

## EV1311

**Long-acting injectable aripiprazole. Clinical experience in a case series**

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**Introduction** The use of long-acting injectable antipsychotics is useful in patients with low therapeutic compliance.

**Objective** To present the demographic and clinical data of a case series in which long-acting injectable aripiprazole has been prescribed in an ambulatory Mental Health Center.

**Methods** Systematic review of the related literature and clinical history of patients in which long-acting injectable aripiprazole had been prescribed from January to March 2015 in a Mental Health Center.

**Results** We found 10 patients, whose diagnosis were schizophrenia (4), non-specified psychosis (2), personality disorder (1), bipolar disorder (1), schizoaffective disorder (2), of whom 7 were men and 3 women, with a mean age of 43.8 years old. The mean of years since diagnosis was 15.1 years. In 7 patients, we found concomitant treatment with another antipsychotic agent (low dose quetiapine in all of them); antidepressants in 1 patient, benzodiazepines in 6; mood stabiliser in 5 and biperidone in 1. In relation to previous antipsychotic drugs, we found: aripiprazole 15 mg/day oral (4); long-acting injectable paliperidone 150 mg/28 days (2) paliperidone 6 mg/day oral (1); combination of paliperidone 6 mg/day oral plus olanzapine 5 mg/day oral (1). Only 4 patients had used long-acting injectable drugs previously in their lifetime. The reason of having initiated treatment with long-acting injectable aripiprazole was sexual disturbance (3); lack of compliance (4); clinical instability (2) and motor side effects (1).

**Conclusions** In our series, we can observe a chronic patient profile, predominantly men with diagnosis of psychotic spectrum.

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## EV1312

**Uncommon effects of clozapine**

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**Introduction** Clozapine is the first option for treatment-resistant schizophrenia, affecting about 20–30% of all patients. Weight gain, sedation, hypotension and hypersalivation are common and well-known adverse effects associated with clozapine. However, it is also important to be aware of uncommon adverse effects, like parotitis.

**Objective** We report a case of clozapine-induced parotitis.

**Methods** Literature was accessed through Pubmed, using the search terms parotitis and clozapine.

**Results** A 36-year-old male with paranoid schizophrenia, whose psychotic symptoms have responded only slightly to two antipsychotic trial, with both haloperidol and olanzapine. Therefore, he began treatment with clozapine with the dose titrated to 400 mg/day. At first, the only registered adverse effect was hypersalivation. Eventually, after 3 months of treatment, he developed a unilateral swelling of the left parotid gland. Bacterial and viral parotitis were ruled out and the diagnosis of clozapine-induced parotitis was evoked. Patient scored 5 in the Parotitis-Specific Criteria Modified Naranjo Probability Scale. Symptomatic medication was initiated with paracetamol and a non-steroidal anti-inflammatory with a favorable outcome.

**Conclusion** There are few reports of clozapine-induced parotitis, a very rare and poorly known adverse effect with an unknown pathophysiology. Early recognition and proper management are essential to reduce morbidity associated with the treatment. There is no consensus how to manage these adverse effect, however, generally it is not necessary to discontinue the treatment.

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## EV1313

**Development and psychometric testing of a Scale for Evaluating Self-management Needs of Knee Osteoarthritis (SMNKO) in Taiwan**

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**Introduction** Knee OA is a chronic and multifactorial disease; self-management needs are complex, which requires a multi-dimensional management plan. There is a need for healthcare providers to provide patients with knowledge of knee OA and how to effectively manage the disease.

**Objective** Self-management-needs scales are one means of determining the management requirements of an individual patient. There is no suitable instrument available for assessing self-management needs of adult patients with knee OA in Taiwan. This study developed an instrument that could assess the self-management needs of knee OA patients using Orem's self-care theory as a theoretical framework.

**Aims** This study developed and psychometrically tested a new instrument for measuring adult patients' self-management needs of knee OA (SMNKO).

**Methods** Development of the instrument involved three phases: item generation and scale development; content and face validity of the initial instrument; and evaluation of validity and reliability of the new instrument. Participants ( $n = 372$ ) were purposively sampled from orthopaedic clinics at medical centres in Taiwan.

**Results** The self-care theory guided the development of the 35-item SMNKO scale. The content validity index was 0.83. Principal components analysis identified a 3-factor solution, accounting for 53.19% of the variance. The divergent validity was  $-0.67$ ; convergent validity was  $-0.51$ . Cronbach's  $\alpha$  was 0.95, Pearson correlation coefficient was 0.88, and the intraclass correlation coefficient was 0.95.

**Conclusions** The SMNKO scale can measure and identify the individual self-management needs of knee OA patients. It will help healthcare providers better evaluate strategies that can help these patients cope with this chronic disease.

