the safest SSRIs. Although most SSRI's have a mild side-effect profile, care should be taken when initiating SSRIs since unpredictable adverse effects may occur.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1399

EV1070

Anti-psychotics: To withdraw or not to withdraw?

C. Ferreira*, S. Alves, C. Oliveira, M.J. Avelino
Centro Hospitalar Psiquiátrico de Lisboa, SETA, Lisbon, Portugal
* *Corresponding author.*

Introduction Anti-psychotics constitute a class of psychotropic drugs used for the treatment and prophylaxis of several disorders, including schizophrenia, bipolar disorder and psychotic depression. Frequently, clinicians are asked by their patients to withdraw this medication. In some cases, that may be related to notable side effects. However, it may actually indicate an inadequate control of the psychiatric disorder with poor insight.
Aims The goal of this work is to systematically review the scientific literature in order to understand if there are consistent data that support anti-psychotics withdraw in specific clinical situations.
Methods The literature was reviewed by online searching using PubMed®. The authors selected scientific papers with the words "anti-psychotics" and "withdraw" in the title and/or abstract, published in English.
Results and discussion Anti-psychotics improve prognosis and enhance patients' quality of life. There are few data in the literature regarding recommendations that support anti-psychotic withdraw in psychiatric patients. Very specific conditions must exist for withdrawing anti-psychotics, like neuroleptic malignant syndrome, cardiac side effects, and change of diagnosis or prolonged remission after a first and single psychotic event. When that decision is made, it should be done slowly and carefully and both the patient and his family should be involved.
Conclusions There is no evidence in the literature that supports withdraw of anti-psychotics for the majority of psychiatric situations. When specific conditions are present that possibility must then be considered, however, with careful consideration and after discussion with the patient and parties involved in patient's care.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1400

EV1071

Selective serotonin reuptake inhibitors, anti-psychotics and metabolic risk factors in schizophrenia and bipolar disorder

K.K. Fjukstad[1,2,*], A. Engum[3], S. Lydersen[4], I. Dieset[5], N.E. Steen[5,6], O. Andreassen[5], O. Spigset[2,7]
[1] *Nord–Trøndelag Hospital Trust, Department of psychiatry, Levanger, Norway*
[2] *Norwegian University of Science and Technology, Department of Laboratory Medicine, Children's and Women's Health, Trondheim, Norway*
[3] *St. Olav University Hospital, Department of Psychiatry, Trondheim, Norway*
[4] *Norwegian University of Science and Technology, Regional Centre for Child and Youth Mental Health and Child Welfare, Trondheim, Norway*
[5] *University of Oslo, Norment, KG Jebsen Centre for Psychosis Research, Oslo University Hospital, Oslo, Norway*
[6] *Vestre Viken Hospital Trust, Drammen District Psychiatric Center, Clinic of Mental Health and Addiction, Drammen, Norway*
[7] *St. Olav University Hospital, Department of Clinical Pharmacology, Trondheim, Norway*
* *Corresponding author.*

Objective The aim of this study was to investigate the relationship between metabolic factors and use of selective serotonin reuptake inhibitors (SSRIs) combined with olanzapine, quetiapine or risperidone.
Method Data from a cross-sectional study on 1301 patients with schizophrenia or bipolar disorder were analyzed. The main outcome variables were levels of total cholesterol, low – and high-density lipoprotein (LDL and HDL) cholesterol, triglycerides and glucose.
Results One defined daily dose (DDD) per day of an SSRI in addition to olanzapine was associated with an increase in total cholesterol of 0.16 (CI: 0.01 to 0.32) mmol/L ($P = 0.042$) and an increase in LDL–cholesterol of 0.17 (CI: 0.02 to 0.31) mmol/L ($P = 0.022$). An SSRI serum concentration in the middle of the reference interval in addition to quetiapine was associated with an increase in total cholesterol of 0.39 (CI: 0.10 to 0.68) mmol/L ($P = 0.011$) and an increase in LDL-cholesterol of 0.29 (0.02 to 0.56) mmol/L ($P = 0.037$). When combined with risperidone, no such effects were revealed. No clear-cut effects were seen for HDL-cholesterol, triglycerides and glucose.
Conclusion The findings indicate only minor deteriorations of metabolic variables associated with treatment with an SSRI in addition to olanzapine and quetiapine, but not risperidone. These results provide new insight in the cardiovascular risk profile associated with concomitant drug treatment in patients with severe mental illness, and suggest that SSRIs can be combined with anti-psychotics without a clinically significant increase of adverse metabolic effects.
Disclosure of interest Co-author Dr. Ole Andreassen has received speakers' honoraria from GSK, Lundbeck and Otsuka.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1401

