Results  Sexual dysfunction is observed in 5 patients (3.7%) at 50 and 100 mg/d (2 and 3 patients, respectively) desvenlafaxine doses. Two patients (1.5%) have experimented more than one sexual side effect. Regarding gender differences, the most frequent sexual dysfunctions are diminished sexual desire (5.5%) and erectile dysfunction (5.5%) in men and orgasmic dysfunction (1.2%) in women (P-values are 0.034; 0.034 and 0.408, respectively). Discontinuation is decided in 60% of patients. 

Conclusions  Desvenlafaxine has a well-tolerated sexual side effect profile in general population. There are some gender-related differences both in presentation and perception, as it has been described with other drugs, and this should be taken into account by prescribers.

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

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EW445  The novel antipsychotic cariprazine (RGH-188): State-of-the-art in the treatment of psychiatric disorders

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Introduction  Cariprazine (RGH-188) is a novel antipsychotic drug that exerts partial agonism of dopamine D2/D3 receptors with preferential binding to D3 receptor, antagonism of 5HT2A receptors and partial agonism of 5HT1A. Currently, cariprazine is in late-stage clinical development (phase III clinical trials) in patients with schizophrenia (S) and in patients with bipolar disorder (BD), as well as an adjunctive treatment in patients with Major Depressive Disorder (MDD) and drug-resistant MDD.

Objectives  Cariprazine has completed phase III trials for the acute treatment of schizophrenia and bipolar mania, phase II trials for the bipolar depression and MDD whilst it is undergoing phase III trials as an adjunct to antidepressants.

Aims  The present review aims at proving a comprehensive summary of the current evidence on the safety, tolerability and efficacy of cariprazine in the treatment of schizophrenia, BD (manic/mixed/depressive episode) and MDD.

Methods  A systematic search was conducted on PubMed/Medline/Scopus and the database on Clinical Trials from inception until April 2015 by typing a set of specified keywords.

Results  Available evidence seems to support cariprazine efficacy in the treatment of cognitive and negative symptoms of schizophrenia. Preliminary findings suggest its antimanic activity whilst it is still under investigation its efficacy in the treatment of bipolar depression and MDD. Furthermore, the available data seems not to allow judgements about its antipsychotic potential in comparison with currently prescribed antipsychotics.

Conclusions  Further studies should be carried out to better investigate its pharmacodynamic and clinical potential, particularly as alternative to current antipsychotic drugs.

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

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EW446  Use of inhaled loxapine in acute psychiatric agitation

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Objectives  The aim of this work is to study the efficacy of loxapine inhalation powder on agitated patients in a psychiatric inpatient unit.

Methods  Nineteen patients sample, with an average age of 39.4 years old, diagnosed with schizophrenia, bipolar disorder or schizoaffective disorder. Patients inhaled loxapine 10 mg. using the staccato system, when they suffered a psychomotor agitation. The clinical efficacy was measured as a change from baseline in the Positive and Negative Syndrome Scale-Excited Component (PANSS-EC) and in the Young Mania Rating Scale (YMRS) one hour after the administration of loxapine.

Results  A mean of 9.8 points reduction (22.6 at baseline and 12.7 one hour after the administration) was found on the PANSS-EC (t-test, P < .001) and 68.4% of the patients were considered responders as they obtained a reduction of at least 40% of the basal score. On 10 of the total of the agitated patients showed an improvement of the psychomotor excitement, and this allowed the clinicians to remove the physical restraint; on 6 of the agitated patients the physical restraint could be avoided during the whole treatment; and 3 of the patients experienced a reduction of the excitement. The reduction on PANSS-EC on the latest group was not statistically significant (t-test, P = .121).

Conclusions  Inhaled loxapine was a non-invasive, rapid and effective alternative treatment for acute agitation in a psychiatric inpatient unit. It resulted more effective on mild and moderate cases; not been significantly effective on the severe cases of agitation.

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

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EW447  Which antidepressants are associated with increased risk of developing mania? A retrospective electronic case register cohort study

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Introduction  The symptoms of bipolar disorder are sometimes misrecognised for unipolar depression and inappropriately treated with antidepressants. This may be associated with increased risk of
developing mania. However, the extent to which this depends on what type of antidepressant is prescribed remains unclear.

**Aims** To investigate the association between different classes of antidepressants and subsequent onset of mania/bipolar disorder in a real-world clinical setting.

**Methods** Data on prior antidepressant therapy were extracted from 21,012 adults with unipolar depression receiving care from the South London and Maudsley NHS Foundation Trust (SLaM). Multivariable Cox regression analysis (with age and gender as covariates) was used to investigate the association of antidepressant therapy with risk of developing mania/bipolar disorder.

**Results** In total, 91,110 person-years of follow-up data were analysed (mean follow-up: 4.3 years). The overall incidence rate of mania/bipolar disorder was 10.9 per 1000 person-years. The peak incidence of mania/bipolar disorder was seen in patients aged between 26 and 35 years (12.3 per 1000 person-years). The most frequently prescribed antidepressants were SSRIs (35.5%), mirtazapine (9.4%), venlafaxine (5.6%) and TCAs (4.7%). Prior antidepressant treatment was associated with an increased incidence of mania/bipolar disorder ranging from 13.1 to 19.1 per 1000 person-years. Multivariable analysis indicated a significant association with SSRIs (hazard ratio 1.34, 95% CI 1.18–1.52) and venlafaxine (1.35, 1.07–1.70).

**Conclusions** In people with unipolar depression, antidepressant treatment is associated with an increased risk of subsequent mania/bipolar disorder. These findings highlight the importance of considering risk factors for mania when treating people with depression.

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

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