tion include drugs, infectious agents and food additives. Drugs attributing eruption include nonsteroidal anti-inflammatory drugs, antibiotics, and anti-epileptic drugs, antidepressive medication amongst others.
Conclusions No specific diagnostic criterion exists for eruption and the diagnosis is purely based on clinical presentation. Diagnostic features, which suggest eruption, are the acute onset (or recurrent nature) and skin lesions.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2317

EV1333

A "Newly Discovered in Romania" atypical antipsychotic prolonged release treatment for patient with schizophrenia. First results of a naturalistic study with recently approved paliperidone palmitate

M. Sarpe[1,*], M. Ladea[2], M. Bran[3]
[1] *Focsani, Romania*
[2] *"Obregia" Hospital of Psychiatry, III Ward, Bucharest, Romania*
[3] *"Coltea" Hospital, Outpatient Care Unit, Bucharest, Romania*
[*] *Corresponding author.*

Introduction Intramuscular paliperidone palmitate is a long-acting atypical antipsychotic, which has only been marketed in Romania from march 2015 as a free of charge medication/subsidized for the acute and maintenance treatment of schizophrenia in adults.
Objectives and aims To determine the efficacy and tolerability of paliperidone palmitate in 12 patients with schizophrenia in an outpatient care unit, taking into account the limited clinical experience with this product in Romania.
Methods The study was performed in an outpatient care unit. Data was collected from medical records of patients started on paliperidone palmitate between March and June 2015. This time period was selected because we wanted to have at least a 6-month period of evaluating these patients. Some of the patients were previously on risperidone long-acting injection (in Romania the advantages of a 1-month injection instead of 2 and the fact that the medication does not need to be held in a refrigerator are 2 important factors that can increase the compliance of the patients). Others were treated with other long-acting antipsychotics (flupentixol). The rest were patients treated before with risperidone, with good response, but with problems of non-compliance.
Results None of the patients treated with paliperidone palmitate relapsed. Some of them had, at maximum dose, minor extrapyramidal symptoms that disappeared when we lowered the dose. Taking into account the lack of insight and the non-compliance of patients with schizophrenia, this treatment seems to be extremely valuable, maybe more in this kind of cases, in outpatient care units.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2318

EV1335

Nutrition interventions in people with severe mental illness: Novel strategies for addressing physical health co-morbidity in a high-risk population

S. Teasdale[1,*], P. Ward[2], K. Samaras[3], S. Rosenbaum[2], J. Curtis[1], O. Lederman[1], A. Watkins[1], B. Stubbs[4]
[1] *South Eastern Sydney Local Health District, Mental Health, Bondi Junction, Australia*
[2] *University of New South Wales, Psychiatry, Sydney, Australia*
[3] *Garvan Institute of Medical Research, Diabetes and Obesity Program, Darlinghurst, Australia*
[4] *Kings College, London, Psychosis Studies, London, United Kingdom*
[*] *Corresponding author.*

Introduction Nutrition interventions are critical for weight management and cardiometabolic risk reduction in people experiencing severe mental illness (SMI). As mental health teams evolve to incorporate nutrition interventions, evidence needs to guide clinical practice.
Aims A systematic review and meta-analysis was performed to assess whether nutrition interventions improve:
– anthropometric and biochemical measures,
– nutritional intake of people experiencing SMI.
To evaluate the effectiveness of a dietician-led nutrition intervention, as part of a broader lifestyle intervention, in the early stages of antipsychotic prescription.
Method An electronic database search was conducted to identify all trials with nutritional components. Included trials were pooled for meta-analysis. Meta-regression analyses were run on potential anthropometric moderators. Weekly individualised dietetic consultations plus group cooking classes were then offered to clients attending a Community Early Psychosis Programme, who had recently commenced antipsychotics for a 12-week period.
Results From pooled trials, nutrition interventions resulted in significant weight loss (19 studies, $g = -0.39$, $P < 0.001$), reduced BMI (17 studies, $g = -0.40$, $P < 0.001$), decreased waist circumference (10 studies, $g = -0.27$, $P < 0.001$) and lower blood glucose levels (5 studies, $g = -0.37$, $P = 0.02$). Dietician-led interventions ($g = -0.90$) and trials focussing on preventing weight gain ($g = -0.61$) were the most effective. The 12-week nutrition intervention resulted in a 47% reduction in discretionary (junk) food intake ($P < 0.001$) and reductions in daily energy (–24%, $P < 0.001$) and sodium intakes (–26%, $P < 0.001$), while improving diet quality ($P < 0.05$).
Conclusion Evidence supports the inclusion of nutrition interventions as part of standard care for preventing weight gain and metabolic deterioration among people with SMI.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2320

EV1336

Acute dystonia and dyskinesia progressing in the patient with fibromyalgia upon the use of duloxetine

C. Tüz
Erenköy FTR Hastanesi, Psychiatry, Istanbul, Turkey

Purpose In this article, a case who was prescribed duloxetine (30 mg capsule) upon the fibromyalgia diagnosis by a physical therapist and had acute dystonia and dyskinesia after approximately 1.5 hours from duloxetine intake shall be presented.
Case It was learnt that a married female patient aged 38 consulted a physical therapist with the complaint of back pain and duloxetine (30 mg capsule) was prescribed. It was reported that, the patient applied to our hospital with the compliant of involuntary movements around the mouth, on the lips and neck, spasm, inability to open the mouth completely, spasm in jaw, gritting teeth, mumbling and aphasia after approximately 1.5 hours from her duloxetine intake. The patient was conscious. Her psychomotor activity was natural. As a result of cranial MR, EEG, BT examinations hemogram and the routine biochemistry examinations, any abnormality in zinc and iron levels was not detected. Complaints of the patient regressed after 1 hour from the discontinuance of duloxetine and the administration of biperiden 5 mg/mL ampoule 1000 cm^3 in SF. After 72 hours, any symptoms were not found.