotic treatment, and to provide a unique view of actual medication practice.

Aims To investigate the influence of a lifestyle intervention program on changes in antipsychotic medication and polypharmacy in an unselected cohort of patients with newly diagnosed schizophrenia.

Methods Observational study of outpatients participating in a program with individual consultations, group sessions and exercise groups.

Results One hundred and eleven patients were eligible for analysis. Fifty-four percent of the patients were subject to antipsychotic monotherapy. Median Defined Daily Dose (DDD) of antipsychotics was 1.3 at index (interquartile range [IQR] 0.67–2.00). Fifty-two percent of the patients experienced a decrease in DDD during the period with median change of –0.33 DDD (IQR –1.00 to 0.43). We found no significant difference in baseline variables or extend of participation between patients with decrease in doses and patients with increase (Fig. 1).

Conclusions Most patients decreased or stabilized their doses of antipsychotic medication during the study period. Half of the patients were subject to antipsychotic polypharmacy. Extend and type of participation in the lifestyle intervention program did not correlate to changes in dosing of antipsychotic medication.

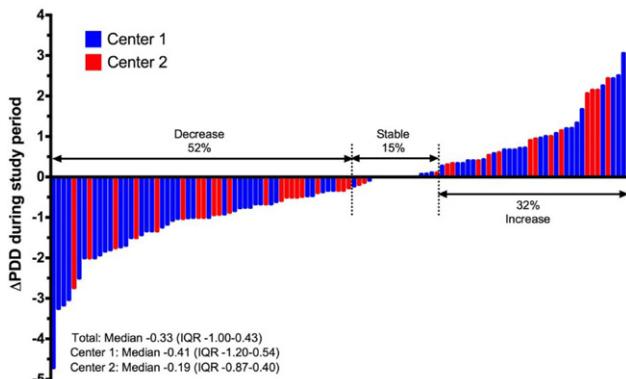


Fig. 1 Change in total DDD from index to follow-up (111 patients).

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

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Psychiatric comorbidity in patients affected by fibromyalgia and/or autoimmune rheumatic diseases: Preliminary results of an observational study

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Introduction Fibromyalgia is characterized by skeletal muscle pain and axial stiffness, with elective multiple points of tenderness (tender points). According to scientific literature, the prevalence of depression, anxiety and a worse quality of life is higher in patients with fibromyalgia. Trauma (sexual abuse and physical aggression) has a key role in the pain perception.

Objectives To describe the clinical characteristics of patients with fibromyalgia and/or autoimmune rheumatic diseases admitted to O.O.R.R. Foggia (Department of Rheumatology), to detect correlation between fibromyalgia and psychiatric disorders.

Aims To underline psychiatric comorbidity in patients affected by fibromyalgia and/or autoimmune rheumatic diseases.

Methods Diagnostic tests at Baseline (T0): Mini International Neuropsychiatric Interview and Structured Clinical Interview for DSM Disorder 2 to assess psychopathology, 12-Item Short Form survey for the quality of life, Diagnostic Criteria for Psychosomatic Research for disorders of somatic symptoms, Insight Scale for the awareness of the disease, Davidson Trauma scales to assess the presence of a post-traumatic stress disorder, Pittsburgh Sleep Quality Index about the quality of sleep. After 3 months (T1): further psychodiagnostic assessment for patients with positive mental status exam in drug treatment.

Results Affectivity disorders, feelings of anger, irritability, hostility, impaired stress response, increased vulnerability to traumatic events are very frequent in patients affected by fibromyalgia.

Conclusions The preliminary results of this study show that patients with fibromyalgia have diagnoses of major depression, anxiety disorders, post-traumatic stress disorder and personality disorders (cluster B). Multidisciplinary interventions are needed integrating the rheumatologic therapy with the psychiatric one, based on the detected diagnosis.

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

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EW0761

Switching to paliperidone palmitate in an outpatient sample: Preliminary results of a 43-month follow-up

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Introduction Patients with psychosis are treated in outpatient community clinics during most of their lifetime. Antipsychotic treatments are commonly used in regular clinical practice. However, the non-adherence is one of the main causes of relapses.