severe degree (grade 4 of Abnormal Involuntary Movement Scale, or AIMS) of TD in whole body including orofacial, truncal, limb areas. Clozapine was drastically reduced and TD ameliorated to minimal degree (AIMS grade 1) in a 3-months-time, but still persisting.

**Conclusion:** The emergence of TD in this case cannot be best be explained by withdrawal, covert or spontaneous TD like most of the previous case reports of TD after clozapine use. Rather, the relatively acute onset of TD and the risk factors for TD the patient held sums up for the likeliness of association with neuronal degenerative changes in striatum. Previous genetic and epidemiologic evidences suggest for possible association of genetic alteration. This calls for further studies regarding pathophysiology of TD and according genetic markers.

**PM413**

*Metabolic Syndrome in Patients With Schizophrenia Receiving Long-Term Treatment With Lurasidone, Quetiapine XR, or Risperidone*

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**Topic:** Clinical

**Sub-Topic by Disorder:** Schizophrenia

**Sub-Topic by Drug and Methodology:** Antipsychotics

**ABSTRACT**

**Objective:** This post hoc analysis evaluated metabolic syndrome occurrence during long-term treatment of schizophrenia with lurasidone or other antipsychotic agents.

**Methods:** Metabolic syndrome rates (as defined by the US National Cholesterol Education Program-Adult Treatment Panel III without using drug treatment criteria) were evaluated in adult patients with schizophrenia treated with lurasidone in 2 long-term, active-controlled studies (quetiapine XR or risperidone). In the quetiapine XR–controlled study, patients completing a 6-week, double-blind, placebo-controlled, fixed-dose trial of lurasidone (80 mg/d or 160 mg/d) or quetiapine XR (600 mg/d) continued on double-blind, flexibly dosed lurasidone (40–160 mg/d) or quetiapine XR (200–800 mg/d) for up to 12 months. In the risperidone-controlled study, patients received double-blind, flexibly dosed lurasidone (40–120 mg/d) or risperidone (2–6 mg/d) for up to 12 months.

**Results:** Among patients without metabolic syndrome at baseline in the quetiapine XR–controlled study, 2.4% (2/84) of patients treated with lurasidone and 7.4% (2/27) of patients treated with quetiapine XR developed metabolic syndrome at month 12; risk for developing metabolic syndrome was not significantly different between treatment groups (odds ratio=0.305; 95% CI, 0.167, 0.858; P=0.02).

**Conclusions:** In this post hoc analysis, long-term treatment with lurasidone was associated with significantly lower rates of metabolic syndrome in patients with schizophrenia compared with treatment with risperidone; metabolic syndrome rates were numerically lower (but not significantly different) for lurasidone compared with quetiapine XR.

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**Disclosures**

Dr Newcomer has received grant funding from National Institutes of Health and Otsuka America Pharmaceutical, Inc.; served as an independent scientific member on a Data Safety Monitoring Board for Amgen Inc.; and served as a consultant for Reviva Pharmaceuticals, Inc. Drs Tocco, Pikalov, Zheng, Cucchiaro, and Loebel are employees of Sunovion Pharmaceuticals Inc.

**PM414**

The impact of long acting paliperidone palmitate on clinical outcomes and hospital stay in routine clinical practice: a UK service evaluation

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**Abstract**

**Background:** Depot antipsychotics may significantly reduce relapse rates and enhance treatment continuation in patients with schizophrenia [1,2]. Paliperidone palmitate (PP) is a second generation long-acting antipsychotic that has been shown to be effective and well tolerated in clinical trials. Nevertheless, there is a need for real world data on clinical and economic outcomes [3]. The main purpose of this study is to establish the effects of PP on treatment continuation and hospital stay in routine clinical practice.

**Methods:** This is a naturalistic, mirror-image study of patients that have been initiated on PP between 2011 and 2015 in a large London mental healthcare trust. We examined patient demographics, retention rates and reasons for PP initiation and discontinuation as recorded in the medical notes. Furthermore, we evaluated the effect on the average number and length of admissions at year 1 and 2 in the pre and post PP periods.

**Results:** 198 consecutive patients were included in the study. 158 patients (80%) completed at least 1 year of treatment. The average number of admissions reduced from 0.7 the year before to 0.3 the year following PP initiation and the average number of bed days fell from 35 to 13 days respectively (p<0.05). 118 patients (60%) completed at least 2 years of treatment. Mean number of admissions reduced from 0.7 pre PP to 0.3 in 1st year and 0.2 in 2nd year post PP and the mean bed days reduced from 34 days pre PP to 11 in 1st year and 15 days in 2nd year of treatment (p<0.05). The main reasons for discontinuation were poor tolerability and non compliance.

**Conclusions:** The introduction of PP had a significant impact on the long term clinical outcomes in terms of reduced hospitalizations and high continuation rates in this naturalistic cohort.

**References**

