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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.

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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

COVID (Johnston et al. Neuropsychopharmacology. 2024; 49(1): 23-40).
Objectives: Our objective was to examine two patient cases to identify patterns, explore potential treatment options, and contribute insights to clinical practice in psychiatry.
Methods: This case series reports the clinical histories, demographic information, diagnostic findings, and treatment details of two long COVID patients who were treated in analogy to the well-established guideline for treatment-resistant depression.
Results: A 33-year-old female patient, who failed to respond to phytotherapy and conventional psychopharmacological treatments, including two trials of antidepressants and augmentation with an atypical antipsychotic agent received 10 intravenous esketamine treatments, administered at doses of up to 50 mg (0,86 mg/kg/hour). She experienced substantial clinical improvement without any adverse effects within 8 weeks. A 34-year-old non-responding female patient received 9 sessions of intranasal esketamine, targeting a dosage of 84 mg, resulting in complete remission without significant adverse effects within 6 weeks.
Conclusions: There is an urgent need for effective and sustainable treatment options that address the debilitating neuropsychiatric symptoms of long COVID. This condition disproportionately affects young women, a group that is frequently underrepresented in research and insufficiently recognized in clinical practice. In this case series, we report on two female patients with severe physical and social impairment from long COVID, who showed significant clinical improvement following add-on esketamine administration.

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EPV1566

Is there enough evidence to stop using available and accessible antipsychotics such as haloperidol and promote the use of newer and more expensive drugs? What is the hope for populations that cannot afford them

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Introduction: Doctors Without Borders works in humanitarian settings. In these settings, we have observed a notable movement away from first generation medications such as haloperidol towards second-generation antipsychotics, where these medications are available. We began to question whether the evidence clearly justified this and decided to contribute to the evidence.
Objectives: To assess the clinical benefits and harms of haloperidol compared to olanzapine for people with schizophrenia and schizophreniaspectrum disorders.
Methods: Searched the Cochrane Schizophrenia study-based register of trials, screened the references of all included studies. We contacted relevant authors of trials for additional information where clarification was required or where data were incomplete. The register was last searched on 14 January 2023.
Results: We didn't find a statistically significant difference between haloperidol and olanzapine in global state (RR 0.84, 95% CI 0.69 to 1.02), nor in relapse (RR 1.42, 95% CI 1.00 to 2.02). Haloperidol resulted in an increase of extrapyramidal side effects compared to olanzapine (RR 3.38, 95% CI 2.28 to 5.02). For weight gain, there may be a large reduction in the risk with haloperidol compared to olanzapine (RR 0.47, 95% CI 0.35 to 0.61). Haloperidol may result in an increase of leaving the study early compared to olanzapine (RR 1.99, 95% CI 1.60 to 2.47).
Conclusions: Overall, the certainty of the evidence was low to very low for the main outcomes in this review, making it difficult to draw reliable conclusions. There is no clear difference between haloperidol and olanzapine in terms of global state and relapse. Different side effect profiles were noted. These findings should contribute to continue using haloperidol and olanzapine.
Many studies did not use equivalent doses of the two medications when they were compared. Most studies used comparatively higher doses of haloperidol compared to olanzapine.

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EPV1568

Depression and Fitness: The Role of Psychopharmacology

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Introduction: The use of antidepressants is becoming more prevalent among athletes due to the growing awareness of mental health issues in sports. However, the impact of these medications, especially selective serotonin reuptake inhibitors (SSRIs), on physical performance remains uncertain. Studies on psychotropic drugs' effects on athletic capabilities raises concerns about their use in sports, particularly under anti-doping regulations.
Objectives: This review aims to assess the impact of antidepressants on physical exercise performance and muscle metabolism, in order to clarify how they influence physical capabilities.
Methods: A literature search was conducted on PubMed in September 2024 using search terms such as "sports" AND "antidepressants," "physical activity" AND "antidepressants," "exercise" AND "selective serotonin reuptake inhibitors," among others. Only systematic reviews and meta-analyses were included, without restrictions on language or year. Three articles met the scope of this work.