EV1072

Clozapine: Since the very beginning?

L. Garcia Ayala[1,*], M. Gómez Revuelta[2], C. Martín Requena[2], E. Saez de Adana Garcia de Acilu[2], O. Porta Olivares[3], M. Juncal Ruiz[3], N. Nuñez Morales[2], M. Zubia Martín[2], M. Laborde Zufiaurre[2], B. González Hernández[2], A. Aranzabal Itoiz[2], M.P. López Peña[2], A.M. González-Pinto Arrillaga[2]
[1] *Osakidetza, Psychiatry, Salvatierra-Agurain, Spain*
[2] *Osakidetza, Psychiatry, Vitoria, Spain*
[3] *Marqués de Valdecilla, Psychiatry, Santander, Spain*
* *Corresponding author.*

Introduction Psychosis in childhood and adolescence could be defined as having hallucinations, with the hallucinations occurring in the absence of insight. A broader definition includes symptoms such as delirious thoughts, disorganized speech, disorganized behavior, cognitive and mood symptoms and what is called negative symptoms. Several researches have been done focused in the treatment of first episode of psychosis showing clozapine as a keystone in the treatment of psychosis, especially in refractory first episodes.
Objectives Clozapine has unique efficacy in improving treatment-resistant patients with chronic schizophrenia but the moment of instauration remains unclear. There have always been doubts about the right moment to start clozapine, after two or more previous anti-psychotics or as first option.
Materials and methods We report a 18-year- old woman with family history of severe psychosis. Her mum reasserted patient's symptoms contributing to a longer period of non-treating psychosis (about 10 months). Auditory hallucinations, incongruent mood and

https://doi.org/10.1016/j.eurpsy.2017.01.1402 Published online by Cambridge University Press

incoherent language appeared for the first time at the age of 17. High doses of two consecutive anti-psychotics were tried without remission and finally clozapine was initiated with clinical improvement.
Discussion In clinical practice, a subgroup of psychotic patients experience, significant ongoing positive symptoms despite of using first line anti-psychotic medication.
Conclusion Most recent research; suggest that clozapine may have an important role in the early treatment of first-episode patients, even becoming a first line option to consider.
Keywords Clozapine; First episode psychosis
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1402

EV1073

Long acting injectable aripiprazole: An observational study

N. Garcia*, J. Brotons, R. Genoves, J. Martinez-Raga, C. Saez, R. Calabuig
Doctor Peset University Hospital, Mental Health Service, Valencia, Spain
* *Corresponding author.*

