delirante, characterized by a recorrent, sudden psychosis with polymorphic symptoms. Later (1924), the term cycloid psychosis was introduced by K.Kleist: phasic psychosis with good prognosis. Different concepts appeared throughout history: psychogenic psychosis (Wimmer,1916); atypical psychosis (Mitsuda,1942), holodisfrenia (Barahona,1957). Nowadays, the classification systems include many of these concepts in the same categories: Schizophreniform disorder, Brief psychotic disorder (DSM-5), and ATP (F23 in ICD-10).

Conclusions: All throughout the History of Psychiatry, there was an evolution of concepts associated to ATP. They were strongly influenced by different time epochs. It is important to have context on the historical background of the concepts used in the contemporaneous Psychiatry. Diagnosis is challenging due to their heterogeneous presentation. There are not many studies available, because of ATP's low diagnostic stability.

Disclosure: No significant relationships.
Keywords: acute transient psychosis; atypical psychosis; bouffee delirante; cycloid psychosis

	Relapse (n=6)	No relapse (n=38)	p
Age (years)	41.33±10.78	43.95±12.98	0.667
Male	4 (66.7%)	21 (55.3%)	0.600
Illness duration (years)	21.83±2.64	19.13±11.82	0.289
Previous acute episodes	3.50±1.05	3.29±1.47	0.652
PANSS-total	49.33±14.83	42.74±14.14	0.231
In-range LAI	2 (33.3%)	32 (84.2%)	0.006

Conclusions: TDM of LAIs may optimise the clinical management of schizophrenia by highlighting a suboptimal dosage and a consequent higher relapse risk. Large-scale, drug-specific assessments are needed to confirm these findings.

Disclosure: No significant relationships.
Keywords: schizophrénia; LAI; Relapse; Therapeutic drug monitoring

EPP0215

Therapeutic drug monitoring of LAI antipsychotics as a predictor of clinical relapse: a one-year follow-up

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Introduction: Clinical relapses in schizophrenia remain a frequent event. Long-acting injectable (LAI) antipsychotics enhance adherence, but low blood levels can sometimes be observed despite an adequate posology. Nonetheless, the evaluation of this parameter is uncommon in clinical practice.

Objectives: To explore the potential advantages of therapeutic drug monitoring (TDM) of LAIs as a predictor of relapse in clinically stable outpatients with schizophrenia.

Methods: 44 individuals who had reached the pharmacokinetic steady state of LAI treatment (paliperidone, olanzapine, aripiprazole) underwent an anamnestic and psychopathological assessment. LAI blood levels were measured using liquid chromatography-mass spectrometry and classified as "in range" or "under range" according to the *Arbeitsgemeinschaft für Neuropsychopharmakologie und Pharmakopsychiatrie* (AGNP) guideline values. Individuals who relapsed during the one-year follow-up were compared to non-relapsers (Fisher's exact test, χ^2 or Mann-Whitney U). An exploratory binary logistic regression tested the role of other possible relevant predictors of relapse.

Results: No differences were observed in baseline use of mood stabilisers (p=0.211), antidepressants (p=0.530), or prescribed LAI (p=0.563). Other comparisons are presented in the table: among these variables, in-range LAI levels were the only significant predictor of relapse (F=5.95, p=0.015; OR 0.04, 95%CI 0.02-0.56).

EPP0216

Screen to Intervene; establishing a dedicated metabolic clinic for patients with chronic mental illness in an Irish Metal Health Service

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Introduction: People with serious mental illness exhibit higher morbidity and mortality rates of chronic diseases than the general population.

Objectives: The aim of this study was to establish a dedicated clinic for patients with chronic mental illness to monitor physical health in accordance with best practice guidelines.

Methods: Patients were invited to attend the metabolic clinic. The following areas were examined: Personal and family history of cardiovascular disease, diet, exercise, smoking. Mental state examination, waist circumference, BP, pulse, ECG and BMI. Laboratory tests including U+E, LFTs, HbA1c, Lipid profile and other tests as appropriate such as serum lithium. AIMS scale, HoNOS and WHOQOL-BREF scales as additional indicators of global health.

Results: A total of 80 patients attended during 3.5 years of clinic. Mean age was 54.9 years (SD:13.81) at first contact and 45% were females. Mean years in the service was 19.66 (SD:11.54) and mean number of previous hospital admissions was 4.4 (SD:5.63). Metabolic syndrome was present in 42% at first assessment and 20% had at least