

EV1016

Antipsychotic medications and cardiometabolic risk – A review of current literature

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In the USA, 68% of adults and 31% of children are overweight or obese. Obesity doubles mortality rates and has significant associated medical costs with an average obese person spending \$1500 or more per year. In addition, 10% of all adults and 23% of adults over 60 years have type 2 diabetes, with an average person spending \$2257 or more per year. In 2009, 1 out of every 10 healthcare dollars was spent on type 2 diabetes, totalling \$174 billion. People with serious and persistent mental illness die on average 25 years earlier than the general population. Cardiovascular disease is the primary cause of death in persons with mental illness and accounts for 60% of the increased mortality. Furthermore, 46.24% of individuals with cardiometabolic risk factors who are also on antipsychotic medications take high- to moderate-risk antipsychotics. The cluster of cardiometabolic syndrome includes: type 2 diabetes, hypertension, dyslipidemia, obesity and pre-existing cardiovascular disease. There are, however, modifiable risk factors including smoking cessation, diet change, physical activity, medical care and choice of antipsychotic medication (on which the physician has direct control). More information is therefore needed on various antipsychotic medications and their associated cardiometabolic risk factors in order to educate physicians. In this review article, we examined 10 articles on antipsychotic medications, and their effect on the 5 domains, including type 2 diabetes, hypertension, dyslipidemia, obesity and pre-existing cardiovascular disease. Overall, there was a clear trend, which found a significant difference in the associated risk factors amongst various antipsychotic medications.

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Clinical predictors of clozapine response

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Introduction Schizophrenia is a chronic, severe, and disabling mental disorder. An evaluation of clinical predictors to clozapine was described.

Object Identify clinical predicting factors to clozapine.

Methods This is a cross-sectional study including patients diagnosed with schizophrenia or schizoaffective disorder according to the DSM 5 criteria and treated with clozapine.

Results Of the 33 patients, 78.8% were males and 69.7% of them were single. The mean age was 36 years old. The mean age at the onset of the disorder was 24 years old. The mean number of hospitalizations was 6. The beginning of the mental disorder was acute in 21.2% of the cases. The mean duration of the disease course before starting clozapine treatment was 11 years. The mean duration of treatment was 19 months. The diagnosis according to DSM 5 criteria was schizophrenia in 87.9 and schizoaffective disorder in 12.1% of cases. The outcome was assessed by PANSS and BPRS scales with a symptomatic remission in 63.63% of cases. The analytical study revealed a significant correlation between favorable evolution and

the latest onset of the disorder ($P=0.04$), the number of previous hospitalizations ($P=0.009$), disorder's duration ($P=0.032$), male sex ($P=0.0004$) and secondary resistance ($P<10^{-3}$).

Conclusion The evaluation of clinical factors is important in our practice in order to improve the response to clozapine. Otherwise, adherence to treatment and quality of insight are determining factors of the treatment response.

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Paliperidone palmitate versus other antipsychotics

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The aim of the study was to describe the psychopharmacological treatments received by inpatients diagnosed with spectrum disorders schizophrenia and other psychotic disorders in Dr. Rodríguez Lafora Hospital. It is an observational, descriptive and retrospective study. We collected information about patients aged 18 to 64 who were hospitalized during the month of January of 2015 in the acute psychiatric hospitalization by Selene software. We reviewed treatments and number of psychiatric re-hospitalization six months later and we analyzed the results by SPSS software. From a sample of 51 inpatients, 15 of them were diagnosed with disorders of the spectrum of schizophrenia and other psychotic disorders. Of the patients, 13.3% was treated with haloperidol, 26.7% with olanzapine, 26.7% with risperidone although it was modified by paliperidone in mental health center, 6.7% with quetiapine, 6.7% with amisulpride, 13.3% with oral paliperidone and 13.3% patients with intramuscular paliperidone. Of these, 40% are readmitted to hospital. Patients were readmitted due to ineffectiveness and adverse effects of haloperidol, olanzapine, risperidone. 73.3% of inpatients were treated with monotherapy. Of the patients, 26.7% were treated with polytherapy, who received olanzapine, risperidone and amisulpride. It would be important to use psychoactive substances that allow monotherapy to reduce adverse effects and psychiatric re-hospitalization.

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EV1020

New models for research and development in the treatment of mental illness

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The pharmaceutical industry's investments in research and development of novel treatments for mental illness have heavily declined in the past decade. Major private investments are, by most experts, seen as necessary to develop new treatments. However, psychiatry is not the only area overlooked by the industry. For decades infectious diseases have also lacked investments in research and development.

Aims The aims of this study were to investigate the new models of research and development in infectious diseases that emerged after the pharmaceutical industry ceased their investments and to model how these can be used in psychiatry.