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Introduction: Schizophrenia affects approximately 1% of the population aIts treatment is mainly based on antipsychotics, although therapeutic non-compliance is common due to lack of illness insight and side effects. Long-acting injectable antipsychotics emerged as an alternative to improve treatment adherence. This study investigates relapses in patients with severe mental illnesses treated with long-acting injectable antipsychotics, originating from the province of Salamanca.
Objectives: To evaluate and compare the efficacy of different long-acting injectable treatments available in the market in preventing relapses in patients with Severe Mental Disorder (SMD), through retrospective analysis of epidemiological, clinical, and treatment data obtained from electronic medical records.
Methods: This is an observational, retrospective, and comparative study using anonymized data extracted from electronic medical records of patients diagnosed with Severe Mental Disorder (SMD) who have been treated with Long-Acting Injectable (LAI) medications. The study period covers from January 2018 to December 2022.
Results: The study contains information from 161 patients, with a uniform distribution by age and sex. The main group presents psychotic disorders (74.5%), followed by bipolar disorder (18%). Monthly Long Acting aripiprazole is the most used injectable antipsychotic (39.8%). Side effects were recorded, such as extrapyramidal symptoms (11.9%) and sexual dysfunction (8.8%). Antipsychotic switching occurred in 19.5% of patients. The absence of relapses was higher for six-month long-acting paliperidone palmitate (80%) and lower for Monthly Long Acting aripiprazole (69.4%), a survival analysis was performed using the Kaplan-Meier method.
Conclusions: The comparative study reflects that, although Abilify Maintena was the most used, no significant differences were found in relapse prevention among different treatments. Survival analysis also did not yield conclusive results. Although the study has some limitations, such as a small sample size and missing data in some medical records, it provides a starting point for future research. Despite the limitations of this study due to the small sample size and lack of statistically significant results regarding the efficacy of injectable antipsychotics, the study provides information on the use of these treatments in patients with Severe Mental Disorder. Although Monthly Long Acting aripiprazole was the most used, side effects do not seem to be related to its efficacy. The results suggest that there are no significant differences between long-acting injectable antipsychotics available in the market. However, it is important to note the significance of this research topic for the future, given its clinical implications.

Disclosure of Interest: None Declared

EPV1557

Risperidone ISM Long-Acting as a Possible Treatment for Manic Episodes in Nonadherent Patients with Schizoaffective Disorder

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Introduction: Risperidone In Situ Microimplants (ISM®), a novel long-acting injectable (LAI) antipsychotic, rapidly achieves therapeutic plasma levels, with a significant first plasma peak occurring at 48 hours. This rapid onset of action, without the need for oral supplementation or loading doses, offers a promising new approach for effective management of acute symptoms (Walling et al. Drug Des Dev Ther 2021;15 4371-4382).
Objectives: To evaluate the efficacy and safety of risperidone ISM (R-ISM) in the treatment of acute manic episodes with psychotic symptoms, focusing on symptom change over time.
Methods: This preliminary and retrospective study included 15 inpatients with schizoaffective disorder who were started on R-ISM during a manic episode. RISM was administered after 6 days of oral risperidone. We retrospectively examined the Young Mania Rating Scale (YMRS) scores obtained in routine clinical practice at baseline (Dx), on the day of inpatient admission, on the day of injection (D0) and then 24 hours (D1), 48 hours (D2), 7 days (D8) and 28 days (D28) after the injection.
Results: A statistically significant improvement in the total YMRS score was observed as early as the day of injection, with the median score decreasing from 37 [IQR: 4.5] at baseline to 27 [IQR: 2.5] at D0 and further to 20 [IQR: 4] at 24 hours after the injection 1 (D1) ($p < 0.01$). The improvement remained statistically significant at all assessment time points, reaching 11 [IQR: 1.5] at day 28 (D28) (*see Image 1*).
Single-item analysis showed rapid and significant improvement across all YMRS items, in particular the following symptoms (*see Image 2*):

- *Irritability:* Significantly decreased from a score of 6 [IQR: 0] at baseline to 3 [IQR: 0.5] at D1 and to 1 [IQR: 0.5] at D28 ($p < 0.01$).
- *Disruptive-Aggressive Behavior:* Significantly decreased from a score of 3 [IQR: 2] at baseline to 1 [IQR: 1] at D1 and to 0 [IQR: 1] at D28 ($p < 0.01$).
- *Sleep Disturbances:* Significantly decreased from a score of 3 [IQR: 1] at baseline to 0 [IQR: 0.5] at D28 ($p < 0.01$).
- *Speech (Rate and Amount):* Significantly decreased from a score of 4 [IQR: 1] at baseline to 1 [IQR: 0] at D28 ($p < 0.01$).
- *Content (Delusions; Hallucinations):* Significantly decreased from a score of 6 [IQR: 0.5] at baseline to 3 [IQR: 1] at D28 ($p < 0.01$).
- *Insight:* Significantly decreased from a score of 3 [IQR: 2] at baseline to 2 [IQR: 1] at D28 ($p<0.01$).

