stimulus control for these MIs respectively. Literacy regarding help-seeking sources has improved in Singapore over the last 8 years which may translate into increments in seeking appropriate care.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP0260

Cardiovascular risk associated with chronic treatment of paliperidone, olanzapine, risperidone and aripiprazole

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Introduction: Weight gain, QT interval prolongation, and dyslipidemias associated with the chronic use of some antipsychotic medications can explain a higher prevalence of cardiovascular risk in these psychiatric population. The D'Agostino Index include some factors such as age, total cholesterol, high-density lipoproteins, systolic blood pressure increased, antihypertensive treatment, smoking, and diabetes, to estimate an individual's risk (low, moderate or severe) of developing a cardiovascular event through a period of 10 years or throughout the patient's lifetime.
Objectives: To compare the degree of cardiovascular risk using the D'Agostino Index, among different antipsychotic medications.
Methods: An estimation of cardiovascular risk (low, moderate, or high) was performed with the D´Agostino index in a sample of 144 patients (82 men and 62 women) mean age 45,2 +/- 10.13. All patients were treated for at least one year at a therapeutic dose and adhered to their treatment regimen correctly. Subjects with some relevant pre-existing unstable heart disease were excluded. All patients previously provided informed consent and were of legal age. Clinical data on medical history, concomitant medications, and risk factors were collected. A completed physical exam, waist circumference, lab sample, a lifestyle scale, and an evaluation of vital signs in accordance with European Society of Hypertension were evaluated. Statistical analysis was carried out using the statistical software SPSS version 26.0. A significance level α=0.05 was considered throughout the study.
Results: The four most consumed antipsychotics were risperidone 9.72% (n=14), paliperidone 25.7% (n=37), olanzapine 14.6% (n=21), and aripiprazole 34.7% (n=50). Descriptively, it was observed that the drugs most associated with moderate or high risks were paliperidone (37.8%) and olanzapine (33.3%), risperidone (28.6 %). Aripiprazol (22%) was the less associated compound with moderate/high cardiovascular risk.
Conclusions: Subjects treated with olanzapine and paliperidone showed a higher association with cardiovascular risk. Predicting cardiovascular risk could provide individual benefits by enabling lifestyle modifications, pharmacological treatment changes, or closer monitoring to reduce cardiovascular risk.

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EPP0261

Changes in clozapine dose and concomitant medication - a 10-year comparative study

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Introduction: Clozapine is an atypical antipsychotic approved for treatment-resistant schizophrenia. Although effective, possible side effects make its underutilization still a current problem. The type of titration and dosages used differ worldwide.
Objectives: To asses doses of clozapine and concomitant medications used in schizophrenia during 2012-2013 versus 2022-2023.
Methods: A retrospective observational study analysing clozapine doses and concomitant treatment used in schizophrenia from 2012-2013 compared to 2022-2023. Data were collected from the medical charts of patients admitted to the Clinical Hospital of Psychiatry and Neurology Brasov, Romania, during 2012-2013 and 2022-2023.
Results: In the total of 570 patients who were admitted in 2012-2013 with a diagnosis of paranoid schizophrenia, 69 (12,10%) of them were treated with clozapine.Of the 69 cases, 53,62% patients were females, mean age was 40,95 years (SD = ±10,32), with an average of onset age 23,17 (SD=±6,21). The average length of stay for hospitalization was 24,97 days (SD= ±12,65). The mean clozapine dose was 393,47 ((SD= ±183,69), with a minimum dose of 100mg/day and a maximum dose of 800mg/day. 37,68% of patients received concomitant treatment with benzodiazepines, mood stabilisers or sedative-hypnotic drugs. None of the patients received concomitant treatment with another antipsychotic.Among the total of 356 patients admitted with the diagnosis of paranoid schizophrenia during the 2022-2023 period, 72 (20,22%) of the patients were treated with clozapine. 72,22% patients were females, mean age was 49,12 years (SD = ±11,16), with an average of onset age 25,04 (SD=±6,40). The average length of stay for hospitalization was 18,58 days (SD= ±13,78). The mean clozapine dose was 275,34 (SD= ±146,7), with a minimum dose of 25mg/day and a maximum dose of 600mg/day. 72,22% of patients received concomitant treatment with benzodiazepines, mood stabilisers, sedative-hypnotic drugs or with another antipsychotic. Antipsychotics used in combination with clozapine were both oral (risperidone, amisulpride, quetiapine, aripiprazole) and long-acting injectable (aripiprazole, risperidone, paliperidone, flupentixol decanoate).
Conclusions: Clozapine remains the drug of choice in treatment-resistant schizophrenia even after 10 years, but its mode of administration has changed over time. While the doses of clozapine used have decreased, the percentage of patients receiving concomitant treatment has doubled.Although some side effects of clozapine are

dose-dependent, lowering doses and combining with other adjuvant treatment is not always a better option, as polypragmacy and possible adverse effects combined can lead to reduced adherence. The decision to increase the dose of clozapine or to use concomitant (combination) treatment depends on individual factors, including the patient's clinical condition, response to treatment, and the assessment of potential risks and benefits.

