

Methods: This is a retrospective study on medical records about 43 patients (32 men / 11 women) who were admitted to the Arrazi Hospital in Salé, from september 2021 to september 2022, using an operating form grouping socio-demographic criteria of the patients, personal and family history, characteristics of the suicide attempt and management.

Results: In this study, 75% were male and 25% were female with an average age of 34.5 years. The existence of a personal history of suicidal ideation, plans and attempts is a major risk factor for suicide. The lethality of the means used reflects a higher degree of suicidal intentionality. Clozapine, in particular, plays a protective role by reducing the rate of suicides and suicide attempts.

Conclusions: Despite therapeutic progress, the prevalence of suicide among patients suffering from schizophrenia is still high. The prevention of suicide in these patients remains fundamental, as does the reduction of positive or negative symptoms, the improvement of quality of life, the reduction of the handicap caused by this illness and the fight against the stigmatization of patients.

Disclosure of Interest: None Declared

EPV0999

Does prescribing long acting antipsychotic injection increase mortality or morbidity in patients who continue to use illicit drugs?

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doi: 10.1192/j.eurpsy.2023.2293

Introduction: Substance use disorders among individuals with psychotic disorders are a common. This is generally linked to more symptoms, worsened illness and high rates of treatment non-adherence. Long acting injections offer reliable drug delivery, reduce relapse risk and mortality (Khan et al 2016, Correll et al 2020) and can be used in individuals using illicit substances (Coles et al 2021, Erdogan et al 2021).

Objectives: Aim was to look at literature comparing morbidity and mortality between oral versus long acting antipsychotics in patients with Schizophrenia and psychotic disorders who are currently using illicit drugs.

Methods: A literature search was conducted using keywords long acting antipsychotic injection / depot and substance use on databases EMBASE, Psychinfo, Medline and CINAHL.

Results: A review of psychopharmacological properties of first and second generation LAI (Taylor 2009) noted that use is complicated by adverse effects and confusion over dose response relationships. Atypical antipsychotics may induce direct cardiovascular alterations, probably through apoptotic effect of dopamine receptor D2 (DRD2) blockade. A cross sectional study (Dehelan et al 2021) looked at cardiac ejection fraction (EF) in 123 patients with Schizophrenia or Schizoaffective disorder on Aripiprazole, Olanzapine, Paliperidone and Risperidone Long acting injections. A trend was observed indicating that patients treated with an antipsychotic associated with a lower affinity for the DRD2, such as Olanzapine, have higher EF values than patients treated with

antipsychotics with a stronger binding to the DRD2, such as Paliperidone and Risperidone. Patients receiving Aripiprazole, which has the strongest affinity for the DRD2 from all four antipsychotics but is also a partial DRD2 agonist, display higher EF values than those on Paliperidone and Risperidone.

A critical systematic review and meta-analysis of randomised long term trials looking at oral vs depot antipsychotic drugs for Schizophrenia (Leucht, Claudia et al 2011) included 10 studies. Relapse was significantly reduced in patients on long acting injections. There was limited data on non-adherence, drop outs and adverse events. This data revealed no significant differences. There is concern with methodological issues in trials and possibility of bias.

Another systematic meta review of randomised controlled trials of long acting antipsychotic injections (Adams Clive et al 2001), found no difference in adverse effects in long acting injections vs oral medications but small benefit on global outcome measure (relapse).

Conclusions: Larger studies of populations of patients who are using illicit substances and are on long acting antipsychotic injections are required to discern differences in long term adverse effects in this population .

Disclosure of Interest: None Declared

EPV1000

Attitudes towards a Compassion Focus Therapy Group for Psychosis: A Survey of Service Users and Clinicians

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doi: 10.1192/j.eurpsy.2023.2294

Introduction: The Living Through Psychosis (LTP) programme at St Patrick's Mental Health Services, Ireland (SPMHS) is heavily informed by the Compassion Focus Therapy (CFT) for Psychosis model. LTP offers an opportunity for service users to develop compassion skills to cope with emotional and psychological challenges relating to living with psychosis; and to develop their capacity to for a mindful, non-judgemental and compassionate awareness of distressing thoughts and images.

Objectives: This (ongoing) online survey explores both service user and clinician attitudes towards the CFT-informed LTP group. We also aim to identify any potential concerns that might demotivate referrals to LTP and similar programmes, and to explore what are judged to be its benefits. The study also provides an opportunity to develop and improve the LTP programme to best fulfil service users' needs.

Methods: The online survey is concise and responses are anonymous. Clinicians and service users complete similar-but-separate sets of questions that are adapted for relevancy and wording. The survey mainly consists of Likert Scale questions in relation to potential participation in, or referral to, LTP (after a visually-aided description of LTP is provided online within the survey). Using convenience sampling, the survey has been distributed among clinicians and service users through email and Internet advertisements within SPMHS and psychosis organisations such as Psychosis Ireland.

