EV1319

Lamotrigine induced DRESS syndrome in bipolar disorder: Multiple snares behind a potentially life-threatening adverse reaction

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Background Lamotrigine is widely used to prevent bipolar depression. Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) is a rare, potentially life-threatening adverse effect. The long latency between drug exposure and disease onset, added to the high variability of its clinical presentation, can increase the risk of misdiagnosis lamotrigine withdrawal delay.
Objective To highlight potential risk factors that can be related to a worse clinical onset and evolution of lamotrigine-induced DRESS syndrome.
Methods We report the case of a 25-year-old-man, with a type I bipolar disorder, treated with lithium and lamotrigine 50 mg per day during the first 13 days of treatment, progressively increase up to 200 mg. Thirty-five days after the treatment initiation, a pruritic rash appeared in his upper arms, and scabies infestation was diagnosed. After 72 hours, the patient required urgent hospitalization due to hemodynamic instability.
Results On admission, facial edema and erythrodermia were involving 70 to 80% of the body surface. DRESS diagnosis due to lamotrigine was made following RegiSCAR criteria (Table 1). Psychiatric medication was stopped and DRESS treatment established. Complete recovery without recurrence was achieved after 2 months.
Conclusions The lamotrigine up titration faster than recommended may have facilitated the DRESS syndrome reaction. Moreover, the latency between lamotrigine introduction and the rash onset could have increased the possibilities of misdiagnosis. In light of this, physicians need to consider at least the last 3 months treatment history when assessing a rash, as the delay of DRESS syndrome diagnosis can fastly lead to a fatal event.
Table not available.
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EV1320

Long-acting injectable antipsychotics: Diagnostics and patient profile

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Introduction Long-acting injectable antipsychotics (LAIs) were developed in the sixties with the purpose of improving schizophrenia maintenance treatment. The main advantages are: the ability to ensure compliance, maintaining stable plasma concentrations and allowing better clinical management of drug therapy. Long-acting atypical injectable antipsychotics start to develop in the late nineties. Currently, they are the most widely used depot treatment for severe mental illness.
Objective Checking patient profile and diagnosis where we use LAIs.
Methods Review of 217 patients treated with LAIs in CSM El Coto–Gijón.
Results In our sample, the average age of the patients was 48.94 years old. Most of them were men (135 vs. 82). More than half of treated patients were diagnosed with schizophrenia (112), the paranoid subtype was the most repeated (93). Other severe mental illnesses were also treated with LAIs: emotionally unstable personality disorder (31), delusional disorder (19), bipolar disorder (15), schizoaffective disorder (12) and other less frequently. For all groups, paliperidone palmitate was the most used injectable antipsychotic. The new aripiprazole long-acting injectable starts being used in psychotic patients with a significant affective component.
Conclusions The schizophrenic patient remains being the prime candidate for this therapy although other severe mental disorders may also benefit of LAIs treatment. Most classical long-acting injectable antipsychotics have been replaced by new atypical injectable antipsychotics with a more tolerable side effects profile.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1321

Therapeutic attitudes and clinical global impression: A 2-year follow-up study of 33 outpatients with a mental disorder in treatment with paliperidone palmitate

