

EV1004**Treating ADHD in people with intellectual disabilities**

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Objectives Attention Deficit Hyperactivity Disorder (ADHD) is more prevalent in people with intellectual disabilities (ID). Drug therapy is the primary treatment for ADHD targeting the core signs of inattention, impulsivity, and hyperactivity (NICE 2013). Knowledge on ADHD has been gleaned from studies in children and children with ID. People with ID have comorbid disorders for example, autism and epilepsy that can complicate the management of ADHD. Knowledge of the effects of treatment is essential in managing ADHD in people with ID. The current evidence on the application of drug therapy for ADHD in ID is described.

Method A literature review of publications in English language was undertaken.

Results Using medication to treat ADHD is effective in treating the signs of ADHD in people with ID. The response rates in ID to drug therapy for ADHD approximates to 55% that is lower than in the general population. People with ID experience more side effects from medication that can lead to withdrawal from treatment. Guidelines exist internationally on the appropriate prescribing of medication. Methylphenidate, a psycho-stimulant drug is the drug of first choice. Atomoxetine, a non-stimulant drug, is effective in people with ID.

Conclusions ADHD in people with ID is treatable but clinicians need to be knowledgeable and skilled in managing the disorder in people with ID. Newer drugs could offer more because of their different profile of more tolerable side effects.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1989>

EV1005**Analysis of the diagnoses of patients treated with palmitate paliperidone**

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Objectives Review of the diagnoses of the treated patients with palmitate paliperidone for one year in a mental health unit, as well as some of their key sociodemographic characteristics, the length of the hospital stay and the average treatment according to clinical diagnosis.

Methods Descriptive epidemiological study including patients admitted to our hospital. It covers the period from January 2014 to December 2014.

Results For the period between January and December, a total of 315 patients were admitted in our mental health hospital unit, of which 45 were treated with paliperidone palmitate. The diagnosis were: schizophrenia (25 patients; 55.56%), schizoaffective disorder (7 patients; 15.56%), delusional disorder (5 patients; 11.11%), bipolar disorder (1 patient; 2.22%), personality disorder (2 patients; 4.44%), obsessive-compulsive disorder (1 patient; 2.22%), organic brain disorder (1 patient; 2.22%), schizophreniform disorder (1 patient; 2.22%) and mental retardation (1 patient; 2.22%). The mean age of patients was 35.7 years old. The most common marital status was unmarried state (30 patients; 66.6%). The average stay per hospital admission was 19.33 days. The most abused drugs were tobacco (31 patients; 68.8%). The mean dose of paliperidone palmitate was 137.5 mg. Schizophrenic patients need higher doses of treatment.

Conclusions A significant improvement in functionality was observed in our patients. What's proven efficacy and good

tolerability and adherence, so we consider paliperidone palmitate as a drug of first choice in the treatment of schizophrenia.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1990>

EV1006**Nalmefene and alcohol use disorder**

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Introduction Psychopharmacology study.

Objective To evaluate Nalmefene effectiveness in clinical practice in patients diagnosed with alcohol use disorder.

Method Descriptive, prospective and observational study with patients diagnosed with alcohol use disorder, treated with Nalmefene during 6 months.

Results Twenty-seven patients (9 women and 18 men); average age: 47.92. A total of 64.28% with F10 as an exclusive main diagnosis. Drink urge perception at the beginning: 6.37 points over 10.6 months later, 3.25 points. Loss of alcohol drinking control perception at the beginning: 6.03 points over 10. Six months later, it is reduced down to 2.37 points. GGT reduction (from 107.18 to 36.5 U.I./L) and Mean Corpuscular Volume reduction (from 90.2 to 88.9 fl). The average of days/month with binge drinking at the beginning was 16.18 SD (standard drinks); and monthly total of alcohol consumption is 182.75 SD. After a month: 4.6 days and 66.52 SD. After 6 months, it decreases to 4 days/month and 63.3 SD. The results of the Rhode Island Change Assessment scale are: 7.4% in pre-contemplation stage, 70.37% contemplation stage, 3.7% action stage and 18.5% in maintenance stage. Six months later: 75% contemplation, 12.5% action and 12.5% maintenance stage. The main side effects were: nausea and vomiting, 22.22% at the beginning and 12.5% that persist with intakes; sexual side effects in 22.22% throughout the treatment; the 14.8% report increased sleeping and dreaming, 14.8% report restlessness, after six months drowsiness prevails with a 18%. At first, orthostatic dizziness appears in a 14.8%, disappearing 4 weeks later.

Conclusion Nalmefene is effective in reducing alcohol consumption, with few side effects and good acceptance.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1991>

EV1007**Antipsychotic polypharmacy at the clinic of psychiatry, clinical centre of Serbia**N. Divac^{1,*}, A. Damjanovic², R. Stojanovic¹, K. Savic Vujovic¹, B. Letunica³, M. Prostran¹

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Introduction Antipsychotic polypharmacy is not supported by current guidelines. However, it is often present in practice. A common reason for this is to gain a greater, faster therapeutic response and reduce the doses of individual drugs, thus reducing the adverse effects.

Aims and Objectives The aim of this study is to analyze the prevalence of antipsychotic polypharmacy at the Clinic of Psychiatry, Clinical Centre of Serbia and to compare it with the data from 10 years ago when similar research was conducted.