use 17 to 22 ($P < 0.001$) with maximal difference between groups at age 20.
Conclusions Later onset of use is associated with reduced cannabis experiences till the early 1920s. This may have public health implications.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1315

Restraint or not restraint. Involuntary transport from home of schizophrenic patients

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Introduction Although physical restraint (PR) is a non-rarely practice on psychiatry there are few studies that focus the attention on the risk factors for this intervention. PR is a legitimacy practice when is needed and well applied but is not free from side effects. Knowing risk factors might be useful to improve the application of PR.
Objectives Study the risk factors involved with the use of PR at patient's home in individuals with schizophrenia before the involuntary transport (IT) to a psychiatric facility.
Methods Is a descriptive and observational study of 267 psychotic patients that were assisted by a psychiatric home care unit (EMSE) in Barcelona during their IT. The sample was divided in two groups, depending on the need of PR. Socio-demographic data were collected as well as positive and negative syndrome scale (PANSS), WHO disability assessment schedule (WHO/DAS), global assessment of functioning scale (GAF), Scale to assess unawareness of mental disorder (SUMD). Aggressiveness was assessed by PANSS-EC consisting of 5 items: excitement, tension, hostility, uncooperativeness and poor impulse.
Results From the 267 psychotic patients 109 required PR. 154 were male and the average of age was 47. The results were significant in the PR group versus no PR for PANSS-EC ($P = 0.000$), as well as WHO/DAS ($P = 0.017$), GAF ($P = 0.042$), Positive PANSS ($P = 0.000$), age ($P = 0.001$) and substance use ($P = 0.012$). Were no significant for gender, insight or Negative PANSS.
Conclusions Aggressiveness and violence were the most important PR related factors followed by positive symptoms, age, substance use and global functioning.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1316

Effectiveness in controlling symptoms with long-acting injectable aripiprazole

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Introduction Depot antipsychotic treatment has been a radical change in the evolution and prognosis of patients with schizophrenia. Long-acting injectable aripiprazole is an antipsychotic dopamine partial agonist. It has a good tolerance in terms of metabolism and prolactine level.
Objetives Studying the causes of readmission at the acute unit of Marqués de Valdecilla university hospital (HUMV) in patients treated with Long-acting injectable aripiprazole LAI 400 mg.
Methodology This is a descriptive study which pretends to assess the causes of readmission in a sample of 30 patients (12 women, 18 men) with non-affective psychosis, which had entered the acute unit of HUMV from 1st January to 30th September 2016 because of psychotic decompensations and had been treated with long-acting injectable aripiprazole 400 mg.
Results Out of the 30 patients there were five readmissions during the observation time. Two of them for psychotic decompensation, two because of premature abandonments, with oral aripiprazole supplementation and the last one because of desertion of injectable drug. No gender differences were observed.
Conclusions It is necessary 15 days of oral supplementation before and after the first dose of long-acting injectable aripiprazole to ensure that adequate therapeutic levels are achieved and to avoid readmissions by misuse of the drug. One of the limitations encountered in this work would be the small sample size and limited observation time. A longer-term research may allow to find more scientific evidence to clarify the clinical safety and efficacy of long-acting injectable aripiprazole in patients with non-affective psychosis.
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EV1317

Psychotic disorder of organic etiology, in the context of sarcoidosis. A case report

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Introduction Neurosarcoidosis is an uncommon cause of psychosis. It courses with an affectation of the brain, the spinal cord and other areas of the nervous system. It associates both neurological and psychiatric symptoms: cranial mononeuropathy, myelopathy or radiculopathy meningitis, neuroendocrine dysfunction, dementia, delusions, hallucinations.
Objectives To review in Pub-Med about neuropychiatric manifestarions of neurosarcoidosis.
Methods We describe the case of 60-year-old woman diagnosed with long evolution schizoaffective disorder with a recent decompensation in the context of a stressful situation. As somatic background to highlight: cognitive impairment (encephalic bilateral and symmetrical frontal atrophy in cranial magnetic resonance) and a probable sarcoidosis with hilia and mediastinal lymph nodes without histologic confirmation. She was hospitalized at the acute care unit because of a descompensation of her schizoaffective disorder. The patient was distressed, with delirious speech, sensoperceptive hallucinations, hypothymia and weigth loss.
Results Firstly we evaluate the lack of clinical improvement with an anti-psychotic drug in previous hospitalizations. For that reason, we thought in organic mental disorder as an alternative diagno-

sis. We started treatment with corticosteroids in spite of we did not observe a decompensation of sarcoidosis. In a few days it was remarked a clinical improvement and remission of the delusional and affective clinic.
Conclusions It is needed to complete the study and continue the monitoring of the patient to see the evolution and drug response. The diagnosis of neurosarcoidosis should be kept in mind for patients with both neurologic and psychiatric symptoms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1318