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EPP0262

Use of monthly extended-release risperidone injection in schizophrenia: clinical experience

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Introduction: Monthly extended-release injectable risperidone is the new antipsychotic formulation of risperidone available in doses of 75 mg and 100 mg, approved for the treatment of schizophrenia. It contains microcrystals of risperidone that are deposited following intramuscular injection. A fraction of the active ingredient of risperidone is already solubilized and rapidly enters the bloodstream, providing plasma levels similar to oral risperidone on the first day. The microcrystals continue to release risperidone steadily over a period of 4 weeks. No oral supplementation or loading doses are required.
Objectives: The objective of this study is to demonstrate the effectiveness of treatment with monthly extended-release injectable risperidone in patients with schizophrenia who are followed up as outpatients from the Mental Health Center. The study aims to show that this treatment improves symptoms associated with schizophrenia, leading to an enhancement in the quality of life for these patients.
Methods: Analysis and evaluation were conducted on 9 patients diagnosed with Paranoid Schizophrenia and treated with monthly extended-release injectable risperidone from a Mental Health Unit and the Hospital Emergency System during the months of January to April 2023. Among the nine patients, six were previously on oral risperidone treatment exceeding 4 mg, and three were on doses less than 4 mg. The first group received a monthly injectable dose of 100 mg of risperidone, while the second group received 75 mg.
Results: All nine patients showed improvement in positive and anxious symptomatology. Seven of them exhibited improvement in affective and cognitive profiles. None of the patients experienced significant metabolic alterations, and only one of them reported akathisia as a side effect. Furthermore, all patients improved their sleep patterns, and the seven who had behavioral disturbances with a tendency towards aggression no longer exhibited these behaviors.
Conclusions: Monthly extended-release injectable risperidone is beneficial in reducing positive and affective symptoms in patients with schizophrenia. It also improves anxious, cognitive, and behavioral symptomatology. It is considered effective, safe, and well-tolerated for long-term treatment of this disease, regardless of its initial severity. Therefore, it is advisable to consider it as the first therapeutic option in patients with schizophrenia who have responded well to oral risperidone previously.

Disclosure of Interest: None Declared

EPP0263

"Weight loss, Semaglutide and Manic Episode": A case report

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Introduction: The glucagon-like peptide-1 (GLP-1) receptor agonist Semaglutide has been widely used to manage type 2 diabetes due to its favourable effects on glycemic control and weight reduction. Proved to be safe in adults and elderly patients with renal or hepatic disorders demanding no dose modification. Affective symptoms are not listed as side effects in the product information. However, there is a recent investigation going on by the European Medicines Agency (EMA) after three flagged cases of suicidal thoughts in Iceland. In contrast, the Food and Drug Administration (FDA) recommend that patients with this treatment are monitored for suicidal thoughts or behaviour.
Objectives: This case study explores the possible relationship between Semaglutide treatment and the onset of a manic episode in a 57-year-old male with no history of psychiatric disorders.
Methods: We present a 57-year-old male with no psychiatric history of interests, with a previous good functioning. A one-week history of disruptive behaviours started, characterized by excessive cheerfulness, heightened euphoria, and reduced need for sleep. Family members describe a complex situation at home, with frequent outings by the patient, engaging in conversations with strangers, getting lost, and becoming more irritable with them. The patient and family relate this mood change after initiating Semaglutide for diabetes control, starting at 7mg doses. The temporal relationship between the initiation of Semaglutide therapy, precisely a dose escalation to 7mg, and the onset of manic symptoms prompted family members to notify the patient's endocrinologist. Due to the inability to manage the patient at home and his unpredictability, they sought help at the emergency department, resulting in a psychiatric admission. Imaging and analytical tests show no significant abnormalities.
Results: During his stay in the psychiatry department, semaglutide dosage was reduced, and treatment with Aripiprazole was initiated at doses of 5mg, given the metabolic profile associated with medical comorbidities (obesity, chronic renal failure and diabetes). Subsequent clinical observations showed a gradual resolution of manic symptoms and an improvement in the patient's overall mental state.
Conclusions: This case highlights the importance of monitoring and recognizing potential neuropsychiatric side effects associated with Semaglutide therapy, particularly in individuals without a