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

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## EV1314

**Some side effects of antipsychotics**

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**Background** Pharmacological treatments for chronic diseases cause side effects. It is important to identify which of these effects could be avoided because it is a cause to drop the treatment. In the chronic psychiatric illness, one of the problems is the induction of changes in prolactin (PRL) serum.

**Purpose** Review of the literature that has been published to assess the association between different types of antipsychotic drugs and prolactin levels.

**Method** Literature search on PubMed, NCBI literature in the last three years using MeSH terms: “prolactin” and “antipsychotics”.

**Conclusions** The increase of prolactin is a common effect poorly studied in the past. After several studies have been able to achieve treatments, called “atypical”, which cause less effect on this substance. For example, asenapine, olanzapine and ziprasidone have a slight effect on PRL levels. Aripiprazole could even result in lower levels probably by partial agonism on dopamine receptors. Therefore, we have to make a good clinical practice taking into account the effectiveness and tolerance and interpersonal variation.

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### EV1315

#### Therapeutic children’s book: “I Managed to Overcome my Fears”

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The book “I Managed to Overcome my Fears” was written based on the experience of the author. The sleep disorders in children are sometimes emotional fragility of reflection lived at the time. Caused by routine changes or adaptive and considered normal in child development. This book is meant to be a major therapeutic instrument to be used by therapists and other technicians engaged in the mental health of children. It contains the story, therapeutic indications and therapeutic homework. Getting help children overcome the fears that torment sleep, it will be easier with this feature.

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### EV1316

#### The effect of relaxation techniques and trigger points therapy on stress reduction of patients with mental health disorders in a Greek hospital

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**Background** Patients with mental health disorders usually suffer from high stress levels. Trigger points therapy has been shown to be very effective in providing prompt relief from stress in these patients.

**Aim** To investigate the effect of the combined use of relaxation techniques and trigger points therapy on stress levels of patients with mental health disorders.

**Method** Thirty-one patients participated in this study, 14 (45.2%) males and 17 (54.8%) females, with a mean age of 39. Out of them, 10 (32.3%) suffered from anxiety disorders, 6 (19.4%) from obsessive compulsive disorder, 10 (32.3%) from depression and 5 (16.1%) from

chronic condition stress. Data analysis was conducted with *t*-test analysis and ANOVA, using the SPSS software.

**Results** The findings revealed significant differences on stress levels before and after the use of relaxation techniques and trigger points therapy as  $t(30)=18.316$ ,  $P<0.0001$ . Before the use of relaxation techniques and trigger points therapy, individuals reported higher stress levels ( $M=6.129$ ,  $SD=1.087$ ) compared to after the therapy ( $M=1.741$ ,  $SD=.889$ ). Moreover, significant differences were found in stress reduction with regard to psychiatric illnesses ( $F(3,27)=5.027$ ,  $P=0.007$ ). More specifically, individuals with depression reported lower reductions in their stress levels after the therapy compared to both those with chronic condition stress ( $M=-2.1$ ,  $SD=0.61$ ,  $P=0.013$ ) and anxiety disorders ( $M=-1.4$ ,  $SD=0.503$ ,  $P=0.05$ ).

**Conclusion** The findings of this study highlight the importance of using trigger points therapy, combined with relaxation techniques, to reduce stress levels of patients with mental health disorders.

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### EV1317

#### Antipsychotic combination strategies in patients with bipolar disorder

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**Introduction** Treatment strategies in bipolar disorder (BPD) has changed in the last decades and polypharmacy including antipsychotics has become extremely common compared to monotherapy with mood stabilisers. Clinicians tend to use 2 or more atypical antipsychotics despite the lack of evidence to support safety, tolerability and efficacy of this practice.

**Objective** To determine most frequently used treatment strategies in a sample of bipolar disorder patients and review of the literature.

**Methodology** Analysis of a sample of 35 patients with BPD from Madrid and review of recent literature for evidence arising from international guidelines recommendations and meta-analyses.

**Results** Most frequently used treatment approach in our sample was polytherapy, including at least 1 atypical antipsychotic (31%) and polytherapy, including at least 2 antipsychotics (47%) together with mood stabilisers. Only 11% were in monotherapy with mood stabilisers and another 11% were in monotherapy with one atypical antipsychotic but without mood stabilisers. Aripiprazol and olanzapine were among the most preferred atypical antipsychotics. Efficacy and safety of such combinations have not been systematically compared with monotherapy in the literature. Previous data indicate that polytherapy in BPD may incur in important disadvantages [1].

**Conclusions** Treatment of BPD remains challenging. Polytherapy seem to have replaced monotherapy due to less relapses and better results in treatment of affective symptoms. However, compliance and secondary long-term effects should be taken into account. Superiority in terms of efficacy in polytherapy needs to be balanced with tolerability issues. More studies on combination therapy, long-term efficacy and safety are needed.

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