**Image 1:**

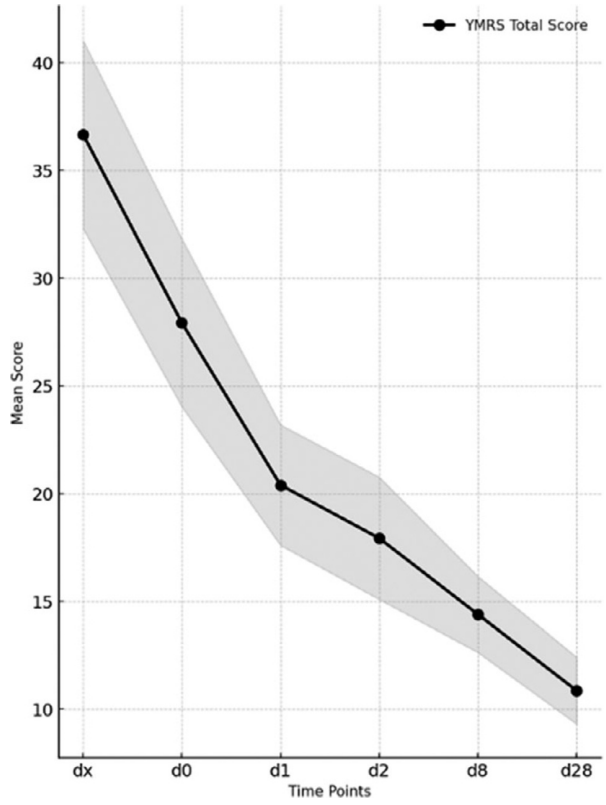
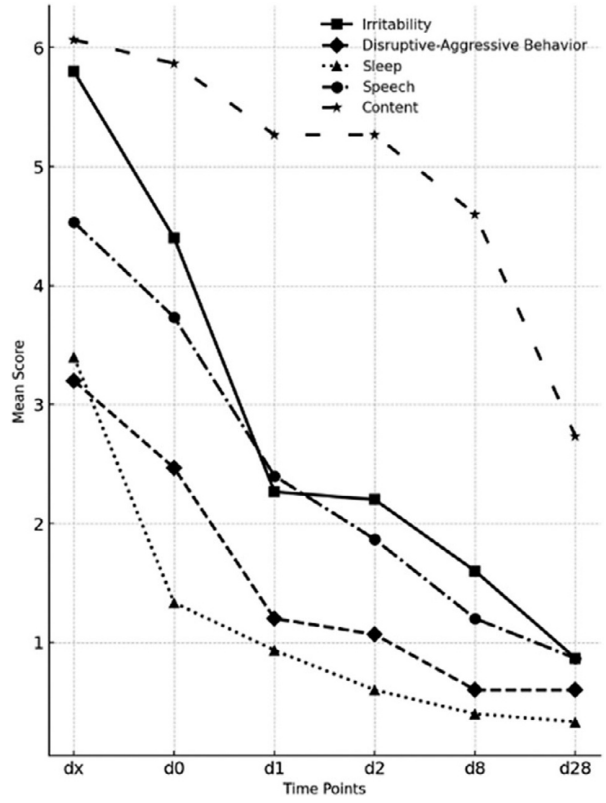



**Image 2:**




**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.

**Disclosure of Interest:** None Declared

## EPV1559

### Use and experience of Italian healthcare professionals with aripiprazole once-monthly 400mg two-injection start initiation regimen in adult patients with schizophrenia

