

sidering patient's symptoms, such as tachycardia, slightly increased body temperature, subjective chest pain, dyspnea. However, this symptomatology is not always present in a clozapine-related pericarditis. Some authors suggest measuring BNP levels to detect early and asymptomatic cardiac dysfunction. We here report the clinical cases of two women, respectively 22 and 28 years old. They both suffered from an early onset resistant schizophrenia. Clozapine was gradually introduced, at a dose of 200 mg/day, in both patients. After about one month in both cases, while the first patient was nearly asymptomatic, apart from the intermittent fever (only PCR and pro-BNP values were elevated, 16.88 mg/dL and 1004 pg/mL, respectively), the second one showed a classic symptomatology suggestive of pericarditis. Clozapine was discontinued in both patients, resulting in progressive resolution of pericarditis. Interestingly, in the patient in which pro-BNP was elevated, after clozapine cessation, the pro-BNP fell down dramatically. Pro-BNP plasma levels appears to be an interesting test in identifying subjects with asymptomatic cardiac impairment. It would be useful to evaluate if early treatment with beta-blockers and ACE-inhibitors may allow the prosecution of clozapine treatment after developing of mild signs of cardiac toxicity in drug resistant schizophrenic patients responsive to clozapine.

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#### EV1045

### Pseudoakathisia in a patient with clotiapine abuse: Report of a case

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**Introduction** Objective symptoms of akathisia in the absence of subjective symptoms is known as pseudoakathisia, more often diagnosed in older patients with long-term antipsychotic treatment.

**Objective** To describe a case of pseudoakathisia in a patient with clotiapine abuse.

**Aims** Pseudoakathisia management.

**Methods** X is a 47-year-old male with chronic insomnia treated with clotiapine 40 mg/day for four years. He admits abusive neuroleptic consumption in the past eight months (160 mg/day), without any psychiatric control for years. In recent months he has experienced different organic complications, requiring multiple hospitalizations. During psychiatric examinations due to confusional states, repeated lower limbs movements were objectified. X reported he presented these movements for at least six months, without complaints of inner restlessness feeling. Neurological examination showed normal DAT-SCAN result. Clinical progression was evaluated using BARS scale (Barnes Akathisia Rating Scale).

**Results** Following the results of tests and statements of drug history, X was diagnosed with clotiapine-induced pseudoakathisia. Neuroleptic treatment was suspended, and clonazepam 6 mg/day and propranolol in ascending doses up to 80 mg/day were initiated. In subsequent evaluations, progressive decrease in movement intensity was observed. However, complete remission after four months from clotiapine suspension was not achieved.

**Conclusions** Pseudoakathisia is a concept not well defined at this moment and different hypotheses about its nature are considered. It has been suggested that it is a form of delayed dyskinesia, or a clinical progression from akathisia, with acquired subjective discomfort tolerance. The most widely used treatment includes benzodiazepines, beta-blockers and anticholinergics, although their effectiveness is limited.

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#### EV1046

### Reduction in medication expenditure: Review of strategies at a children's psychiatric facility

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Prescription drug costs rise about 15% annually. Solnit Center has been exploring ways to reduce overall expenditure on medications while promoting best practice of care. Lack of facility-based pharmacy has posed specific challenges in ordering medications, optimal usage and minimizing wastage of drugs. Each of these areas were examined and reviewed at Pharmacy and Therapeutics Committee of the facility. This information was shared with the ordering physicians and standard prescribing practices were established. This project was aimed at tracking medication costs over a 11-year period while monitoring supplies and destruction of unused medications.

**Aims** 1. Reduce overall medication expenditure while maintaining standard of care. 2. Develop a program to return unused medications for refund.

**Methods** 1. Monthly review of pharmacy cost by facility, patient and medication. 2. Development and legislative approval of a program to return drugs. 3. Collaborate with contracted pharmacy to explore ways to cut costs. 4. Train nurses and physicians to understand optimal ordering practice. 5. Demonstrate medications wasted with associated financial impact to the facility.

**Results** The expenditure to the facility over 11 years has gradually decreased despite increase in medication costs. In 2004, the facility spent \$ 712,904 and in 2014, the expenditure was \$ 584,022.

**Conclusions** Awareness about costs and optimal ordering practices led to significant savings to the facility.

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#### EV1047

### Mega-review of meta-analyses investigating the short-term efficacy of pharmacologic augmentation strategies of antipsychotics in patients with schizophrenia

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Antipsychotics are the cornerstone of treatment for schizophrenia, but they have limited effectiveness, as most patients require subsequent strategies at some point of their treatment. Despite being widely used, the efficacy of pharmacologic augmentation of antipsychotics is controversial and no combination treatment has been approved for schizophrenia. We conducted a systematic review in PubMed and PsycInfo on June 1st 2015 and a random effects meta-analysis of meta-analyses of short-term, placebo-controlled studies of pharmacological augmentation strategies of antipsychotics in schizophrenia. Methodological quality of meta-analyses was measured using the AMSTAR, plus 6 additional items developed to rate the content quality of the meta-analyzed trials. Out of 3062 publications, we identified 36 eligible augmenting