

EPP0068

Differences in adherence to treatment, relapses and healthcare costs between delusional disorder and paranoid personality disorder

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doi: 10.1192/j.eurpsy.2024.298

Introduction: Limited information is available regarding the clinical features, optimal treatment and prognosis of Paranoid Personality Disorder (PPD) and Delusional Disorder (DD). This is partly due to the low prevalence of cases and poor patient insight. The difference between DD and PPD has been questioned in the literature, as some studies have described them as a continuum, highlighting the role of specific personality traits in the transition to clinical delusions.

Nonadherence to pharmacological treatment is one of the most challenging aspects. This further leads to relapses, increased use of emergency psychiatric services, psychiatric admissions, longer periods of hospitalization, and an increased cost of illness to healthcare systems.

Objectives: The primary goal of this study is to compare the differences between DD and PPD in terms of medication adherence, relapses, lost to follow-up, and costs. Other aims of this study are to analyze the differences in these variables between patients who are adequately adherent and patients who are not

Methods: An observational, retrospective, and multicenter descriptive epidemiological study was conducted. Patients were selected from four public departments of psychiatry in Madrid, providing an area of roughly one million people. All patients were older than 18 years-old, diagnosed with DD or PPD from 2005 to 2022. Data were extracted from electronic medical records and from electronic prescribing program used in the public health system. The study was approved by the Hospital Fundación Jiménez Díaz Ethics Committee.

Results: 1227 individuals diagnosed with DD (974 patients, 79.3%) or PPD (253 patients, 20.61%). 23.81% (232 patients) of the DD-group did not take out the prescribed medication of the pharmacy, and 16.6% (42 patients) of the PPD-group were considered non-adherent.

Adherent patients had greater follow-up (4.02 vs 2.89 years) and shorter hospital stays (5.15 vs 8.6 days, $p < 0.05$) compared to non-adherent patients. DD patients doubled the average hospitalization stay compared to the PPD group (6.7 vs 2.96 days, $p < 0.01$).

Regarding costs: DD had higher hospitalization costs than PPD (1164 vs 488 euros per year) and higher total costs than PPD (2180 vs 1528 euros per year, $p < 0.05$). The costs were also higher in non-adherent than in adherent patients (2570 vs 1895 euros per year, $p < 0.05$).

Conclusions: Our sample of 1227 DD and PPD patients followed from 2005-2022 is, to our knowledge, one of the largest collected to date. We found sociodemographic and clinical differences between the DD and the PPD group. We also found differences between adherent and non-adherent patients, highlighting that non-adherence is associated with longer mean stay of hospitalization and more costs, both hospitalization and total direct healthcare

costs. We have also found association between non-adherence and risk of psychotic relapse.

Disclosure of Interest: None Declared

EPP0070

Birth weight, leptin and adiponectin in patients initiating clozapine

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doi: 10.1192/j.eurpsy.2024.299

Introduction: Psychotic patients often require pharmacological treatment, which may prove ineffective, leading to treatment-resistant psychosis necessitating the use of clozapine. However, the emergence of side effects can result in discontinuation, potentially triggering a relapse of psychotic symptoms. One significant side effect is antipsychotic-induced weight gain which, over time, can lead to adverse metabolic events. Recent translational research is evaluating the impact of prenatal factors on the metabolic outcomes of psychotic patients, using a surrogate marker of the intra-uterine milieu such as birth weight (BW).

Objectives: We aim to evaluate the changes in leptin, adiponectin, and insulin levels in patients with treatment-resistant psychosis who initiate clozapine treatment due to persistent psychotic symptoms.

Methods: Subjects older than 18 years with a diagnosis of a major mental disorder and initiating clozapine were enrolled in this 18-months longitudinal study. Neurohormones levels, including leptin, adiponectin, and insulin were measured at baseline, 8 and 18 months during follow-up. Statistical analysis were conducted by using a fixed-effects model.

Results: A total of 23 subjects initiating clozapine were evaluated during the initial mandatory 18-week period. Neurohormones, specifically leptin and adiponectin, were measured at three time points: baseline, 8 weeks, and 18 weeks. The changes in leptin levels were significantly associated with birth BW with sex differences, being inversely correlated only in females. Adiponectin was