

⁵ Centro de Día Zurúa, Psychiatry, Pamplona/Iruña, Spain

⁶ Mental Health Center, Psychiatry, Tudela, Spain

⁷ Mental Health Center, Psychiatry, Pamplona/Iruña, Spain

* Corresponding author.

The patient suffering a schizophrenic disorder with a comorbid drug use is a challenge for the technical team of psychiatrists who provide to control this disorder. In some guides that include a revision of the efficacy of several psychopharmacological and/or psychological treatment shows that there any treatment has no efficacy in this group of patients. But it suggests that long-acting antipsychotic may play a role in some cases with no adherence. We study prospectively some data in a group of patients of these characteristics treated with paliperidone palmitate as main psychopharmacological treatment, using as measurements of outcome the number of psychiatric admissions, dosage of oral treatment, use of drug before and after the beginning of Paliperidone Palmitate. Our results show that it exists a decrease of number of admissions, dosage of oral concomitant treatment and drug use, with a very good adherence and no dropouts in the follow-up. We conclude that Paliperidone Palmitate may be a very good alternative for the psychopharmacological treatment in schizophrenic patients with comorbid drug use.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2023>

EV1039

Heavy cannabis use impairs verbal memory of first psychotic episode patients

C. Nuñez¹, S. Ochoa¹, E. Huerta-Ramos², I. Baños¹, A. Barajas³, M. Dolz⁴, B. Sanchez⁵, N. Del Cacho⁶, G. Genipe⁷, J. Usall^{6,*}

¹ Parc Sanitari Sant Joan de Déu, CIBERSAM, Research Unit, Sant Boi de Llobregat, Spain

² Parc Sanitari Sant Joan de Déu, CIBERSAM, Research Unit, Sant Boi de Llobregat, Spain

³ Centre d' Higiene Mental Les Corts, Research Unit, Barcelona, Spain

⁴ Hospital Materno Infantil Sant Joan de Déu- Esplugues, Psychiatry Department, Esplugues de Llobregat, Spain

⁵ Hospital Materno Infantil Sant Joan de Déu, Psychiatry Department, Esplugues de Llobregat, Spain

⁶ Parc Sanitari Sant Joan de Déu, Research Unit, Sant Boi de Llobregat, Spain

⁷ Parc Sanitari Sant Joan de Déu, Psychiatry Research, Sant Boi de Llobregat, Spain

* Corresponding author.

Introduction Cannabis consumption is known to be increased in both schizophrenic and first psychotic episode patients. Contrary to what has been reported in studies with healthy people, all published studies so far have reported no impairments or even beneficial effects on neurocognition associated with cannabis consumption in schizophrenia and first psychotic episode patients. However, these studies did not address the effects of very high cannabis consumption.

Objective Our aim in this study was to assess the effects on neurocognition of regular and heavy cannabis consumption in first psychotic episode patients.

Methods A total of 74 patients were included in the study and assigned to 3 different groups according to their mean cannabis consumption during the last year (non-users, regular users, and heavy users). Participants were administered verbal memory, attention, processing speed, working memory, vocabulary, arithmetic and spatial orientation tasks.

Results Our results showed the heavy cannabis group of first psychotic episode patients to be significantly impaired in all the verbal memory measures with respect to the non-users group. There were no significant differences between regular users and non-users.

Moreover, regular cannabis consumption was associated with an improvement in some attention and processing speed measures.

Conclusions Our data showed heavy cannabis consumption to impair verbal memory in first psychotic episode patients and suggest a dose-related effect of cannabis consumption, since regular consumption did not impair verbal memory and may be beneficial for other tasks.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2024>

EV1040

Choosing an antipsychotic on a case of late-onset psychosis – A challenge on everyday practice

M. Oliveira*, M.J. Peixoto, C. Novais, C. Santos

Centro Hospitalar São João, EPE, Psychiatry and Mental Health Clinic, Porto, Portugal

* Corresponding author.

Introduction Psychosis with onset in late adulthood already constitutes a challenge on the differential diagnosis and treatment, especially in polypharmacy patients.

Methods and aims We present a case report of a 61-year old woman with a late-onset psychosis and discuss the clinical evolution and the pharmacological treatment.

Results The patient suffered from obesity, type II diabetes mellitus with poor glycemic control, and hypertension. She had a first psychotic episode at the age of 56, having persecutory delusional ideas and auditory hallucinations with psychomotor agitation and insomnia. She was first medicated with an atypical antipsychotic (olanzapine) with little response and worsening of the glycemic control. A switch was performed to haloperidol with remission of symptomatology with low doses (4 mg/day). Through follow-up the doses of haloperidol was decreased and eventually suspended, but having a relapse a few months later. Haloperidol was again introduced and the symptoms remitted. Stability was maintained, but the patient started to show lower limbs symmetrical rigidity and psychomotor retardation. It was decided to switch haloperidol to risperidone, but the patient reported side effects with its use, and had to stop it. Haloperidol was again introduced, but had to be discontinued after motor symptoms got worse. Again the patient had another recurrence of psychotic symptoms and it was decided to introduce paliperidone (6 mg/day) with good response and tolerability.

Conclusions The safety and tolerability of antipsychotic medication is variable. When choosing a treatment in a patient with comorbid medical conditions, it can severely influence the desirable outcome.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2025>

EV1041

Subacute psychiatric hospitalization unit: The role of clozapine

O. Orejas*, C. Masferrer Herrera, C. Macías Castellví, P. Flores Martínez

Neuropsychiatry and Addictions Institute INAD, Parc de salut Mar, Psychiatry Hospitalization, Barcelona, Spain

* Corresponding author.

Introduction Several studies report that Clozapine is more effective in reducing symptoms of schizophrenia, producing clinically meaningful improvements and postponing relapse than other antipsychotic strategies.