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

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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.

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