associated with lower fT4 level (p=0.001), but not with the TSH level. We also found significant associations between lower fT4 level and current use of quetiapine (p=0.005) and olanzapine (p=0.018), but again no significant associations were found with TSH level. No significant correlations were found between drug serum concentrations and fT4 or TSH. In the regression analyses we also observed that female sex and increasing age was associated with lower levels of both fT4 and TSH.

Discussion: In this large, cross-sectional study we found significant differences in thyroid hormone levels between patients with schizophrenia and bipolar disorders and healthy controls, and our data indicate a notable prevalence of undetected deviant thyroid function in the patient population. There was a significant association between fT4 level and the use of antipsychotics, particularly with the use of quetiapine and olanzapine. This suggests a possible contribution to altered thyroid hormone levels from the use of commonly prescribed antipsychotic agents. These findings call for renewed attention towards the role of thyroid function in severe mental disorders and the associations with antipsychotic drugs.

T230. DOSE TRENDS OF ARIPIPRAZOLE FROM 2004 TO 2014 IN PSYCHIATRIC INPATIENTS FROM KOREA

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Background: The purpose of the present study was to evaluate the initial and maximum doses of aripiprazole over a decade to estimate appropriate dosage in clinical practice. We hypothesized that there was a measurable change in dosing patterns during 2004–2014 in Korean psychiatric inpatients.

Methods: In this retrospective study, we reviewed the medical records of patients who were hospitalized in the psychiatric ward of five university hospitals in Korea from March 2004 to December 2014. The patients were at least 18 years of age, prescribed aripiprazole during the index hospitalization and were given at least one prescription for oral aripiprazole. We compared baseline demographic variables among Waves 1 (2004–2006), 2 (2007–2010) and 3 (2011–2014) using univariate one-way analysis of variance (ANOVA) with Bonferroni correction for continuous variables and a chi-square test for categorical variables.

Results: There was a significant difference in mean age among waves (p = 0.012). The use of concomitant medications with aripiprazole was significantly different among waves, as well. The use of other atypical antipsychotics in Wave 1 was 27.0% (n = 20) and 27.4% (n = 55) in Wave 2 and increased to 36.5% (n = 129) in Wave 3, but the difference between Waves 1 and 3 (p = 0.118) and 2 and 3 (p = 0.027) did not reach statistical significance after Bonferroni’s correction. In total, the initial dose of aripiprazole was significantly lower in Wave 3 (7.0 ± 3.9 mg/day) when compared to Waves 1 (10.9 ± 4.6 mg/day, p<0.001) and 2 (10.7 ± 5.6 mg/day, p<0.001). The initial doses of aripiprazole in all diagnostic groups were significantly lower in Wave 3 than in Wave 2.

Discussion: The results from the present study show that the initial doses of aripiprazole, and not the maximum doses, decreased in hospitalized psychiatric patients with the accumulation of clinical experience in aripiprazole use.

T231. PALIPERIDONE LONG-ACTING INJECTABLE (LAI) IS ASSOCIATED WITH A LOWER INTAKE OF BENZODIAZEPINES AND A LOWER NUMBER OF ADMISSIONS COMPARED WITH OTHER LAIs IN A COHORT OF PATIENTS WITH SCHIZOPHRENIA

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Background: Schizophrenia is characterized by a chronic course that in most of cases requires continued and long-term treatment by the use of long acting injectables (LAI). Several LAI formulations have been available and increased the number of pharmacotherapeutic options for schizophrenia. However, there are no formal recommendations regarding the use of specific LAIs for the treatment because there are only a few available studies and even fewer studies assessing which LAI formulation is more effective or suppose an advantage. Many studies has been published regarding the prescription patterns of oral anti-psychotic and the transition to a LAI treatment in real-life settings but the patterns and predictors of use of different LAI formulations, and the effect of introducing new LAI drugs has drawn even less attention. The aim of this study was to analyze the antipsychotic LAI prescription patterns during a 3-years follow-up period in Murcia, Spain, and to identify predictors of medication changes associated to the use of LAIs.

Methods: We designed a non-interventional, naturalistic and retrospective study using all patients from the health department corresponding to the Reina Sofia University Hospital, Murcia, Spain who were diagnosed of schizophrenia and treated with long-acting injectables (LAI) between the years 2015–2017. Data, pertaining to patients older than 18 years old, were extracted from electronic medical records. Demographic variables, the use of LAIs, the rates for antipsychotic polypharmacy, combined use of different antipsychotic classes with a special focus on atypical antipsychotics, and psychotrophic polypharmacy using benzodiazepines, mood stabilizers, and other relevant drugs were identified, as well as, the number of admissions and suicidal attempts.

Results: No statistical differences were observed regarding demographic variables between LAIs users. However, the number of admissions to a hospital or acute relapses where significantly lower (p<0.05) in the group treated with paliperidone LAI versus the others LAIs. In addition, our results showed that paliperidone, aripiprazole, zuclopentixol and riperidone LAIs are associated with 15.85; 47.86; 25 and 49.25 mg/day of diazepam, respectively. One way ANOVA showed that paliperidone LAI was associated with a significant (p<0.01) less intake of benzodiazepines when compared to others LAIs. ANOVA failed to show differences when the dose of oral anti-psychotics co-administered with LAIs were compared.

Discussion: Polypharmacy is the most common pattern of antipsychotic use in this region of Spain. Use of atypical antipsychotics is extensive. Most patients receive psychiatric co-medications such as anxiolytics. Polypharmacy is associated with the use of aripiprazole or zuclopentixol and these groups of patients showed more admissions to a hospital. In contrast, paliperidone LAI group showed less admissions and less use of benzodiazepines. Our results indicate that paliperidone LAI could improve the long-term management of patients with schizophrenia.

T232. EFFICACY AND SAFETY OF ANTIDEPRESSANT AUGMENTATION OF ANTIPSYCHOTICS IN SCHIZOPHRENIA

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