

Introduction It is not known whether sex and age are risk factors for neuroleptic malignant syndrome (NMS).

Objectives To examine sex and age distributions in NMS patients based on a systematic review of the literature.

Aims Estimate the sex-specific relative risk of an NMS diagnosis.

Methods EMBASE and PubMed databases were searched in November 2014 using broad, unrestricted criteria to identify any published observation of NMS. Any physically (online or hard copy) accessible and interpretable (using language translation software) report published from January 1, 1998 through November 1, 2014 was considered for inclusion. Secondary sources (e.g., reviews) were included when primary sources could not be accessed. All cases for which the patient's sex or the sample's sex distribution was provided were included, except for redundant reports and cases in which NMS was not the most likely clinical diagnosis. Sex ratio and age distributions were examined using standard graphical techniques and measures of association.

Results Twenty-eight independent NMS sex ratio estimates were included. Most sex ratio estimates (75%) indicated male preponderance, with a median of 1.47 (95% CI: 1.20–1.80). NMS incidence peaked at age 20–25 years and declined steadily thereafter; males consistently outnumbered females at all age intervals. Major study limitations are the heterogeneity of case ascertainment procedures and the potential for publication bias.

Conclusions NMS patients are 50% more likely to be males, and NMS is most likely to occur in young adulthood. Men, and all young adults, appear to be at increased risk for NMS.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1406>

EV1077

A Comparison of DSM-IV and international expert consensus diagnostic criteria for N.M.S

R. Gurrera^{1,*}, G. Mortillaro¹, V. Velamoor², S. Caroff³

¹ VA Boston Healthcare System, Mental Health/Psychiatry, Brockton, USA

² Faculty of Medicine and Dentistry, University of Western Ontario, Psychiatry, London, USA

³ Perelman School of Medicine of the University of Pennsylvania, Psychiatry, Philadelphia, PA, USA

* Corresponding author.

Introduction Neuroleptic malignant syndrome (NMS) requires prompt recognition for effective management, but there are no established diagnostic criteria.

Objectives To validate the recently published international expert consensus (IEC) diagnostic criteria for NMS, which assign priority points based on the relative importance of each criterion for diagnosing NMS.

Aims Determine optimal diagnostic cutoff for priority point score.

Methods Data were extracted from 221 archived telephone contact reports of clinician-initiated calls to a national telephone consultation service from 1997–2009; each case was given a total priority point score based on the IEC criteria. DSM-IV-TR research criteria, in original form and modified to accept less than 'severe' rigidity, served as the primary diagnostic reference standard. Consultants' diagnoses served as an additional reference standard. The optimal priority point cutoff score was determined using receiver operating characteristic (ROC) curve analysis.

Results Area under the ROC curve ranged from 0.715 (95% CI = 0.645–0.785, $P < 0.001$) for consultant diagnoses to 0.857 (95% CI = 0.808–0.907, $P < 0.001$) for modified DSM-IV-TR criteria. The latter was associated with 69.6% sensitivity and 90.7% specificity.

Conclusions Agreement was best between IEC criteria with a cutoff score of 74 and modified DSM-IV-TR criteria (sensitivity 69.6%,

specificity 90.7%); this cutoff score demonstrated the highest agreement in all comparisons. Consultant diagnoses showed much better agreement with modified, compared to original, DSM-IV-TR criteria, suggesting that the DSM-IV-TR criterion of "severe" rigidity may be more restrictive than what most knowledgeable clinicians use in practice.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1407>

EV1078

Advantages of second-generation long-acting injectable anti-psychotics: Focus on hospital admission rates in southeast Tuscany

P. Iazzetta^{1,*}, A. Forte¹, G. Cesari², C. Lucii³, N. Magnani⁴, G. Cardamone⁵

¹ Unità Funzionale Salute Mentale Adulti "Colline dell'Albegna", Dipartimento Salute Mentale USL Sudest Toscana, Orbetello, Italy

² UFSMA Arezzo, Dipartimento Salute Mentale, Arezzo, Italy

³ UFSMA Siena, Dipartimento Salute Mentale, Siena, Italy

⁴ UFSMA Area Grossetana, Dipartimento Salute Mentale, Grosseto, Italy

⁵ UFSMA Area Grossetana, Dipartimento Salute Mentale, USL sudest Toscana, Grosseto, Italy

* Corresponding author.

Introduction Several studies suggested that second-generation long-acting injectable anti-psychotics (SGA-LAIs) might be effective on preventing relapse and admission/readmission rates among patients affected by schizophrenic and bipolar disorders. Moreover, studies highlighted that SGA-LAIs may reduce costs and healthcare resource utilization (HRU) among community psychiatric settings.

Objectives The objective of the present study was to evaluate whether the increased use of SGA-LAIs among community psychiatric services in southern Tuscany was related to:

– reduced costs and HRU;

– reduced hospital admission/readmission.

Methods Data consisted of both regional registry and data prospectively collected at admission and/or follow up assessments. Patients included were: patients affected by schizophrenia/schizoaffective or bipolar disorders, treated with SGA-LAIs.

Results The increased use of SGA-LAIs was related to a significant reduction of admission and/or readmission rates, as long as a significant reduction in costs and HRU among the community services included in the study.

Conclusions The present findings suggest that SGA-LAIs might have a positive cost/effectiveness profile and could reduce hospitalizations, costs and HRU among a community sample. This could be related to a better tolerability of SGA-LAIs compared to FGA-LAIs, and less adverse effects. More studies on community samples should focus on the cost/effectiveness profile of SGA-LAIs.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1408>

EV1079

Clozapine efficiency in tardive syndromes induced by anti-psychotic treatment

L. Jouini^{1,*}, U. Ouali¹, R. Zaouche², R. Jomli¹, Y. Zgueb¹, F. Nacef¹

¹ Razi Hospital, "A" Psychiatry Department, Tunis, Tunisia

² Razi Hospital, Psychiatry Outpatient Unit, Tunis, Tunisia

* Corresponding author.