

Conclusions: This study suggests that women with SSD are at increased physical comorbidity risk compared to men, particularly early in the course of psychiatric illness. Our results highlight the importance of addressing physical health from the first contact with a mental health service to preserve general health, and provide the best possible treatment outcome. Treatment of SSD must be customized to meet the needs of patients with different physical multimorbidity patterns.

Disclosure: No significant relationships.

Keywords: Schizophrenia spectrum disorders; multimorbidity; physical comorbidities; rehospitalisation

O0139

Italian validation of Arizona Sexual Experience (ASEX) on patients suffering from psychotic spectrum disorders

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Introduction: Many forms of mental disorders, especially psychotic disorders are characterized also by a worsening of sexual functioning. Sexual dysfunction has been shown to significantly correlate with a longer duration of untreated psychosis and with heavier psychotic symptomatology.

Objectives: The aim of this study is to validate the Italian version of the Arizona Sexual Experience (ASEX), a very handy and reliable tool to assess sexual dysfunction, in a population of people suffering from psychotic spectrum disorders.

Methods: Seventy-three psychiatric patients were recruited and assessed for mental illness and sexual functioning. We administered the Italian version of ASEX, adequately translated by two expert bilinguals. After 15 days we administered once again the test for test-retest reliability.

Results: Validation of ASEX revealed Cronbach's coefficients >0.70 in both single items as in the total score. In addition, the test-retest reliability revealed Pearson's coefficients >0.50 in the various domains. Confirmatory factor analysis revealed good fit indexes for the two factors model of ASEX (SRMR=0.54; CFI=0.974; RMSEA=0.135).

Conclusions: This study represents the first validation in the Italian psychiatric context of a very useful specific tool for the sexual assessment in people suffering from mental illness. Our analysis revealed good psychometric characteristics in terms of confirmatory factor analysis, internal consistency, and test-retest reliability.

Disclosure: No significant relationships.

Keywords: ASEX; Psychosis; validation; sexual dysfunction

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Health resource utilization, costs, and community treatment order status before and after the initiation of second-generation long acting-injectable antipsychotics in patients with schizophrenia in Alberta, Canada

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Introduction: Long-acting injectable (LAI) antipsychotics and community treatment orders (CTOs) are used in patients with schizophrenia to improve treatment effectiveness through adherence.

Objectives: Understanding healthcare resource utilization (HRU) and associated costs, and medication adherence in patients with schizophrenia overall and by CTO status before and after second generation antipsychotic (SGA) LAI initiation may guide strategies to optimize health.

Methods: A retrospective observational single-arm study using administrative data from Alberta was performed. Adults with schizophrenia who initiated SGA-LAI (index date) were included. Medication possession ratio (MPR) was determined; paired t-tests were used to examine differences in HRU and costs (\$CDN) between the 2-year pre-index period and 2-year post-index period. Stratified analysis by presence or absence of an active CTO during the pre-post periods was performed.

Results: Among 1,211 patients who initiated SGA-LAIs, MPR was greater post-index (0.84) compared with pre-index (0.45; 95% confidence interval [CI] 0.36, 0.41). All-cause and mental health-related HRU and costs were lower post-index versus pre-index ($p < 0.001$); total all-cause HRU costs were \$33,788 lower post- versus pre-index (\$40,343 [standard deviation, SD \$68,887] versus \$74,131 [SD \$75,941], 95% CI [-\$38,993, -\$28,583]), and total mental health-related HRU costs were \$34,198 lower post- versus pre-index (\$34,205 [SD \$63,428] CDN versus \$68,403 [SD \$72,088] CDN, 95%CI [-\$39,098, -\$29,297]). Forty-three percent had ≥ 1 active CTO during the study period; HRU and costs varied according to CTO status.

Conclusions: SGA-LAIs are associated with improved adherence, and lower HRU and costs however the latter vary according to CTO status.

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Keywords: LONG ACTING ANTIPSYCHOTIC INJECTION; HEALTH RESOURCE UTILIZATION; COMMUNITY TREATMENT ORDER; schizophrénia