Can drug interaction be useful? Case report of a schizophrenic patient treated with paliperidone long-acting injection

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Introduction Intramuscular paliperidone palmitate (PLAI) is a long-acting atypical anti-psychotic approved in Romania for the maintenance treatment of adults with schizophrenia.
Objectives To determine the efficacy and tolerability of PLAI in a non-compliant patient with previously very low tolerability to oral anti-psychotics. The patient had been on risperidone long acting injection (RLAI) and had significant adverse events (i.e. tremor, akatisia) which persisted even when treated with the lowest dose of PLAI: 50 mg.
Aims Since the efficacy of PLAI was good, and since a lower dose (than 50 mg of PLAI) is not available in Romania, we tried different ways to lower plasma concentration (PC) of the anti-psychotic because the patient presented clinically significant adverse effects (AE).
Methods Initially the time between the injections was extended at maximum recommended (35 days), with a slight effect, then an off label treatment was associated in order to lower the PC of PLAI. We used 300 mg of carbamazepine long acting, that may lower the PC of PLAI up to 30%. For the evaluation of the efficacy and tolerability, we applied: the clinical evaluation, the positive and negative syndrome scale, the Barnes Akathisia rating scale, the Simpson-Angus Scale and the abnormal involuntary movement scale.
Results After using the above mentioned, strategies, the one that had indeed good results on reducing AE, with no alteration of the psychic status of the patient, was the association of carbamazepine.
Conclusions In clinical practice, some off label medication associations may be salutary!
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EV1319

Tracking referrals to early intervention in psychosis team: An audit

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Aims To monitor if the early intervention services (EIS) in Sandwell meet the standard of assessing all patients referred to the team within the set target. To monitor factors that affects the outcome including the source of referral, whether the patients, are known to another team, and the demographic features of the patient.
Background Providing timely, appropriate and coordinated care for patients presenting with a first episode of psychosis has been a focus for EIS teams to improve outcomes, experiences and in reducing costs. In April 2016, new target times of 5–10 days for referral-to-assessment and 14 days for referral-to-treatment were introduced by the government.
Method All the referrals that were made since 01/04/2016 were followed up. A comparison was made with the referral-to-assessment and referral-to-treatment target for referrals made before the 01/04/16.
Results There has been an increase in referrals. Preliminary evidence gathered suggests that there has been a marked improvement in the referral-to-assessment pathway and referral-to-management pathway. Patients referred to the EIS are offered an earlier assessment. Majority of the referrals made are however not appropriate to receive care from the EIS, and are not taken on by the team. All the patients that are accepted by the team are offered a NICE treatment package. Most of the referrals that come from other EIS teams or wards, are accepted by the team, at least for an extended assessment. Referrals from Children services are usually at the point when they are due to turn 18, for a second opinion.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1320

Antipsychotics in first-episode psychosis: Patterns of prescription in an inpatient unit

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Introduction The treatment of first-episode psychosis patients is different from those with multiple-episode schizophrenia: the response to antipsychotics is better, the required doses are lower and the sensitivity to side-effects is higher. As such, current guidelines recommend a "start slow, go slow" strategy and an active avoidance of side-effects.
Objectives/aims To know the patterns of antipsychotic prescription in first-episode psychosis patients of our inpatient unit.
Methods We retrospectively reviewed the clinical data of all non-affective first-episode psychosis patients admitted to the Inpatient Unit C of Hospital de Magalhães Lemos during 2015. The antipsychotics prescribed at admission and discharge were recorded, as well as the doses.
Results A total of 29 patients were identified. The mean age was 36.6 and 65.5% were man. At admission, all patients were medicated with second-generation antipsychotics: 62.1% with risperidone, 27.6% with olanzapine, 6.9% with paliperidone and 3.4% with aripiprazol. The mean dose of risperidone was 3.5 mg/day. By the time of discharge, 34.5% of patients were prescribed a depot antipsychotic, half of them risperidone. Among those with oral medication only, 55.5% were prescribed risperidone, 22.2% paliperidone and the remainder 22.3% other antipsychotics (aripiprazol, olanzapine or quetiapine). The mean dose of risperidone was 3.7 mg/day.
Conclusions Second-generation antipsychotics are clearly preferred. The mean dose by the time of discharge is similar to that used in clinical trials. However, antipsychotics are initiated at doses above the minimum effective dose. On discharge, an important proportion of patients are prescribed depot antipsychotics, which are known to improve medication adherence.