Descriptive analysis is used for quantitative questions, while thematic analysis covers qualitative questions.

Results: Data collection is currently ongoing and will finish in December 2022. Preliminary results will be presented at the conference.

Conclusions: Conclusions will be derived from the results. It is anticipated that the findings will be helpful in further developing the LTP programme and similar CFT programmes for psychosis.

Disclosure of Interest: None Declared

EPV1001

Alternative initiations with 6-monthly paliperidone palmitate. A descriptive study

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doi: 10.1192/j.eurpsy.2023.2295

Introduction: 6-monthly paliperidone palmitate features an initiation regimen through 1-monthly paliperidone palmitate or 3-monthly paliperidone palmitate. Some patients don't have sufficient adherence to treatment and it is necessary at the clinical level to start directly with 6-monthly paliperidone palmitate. There is little clinical experience with these alternative initiations and through this work those that have been carried out for 12 months at the Rey Juan Carlos Hospital are exposed.

Objectives: The main objective of the study is to describe the alternative initiations performed with 6-monthly paliperidone palmitate in routine clinical practice, having opted for a regimen different from the standard for clinical reasons.

Methods: A retrospective selection of patients will be made through non-probabilistic consecutive sampling, including all patients who have been administered 6-monthly paliperidone palmitate with a standard different from the standard during the last 6 months. To do this, the electronic medical record will be used, first selecting the patients who have started 6-monthly paliperidone palmitate through the anonymized digital records and, later, including in the study only those who have followed an alternative initiation pattern. The variables studied will be the following: age, sex, diagnosis, dose of paliperidone palmitate, initiation regimen, consumption of toxic substances, absenteeism from 6-monthly paliperidone palmitate, visits to the emergency room and admissions.

Results: The study included a total of 5 patients (n:5). 80% of the patients were male and 20% were female. The mean age was 39.7 years. 80% of the patients had an associated substance use disorder. The following alternate starting schedules were with biannual paliperidone palmitate: monthly paliperidone palmitate 150 mg together with semi-annual paliperidone palmitate both on day 1 (n: 2) or monthly paliperidone palmitate 150 mg on day 1, monthly paliperidone palmitate 100 mg on day 5 and semi-annual paliperidone palmitate on day 12 (n: 3).

A total of 0 visits to the emergency department and 0 admissions were observed after the 6-monthly paliperidone palmitate regimen.

Conclusions: Alternative initiations with 6-monthly paliperidone palmitate may be a useful and safe clinical alternative in patients with very low adherence who, due to clinical needs, require starting 6-monthly paliperidone palmitate earlier in order to guarantee adherence.

Disclosure of Interest: None Declared

EPV1002

Suicidal risk in Latino patients with schizophrenia

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doi: 10.1192/j.eurpsy.2023.2296

Introduction: Schizophrenia is a highly debilitating disorder afflicting more than 24 million individuals worldwide. In Mexico, the Ministry of Health estimates that it affects more than 1 million people. Suicide is one of the main causes of death among people diagnosed with schizophrenia, their risk is 12 times higher than in the general population.

Objectives: To evaluate the clinical characteristics of schizophrenic patients at risk of suicide in the Latino population.

Methods: We included 130 patients recruited from genetics studies in Latino patients with schizophrenia from the outpatient and inpatient psychiatric ward of the University Hospital "Dr José E. González" in Monterrey, Nuevo Leon, Mexico. Beck Depression Inventory (BDI-II), the Convergent Functional Information for Suicidality (CFI-S) were applied to all participants. We compared the sociodemographic and clinical characteristics of patients with suicidal risk (measured by history of suicidal attempt or current suicidal risk) and present depressive episode.

Results: Of the 130 participants, 66.9% were male, the median age was 38 years. We found 11 (14.3%) patients with suicidal risk and 119 (91.5%) without suicidal risk. Sociodemographic and clinical characteristics of the study population at risk of suicide are described in graphic 1. Patients with a history of suicide attempt scored higher on the CFI-S scale with a median of 0.5 (q1=0.45; q3=0.54) vs. 0.31 (q1=0.22; q3=0.45) (p= 0.004) (Graphic 2). Based on the BDI-II we found 2.30% patients showed a mild depression, 20.0% moderate depression and 4.61% severe depression (graphic 3). Schizophrenic patients with a previous suicide attempt and depressive episode had higher score range in CFI-S, median .65 (q1=.65; q2=.59, p=0.000). Also, 63.60% were severely depressive (p=0.000) when they compared with patients with low risk of suicide. Schizophrenic patients with suicidal risk were characterized by: age >=60 years old, unemployment, no children, single, without religion, family history of suicide, previous suicide attempt, depressive episodes, substance abuse, auditory hallucinations and referential delusions.