Image 1:

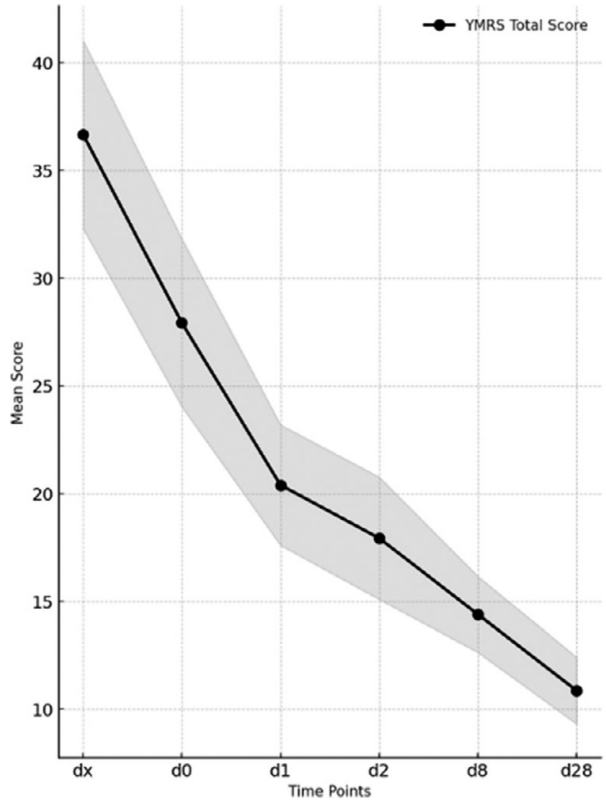
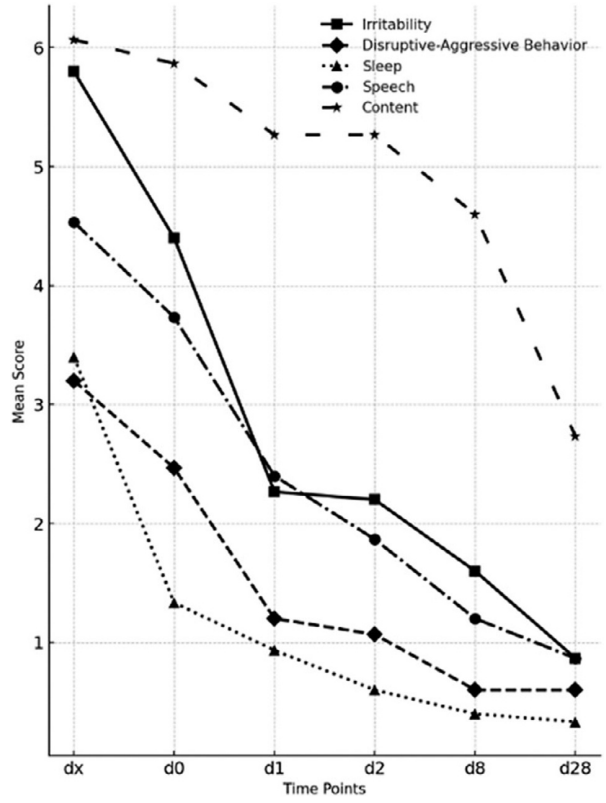


Image 2:



Conclusions: This preliminary and retrospective study suggests the possible efficacy of risperidone ISM (approved for schizophrenia) for acute manic episodes. However, due to the retrospective design of the study, the small sample size, and the presence of concomitant treatments, the results are primarily exploratory and no conclusions can be drawn until prospective, randomized, placebo-controlled trials are conducted.

Disclosure of Interest: None Declared

EPV1558

Pharmacological Interventions in the Management of Antipsychotic-Induced Metabolic Disturbances

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Introduction: Antipsychotic medications, particularly atypical antipsychotics, are commonly associated with metabolic side effects such as weight gain, dyslipidemia, and insulin resistance. These disturbances significantly increase the risk of cardiovascular disease and mortality, especially in patients treated with clozapine and olanzapine. It is not always feasible to discontinue these treatments, as the decision largely depends on the clinical context. Therefore, addressing these metabolic side effects requires specific pharmacological interventions to mitigate their impact.
Objectives: This non-systematic review aims to assess the evidence supporting pharmacological interventions in managing antipsychotic-induced metabolic disturbances.
Methods: Relevant and recent studies or reviews were selected from the PubMed electronic database using search terms related to antipsychotic-induced metabolic disturbances and pharmacological interventions to manage them.
Results: Current evidence suggests the need for early and aggressive pharmacological intervention in patients experiencing antipsychotic-induced weight gain. Non-pharmacological interventions, such as physical activity and dietary changes, are often insufficient to mitigate these iatrogenic effects. Pharmacological interventions to reduce metabolic risk in individuals with severe mental illness may include the introduction of an antipsychotic with a more favourable metabolic profile, modification of antipsychotic therapy (dose adjustment, augmentation with another antipsychotic with a lower metabolic risk or switching to another antipsychotic with a lower metabolic risk) and treatment of medical conditions (through the use of drugs such as metformin, statins, among others). Based on updated scientific evidence, the most effective pharmacological treatments for reducing weight gain associated with second-generation antipsychotics are metformin, GLP-1 receptor agonists, topiramate, zonisamide, and nizatidine. The adjunctive use of aripiprazole also reduces lipid levels and weight and attenuates negative symptoms in patients with schizophrenia and metabolic syndrome. Metformin is considered the best-tolerated intervention, while topiramate is the least tolerated.
Conclusions: Pharmacological interventions, particularly the use of metformin and GLP-1 analogues, offer promising results in managing antipsychotic-induced metabolic disturbances. These interventions improve weight management, glucose levels, and lipid profiles. More large-scale randomized trials are needed to further validate these interventions and assess long-term safety and efficacy.