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**Introduction:** Aripiprazole once monthly 400mg (AOM400) is a long-acting injectable (LAI) available as a two-injection start initiation regimen (AOM400-TIS) for the maintenance treatment of adult patients with schizophrenia stabilised with oral aripiprazole.
**Objectives:** This survey sought to explore HCPs' perspectives and attitudes towards prescribing and/or administering AOM400-TIS according to the European label in clinical practice (including reasons for its use, potential benefits, and common barriers and/or concerns) across Europe.
**Methods:** HCPs who had prescribed and/or administered the AOM400-TIS regimen to ≥3 patients with schizophrenia were invited to participate in an online survey. The survey was launched in two waves across the target countries (wave 1: Italy, Germany, United Kingdom; wave 2: Denmark, Italy, Sweden). Analysis was descriptive; data was collected between February 1–March 21, 2024 (wave 1) and September 16-October 28 (wave 2). Data from Italian HCPs are presented.
**Results:** 31 HCPs from the 1st wave and 64 from the 2nd wave completed the survey including psychiatrists (69%), psychiatric nurses (23%), community nurses (4%) and general practitioners/primary care practitioners (1%). HCPs estimated 30.0% (median; IQR: 20.0–50.0) of patients in their caseload were diagnosed with schizophrenia, and of these, 45.0% were treated with LAIs (median; IQR: 25.0–62.5). 47% of HCPs were primarily responsible for prescribing AOM400-TIS, 24% for administering it, and 28% were responsible for both. HCPs estimated that 44% of patients typically spent up to 14 days on oral aripiprazole prior to AOM400-TIS, with HCPs rating the severity of symptoms of patients initiated with AOM400-TIS as mild (22% of HCPs), moderate (68% of HCPs) and severe (40% of HCPs). The most common reasons for initiating AOM400-TIS after transitioning from oral aripiprazole were poor adherence (80%) and patient preference (49%), and the most reported goals for prescribing AOM400-TIS were to improve adherence (75%) and prevent relapses (69%). Common barriers to the use of AOM400-TIS were patient reluctance to receive two injections (39%), concerns about tolerability (24%), safety of administering a high dose in a single day (23%). Prior treatment adherence (54%) and efficacy (46%) were the most cited factors influencing prescribing of AOM400-TIS. Overall, HCPs "agreed", or "strongly agreed", that AOM400-TIS was easy to administer (81%) and that it had a similar safety/tolerability profile to the single injection start regimen (69%), while the majority were satisfied with patient outcomes with AOM400-TIS (83%).
**Conclusions:** Overall, Italian HCPs with experience of using AOM400-TIS reported that it is easy to administer, well tolerated and improves treatment outcomes, while barriers to its use include patient reluctance and perceived safety concerns.

**Disclosure of Interest:** C. Beckham Employee of: Clodagh Beckham is a full-time employee of Otsuka Pharmaceutical Europe Ltd., Berkshire, UK., M. Yildirim Employee of: Murat Yildirim is a full-time employee of H.Lundbeck A/S, Valby, Copenhagen., S. Pappa Grant / Research support from: Recordati, Janssen, Consultant of: Lundbeck, Janssen, Otsuka, Recordati, Rovi, Gedeon Richter, Sunovion., Speakers bureau of: Lundbeck, Janssen, Otsuka, Recordati, Rovi, Gedeon Richter, Sunovion., K. Leopold Grant / Research support from: Janssen, Otsuka, Consultant of: Boehringer Ingelheim, Lundbeck, Janssen, Otsuka Recordati, ROVI, Speakers bureau of: Boehringer Ingelheim, Lundbeck, Janssen, Otsuka Recordati, ROVI, W. Cottam Employee of: Will Cottam is a full-time employee of OPEN Health (London)., J. Hickey Employee of: Joe Hickey is a full-time employee of OPEN Health (London)., O. Rogerson Employee of: Olivia Rogerson is a full-time employee of OPEN Health (London)., A. Fagiolini Grant / Research support from: Angelini, Boehringer Ingelheim, Lundbeck, Janssen, Otsuka, Pfizer, Recordati, Viatris, Consultant of: Angelini, Boehringer Ingelheim, Idorsia, Italfarmaco, Lundbeck, Janssen, Medicamenta, Mylan, Otsuka, Pfizer, Recordati, Rovi, Sunovion, Teva, Viatris

## EPV1565

### Esketamine in persistent long COVID with predominant psychiatric manifestations: A case series

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**Introduction:** The COVID-19 pandemic has led to a significant number of patients presenting with post COVID-19 condition, commonly referred to as long COVID, which can affect any individual exposed to SARS-CoV-2, resulting in diminished quality of life, reduced productivity, increased healthcare expenditures, and broader economic implications. The most prevalent symptoms include neuropsychiatric manifestations such as fatigue, cognitive impairment, anxiety, and depression. Beneficial effects of Silexan, a herbal medicine derived from Lavandula angustifolia, were reported in long COVID patients with subsyndromal psychiatric symptoms (Bartova et al. Eur Neuropsychopharmacology 2023;70:47-48). However, research is lacking regarding psychopharmacotherapy in patients with persistent symptoms. Esketamine, noted for its modulation of NMDA receptors, has also demonstrated immunomodulatory effects, positioning it as a promising intervention for Long