

Objectives To analyze the prescription of Clozapine in a sample of 88 inpatients admitted to a subacute psychiatric hospitalization unit.

Methods This is a transversal study. All patients admitted for a medium-term psychiatric treatment since 01/06/2014 to 30/11/2015 were included. Data about socio-demographical status and clinical situation were obtained and compiled in a database. This study compares patients receiving clozapine treatment with those who receive other psychopharmacologic treatment. Statistics were performed using SPSS Software.

Results Eighty-eight patients (52% men; mean age: 48.6 years) composed the sample. In 58% of cases, schizophrenia and schizoaffective disorder were the diagnoses motivating the admission. Within the 51 patients with Schizophrenia or Schizoaffective Disorder, 16 of them (31.4%) received Clozapine. Comparing clozapine group vs non-clozapine group, there were no significant differences between the groups in terms of sex, civil state or working state. Instead, Clozapine group patients were older, had a major number of previous hospitalization admissions and had a larger trajectory of their disorder.

Conclusions Patients requiring treatment with Clozapine had a major number of hospital admissions and had more often committed suicide attempts, suggesting a more severe course of the disorder. They were older than the non-clozapine group. Clozapine is delayed in its use among resistant-treatment patients. It is worth highlighting that only 16 cases of Schizophrenia inpatients received Clozapine. It could mean that Clozapine is underprescribed.

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EV1042

The treatment of autism with pipamperone: A case report

B. Petrosino^{1,*}, M.S. Signorelli², F. Magnano di San Lio², C. Petrosino³, E. Aguglia²

¹ *Psichiatria, Medicina clinica e sperimentale, Caltagirone, Italy*

² *Psichiatria, Medicina Clinica e sperimentale, Catania, Italy*

³ *Psichiatria, ASP Catania, Caltagirone, Italy*

* *Corresponding author.*

Introduction Adults with autism spectrum disorders (ASD) often have behavioral disorders, like aggression, agitation and self-injury. These problems are frequently severe enough to limit educational and developmental progress. Only risperidone and aripiprazole have so far been approved by the FDA for the treatment of behavioral disturbance associated with autism. These drugs are not very effective in the long term, with little benefits to the social functioning and they are associated with side effects. This case report describes the use of pipamperone, in treating behavioral disorders of a patient with autism spectrum disorder and severe mental retardation.

Case presentation Here is presented the case of a 32-year-old man with autism spectrum disorder, severe mental retardation (caused by undiagnosed phenylketonuria for the first 3 years of life) treated with antipsychotics since childhood. He showed numerous episodes of psychomotor agitation, hetero-direct physical aggression and self-injury, and movement disorders induced by drugs. Treatment with pipamperone reduced drastically crises of psychomotor agitation, and behavioral disorders, without extrapyramidal side effects, and led to an improvement in social functioning. The control of behavioral symptoms associated with adherence to treatment was maintained for 6-month follow up. These clinical observations are supported by ratings using: ABC, CGI-S and CGI-I, VABS, SAS, AIMS.

Conclusion This case report provides the first potential evidence that pipamperone may be effective in treating behavioral prob-

lems associated with autism spectrum disorders. Moreover, the improvement of social functioning and the lack of extrapyramidal side effects make this drug notable for its effectiveness and tolerability.

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Effect of metformin treatment on metabolic parameters in atypical antipsychotic-treated schizophrenic patients

V. Prisco^{1,*}, S. Sorice¹, F. Franza², M. Fabrazzo¹

¹ *University of Naples SUN, Department of Psychiatry, Naples, Italy*

² *Neuropsychiatric nursing home "Villa dei pini", Avellino, Department of Neuropsychiatry, Avellino, Italy*

* *Corresponding author.*

Few studies have compared the effect of Metformin treatment on metabolic parameters in atypical antipsychotic-treated schizophrenic patients. The present study examined metabolic abnormalities due to clozapine or olanzapine in schizophrenic patients and, secondly, the effect of metformin treatment on these parameters. Twenty-six patients (19 M and 7 F) from neuropsychiatric nursing home "Villa dei pini" (Avellino) were enrolled, in collaboration with our Department of Psychiatry, University of Naples SUN. All patients had been diagnosed according to DSM-IV criteria. They were recruited from July 2013 to January 2015. Clozapine or olanzapine-related hyperglycemia required metformin introduction in therapy. All prescribed drugs were maintained at the same therapeutic daily dose during our study. We performed 1, 3 and 6 months follow up after metformin initiation. For each patient fasting cholesterol, glucose, triglycerides, body weight (BW), body mass index (BMI), systolic and diastolic blood pressure (BP) were evaluated. SPSS 16.0 (Statistical Package for Social Science) was used for data analysis. After antipsychotic treatment BMI, fasting glucose and triglycerides were significantly higher respect to basal values ($P < 0.01$, $P < 0.0001$, $P < 0.05$, respectively). After metformin treatment, a significant improvement in fasting glucose, cholesterol and triglycerides was registered ($P < 0.001$). Conversely, BMI values, although not significant ($P < 0.168$), showed a trend in increasing. This observational study underlines that metformin in antipsychotic-treated patients could be useful in preventing clozapine or olanzapine related metabolic abnormalities in schizophrenic patients.

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Pro-BNP as a biomarker of asymptomatic clozapine-related heart dysfunction: Possible usefulness for clozapine management

V. Prisco^{1,*}, M. Petrosino², M. Fabrazzo¹

¹ *University of Naples SUN, Department of Psychiatry, Naples, Italy*

² *ASL Salerno- Department of Mercato San Severino, Department of Psychiatry, Mercato San Severino, Italy*

* *Corresponding author.*

Cardiovascular clozapine-related side effects such as tachycardia and orthostatic hypotension are well recognized, but are rarely clinically important. However, the increasing number of life-threatening drug-related complications are giving rise to concerns about cardiac adverse reactions (myocarditis, cardiomyopathy, pericarditis and heart failure). The diagnosis is usually made con-

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

P. Quandt*, M.D.R. Cejas Méndez

Hospital Universitario de Canarias, Psiquiatría, La Laguna, Spain

* Corresponding author.

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

B. Reddy*, M.W. Azeem, J. Smiles, L. Carrabetta

Albert J. Solnit Children's Center, Child and Adolescent Psychiatry, Middletown, CT, USA

* Corresponding author.

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

J.M. Rubio^{1,*}, G. Inczedy-Farkas¹, S. Leucht², J.M. Kane^{1,3}, C. Correll^{1,3}

¹ Zucker Hillside Hospital, Department of Psychiatry, Glen Oaks, NY, USA

² Klinikum rechts der Isar, Technischen Universität München, München, Germany

³ Feinstein Institute for Medical Research, Department of Psychiatry, Manhasset, NY, USA

* Corresponding author.

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