

Material and methods This is a cross-sectional study conducted in 2015. The data were obtained from the patients' charts and compared with the results of a more extensive study conducted at the same hospital during 2002–2005 period. Statistics was performed using standard statistical methods.

Results Of the total number of patients ($n=44$), 81.8% ($n=36$) were on antipsychotic monotherapy, while in the previous study, which included 198 patients, monotherapy was noted in just 32.3% hospitalizations ($n=64$) ($\chi^2=34.5$; $P<0.001$). Among patients treated with polypharmacy, the majority was prescribed the combination of a first- and second-generation antipsychotic ($n=7$, 87.5%), while just one patient was treated with two first-generation antipsychotics ($n=1$, 12.5%). In the 2002–2005 period, the combination of two first-generation antipsychotics was dominant (58.9%, $n=79$).

Conclusion This study indicates that in Serbian psychiatry there is a strong tendency towards reduction of antipsychotic polypharmacy. However, this is a single-centre study with a relatively small number of participants and more extensive research on the national level is warranted to confirm this trend.

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

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EV1008

Lithium-induced acute intermittent dystonia in a patient with schizoaffective disorder

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While lithium is well known for its neurotoxicity, there are very few publications about lithium-induced acute dystonic reaction. We are presenting a clinical case of lithium-induced acute intermittent dystonic reaction in a patient with schizoaffective disorder (SAD). The patient is a 69-year-old African-American male with a long history of SAD, who was treated for many years with ziprasidone and divalproex and was admitted with SAD exacerbation. Due to increased QTc interval, we switched patient to lurasidone. After 2 weeks, due to increased ammonia level, divalproex was switched to lithium (600 mg loading dose and then 450 mg twice/day). Three days later, patient developed a series of intermittent episodes of acute dystonia, manifested as mutism, dysarthria, upper and lower extremity muscle rigidity, dysphagia, and tremor (Table 1). Dystonic reactions responded to benztropine. Eventually, lithium was discontinued and patient did well on a combination of carbamazepine and olanzapine. In this case, we would like to emphasize not only the intermittent but also the atypical presentation of acute dystonic reactions with involvement of large muscle groups, the resemblance to NMS, and a "spectrum" of dystonic reactions rather than one clear-cut presentation. We can only speculate the role lurasidone played in this presentation but reoccurrence of dysarthria on day 54 after lithium was restarted points to its major role.

Table not available.

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EV1009

Tolerability and side effects of an extended-release injectable suspension of aripiprazole in a series of inpatients in a dual diagnosis unit

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Introduction The integrated care in dual diagnosis units involves selecting pharmacological treatment strategies for both substance use disorder and the non-addictive psychiatric disorder. It is recommended to choose drugs with a favorable balance between efficacy/tolerability, an adequate side effects profile and the minimal drug interactions.

Objectives and aims To evaluate the tolerability and side effects after first administration—first dose of an extended-release injectable suspension of aripiprazole in a group of patients admitted to an acute dual diagnosis unit.

Methods The study included a series of patients admitted in our unit from May to August 2015 that received the first dose of the aripiprazole preparation (400 mg). Evaluations included different scales for side effects (SAS, ESRS, UKU) and the clinical global impression scale (CGI).

Results A total of 9 patients were included and evaluated (all men, mean age: 39-years-old). Diagnoses were: bipolar disorder (5/9), schizophrenia (2/9), schizoaffective disorder (1/9) and delusional disorder (1/9) with concomitant substance use disorder (6 cannabis, 2 alcohol, 1 cocaine). All of them without outpatient control and treatment at admission. The results of the clinical scales conclude that none of them had significant side effects, including extrapyramidal, with an improvement in the ICG scale.

Conclusion Tolerability of extended-release injectable suspension of aripiprazole was good in all cases. In the future, new cases should be included to extend the sample and to evaluate other aspects such as the craving for substances.

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EV1010

Treatment efficacy with paliperidone palmitate in patients after the first psychotic episode

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Objectives To evaluate factors of therapeutic efficacy of paliperidone palmitate, such as the speed of action and its maintenance in patients who experienced a first psychotic episode that led to a hospital admission in the acute unit.

Materials and methods Two-year observational and descriptive study. Patients admitted to the Mental Health Hospital Unit (MHHU) from January 2013 to July 2014, with a first psychotic episode and under paliperidone palmitate treatment. Monitoring