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Introduction Maintaining antipsychotic therapy in mental disorder is important in preventing relapse, rehospitalization, and suicide. Lack of awareness of illness may be a leading cause for non-adherence. Long-acting depot can prevent non- adherence and thus potentially contribute to better patient outcomes.
Objective The aim of this prospective, observational, non interventional 2-year-long study is to assess severity and post-intervention changes and attitudes toward medication of a group of patients treated paliperidone palmitate (PP).
Methods Thirty-three outpatients stabilised with PP during the last 24 months. Inclusion criteria were: patients' age (> 18 years), a diagnosis of schizophrenia, bipolar disorder, schizoaffective disorder stabilised during the last 12 months with PP, without a diagnostics from axis I or II (except for nicotine of caffeine) and able to sign the inform consent. Data collected: general sociodemographic and clinical data (age, sex, level of education, socioeconomic situation, family support, psychiatric diagnosis, years of evolution, use/abuse of substances, treatment, previous and later number of hospitalisations. Evaluations included disease severity (Clinical Global Impression-Severity (CGI-S) and Drug Attitude Inventory, (DAI)).
Results Thirty-threeoutpatients were followed during 24 months [mean dose 132,58 (44,4) mg], 75,8% were men, age 45,05 years old, 87,8% with a diagnoses of paranoid schizophrenia. Antipsychotic monotherapy increased over the time with PP. Significant improvements were observed on both Clinical Global Impression and Drug Attitude Inventory. The number of rehospitalizations and mean stays decreased from the beginning until the end of these 24 months.

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Conclusions Our results suggest an improvement in the patient's clinical vision and attitude towards medication with long-acting depot.
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EV1322

DECIDE Study: Effectiveness of shared decision-making in treatment planning at discharge of inpatient with schizophrenia. Experience after 20 months of the study

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Introduction Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. There has been extensive and growing interest in its application to long-term illnesses but surprisingly not in severe psychiatric disorders, such as schizophrenia. However, the great majority of schizophrenics are capable of understanding treatment choices and making rational decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions, but robust evidence in objective health outcomes is needed.
Aims and objectives Of the study: to demonstrate the effectiveness, measured as treatment adherence and readmissions at 3, 6 and 12 months, of shared decision making in the choice of antipsychotic treatment at discharge.
Of the oral presentation: to present the study design; to make an interim report of the data obtained at the moment of the congress.
Methods Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Study population: Inpatients diagnosed of schizophrenia and schizoaffective disorders (ICD-10/DSM-IV-R: F20 y F25) at Adult Acute Hospitalization Unit at Jerez General Hospital.
Results Currently in the recruiting phase with 55 patients included in the study. An interim analysis of at least half of the target sample size.
Conclusions We will show the study design and decision tools employed. Conclusions in relation to the effectiveness (adherence and readmissions) and subjective perception.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1323

DECIDE Study: Antipsychotic treatment profile. Comparison of antipsychotic polytherapy in patients discharged after acute episode of UHSM, taking decisions shared vs. usual care strategies

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Introduction Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions, but robust evidence in objective health outcomes is needed.
Aims Analyze the degree of antipsychotic politherapy or monotherapy in patients discharged after their inclusion in the study and randomized to Share Decision-Making or Treat as Usual. Present preliminary conclusions after 20 months of follow-up.
Methods Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Previous antipsychotic treatment is collected by interviewing patient and family and as included in digital history and health card, discharge and reviews conducted at 3, 6 and 12 months.
Results Interim analysis shows there are no differences between groups (SDM and TaU) before intervention, we note the following results:
– the degree of antipsychotic politherapy prior to admission for the entire sample decreased at discharge;
– at discharge, there is a difference between SDM and TaU. Antipsychotic polytherapy in SDM decreases in a higher level.
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EV1324

The utility of omega-3 fatty acids in depression

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Introduction Recent studies have reported therapeutic benefit from the use of omega-3 fatty acids (EPA and DHA) as adjunctive treatment of depression.
Objectives The goal of this work is to assess the effectiveness and tolerability of dietary supplementation with omega-3 in the treatment of depressed patients.
Method Prospective, descriptive, observational study in a general psychiatry outpatient clinic. Consecutive inclusion of depressed patients started on dietary supplementation with omega-3 because of partial response to antidepressants and/or intolerance to high doses or combination of antidepressant drugs between January and May 2015. Sociodemographic variables, clinical data and information about tolerability were recorded. Clinical response to treatment over time was assessed at 4–6 months follow up using the 5-item CGI (Clinical Global Impression) scale.
Results We included 30 depressed patients started on omega-3. None of them reported side effects. Seventy-three percent of