Introduction Several trials have shown the efficacy of long acting injectable (LAI) second-generation anti-psychotics compared with other anti-psychotics. LAI aripiprazole is a novel therapeutic tool in the management of patients with schizophrenia.
Aims The present study aimed to evaluate the clinical outcomes of patients who initiated treatment with LAI aripiprazole, by comparing their clinical outcomes prior and after initiating treatment with LAI aripiprazole.
Methods This observational, retrospective, mirror study assessed a series of socio-demographic and clinical variables during the 12 months prior to commencing LAI aripiprazole, while on another anti-psychotic medication, and the first 12 months of LAI aripiprazole. The sample included a series of consecutive patients receiving LAI aripiprazole at the Doctor Peset university hospital health area, in Valencia (Spain). The variables analyzed in the study included: emergency room visits, number and average length of hospitalizations, relapse, rate of abandonment of treatment and number of anti-psychotics needed as maintenance treatment.
Results The preliminary analysis showed a reduction in the rate of emergency room visits and the number of relapse and total hospitalizations while on LAI aripiprazole; however, there is no a reduction of the average length of hospitalizations. A reduction in the number of anti-psychotics as maintenance treatment was not appreciated, however, there was an improvement in treatment adherence.
Conclusions The preliminary results showed that LAI aripiprazole is an useful option that could suppose a benefit concerning treatment adherence, a decreased in number of relapses and hospitalizations and use of health resources.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1403

EV1074

A pharmacologic option to reduce hospital admissions and relapses of patients with severe mental illness

N. Gomez-Coronado*, P. Blanco, I. Martinez
Hospital Virgen del Rocio, Psychiatry, Sevilla, Spain
* *Corresponding author.*

Introduction Some diseases relapses involve functional impairment that sometimes takes years to recover. We present our experience using long-acting aripiprazole as maintenance therapy in patients diagnosed with psychotic episode, acute mania (bipolar disorder) or personality disorder, who were previously treated with another anti-psychotic.
Aims Analyze what treatment were they taking before aripiprazole depot. Determine the number of hospital admissions and relapses before and after long-acting aripiprazole treatment.
Methods Descriptive analysis based on a sample of 37 patients, aged 18–65 years, treated during one year with anti-psychotics at two community mental health units.
Results Reduction of hospitalization average: 0.59/year with non-long-acting-aripiprazol anti-psychotic, 0.18/year with long-acting aripiprazol (66.6%).
Conclusion Long-acting aripiprazole appears to reduce the number of hospitalizations and relapses compared to other anti-psychotics. However, the sample size is small and more studies are needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1404

EV1075

Tobacco and anti-psychotics side effects

I. González González, A. Hernández Dorta*
Hospital Universitario de Canarias, Psiquiatría, La Laguna, Spain
* *Corresponding author.*

Introduction It's known that, patients with schizophrenia smoke more tobacco than general population, and that tobacco is a potent inducer of cythocrome P450 isoenzyme 1A2 (CYP 1A2). In addition, clozapine and quetiapine, drugs frequently used in the treatment of schizophrenia, are CYP1A2 substrates. So, tobacco smoking may reduce blood levels of clozapine and quetiapine.
Objective To revisit the influence of changes in tobacco consumption in clozapine and quetiapine side effects.
Methods Case report.
Results A 48-year-old male diagnosed of schizophrenia following DSM IV-TR criteria. He required five hospital admissions from 2008 to 2013 because of psychotic episodes. Since 2013, he was asymptomathic receiving clozapine, 600 mg/day, and quetiapine, 1200 mg/day. Recently, he came to the emergency service due to sudden extreme sedation, thinking impairment, sialorrhea, and walking disability. The patient denied treatment abuse and his family confirmed this statement. When asked about toxics he referred progressive tobacco reduction in the last 3 months (from 60 to 20 cigarettes/day). Bearing in mind the relationship between clozapine and quetiapine metabolism and tobacco, treatment was slowly reduced until the doses of clozapine 500 mg/day and quetiapine 400 mg/day. One week after admission, side effects disappeared, psychotic symptoms were not detected, and the patient was discharged.
Conclusions Inquiring about changes in tobacco consumption may be useful when anti-psychotics side effects appear suddenly without an alternative explanation.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1405

EV1076

Sex and age factors in neuroleptic malignant syndrome diagnosis frequency

R. Gurrera
VA Boston Healthcare System, Mental Health/Psychiatry, Brockton, USA