Background: Long-acting injectable (LAI) antipsychotic medications provide a potential solution to the poor adherence to oral therapies in schizophrenia. However, not all patients with schizophrenia seem to have therapeutic benefits using LAI antipsychotics.

The objectives of this study were to investigate clinical factors in patients with schizophrenia who have continued the LAI antipsychotics compared with the patients who have discontinued the LAI antipsychotics.

Methods: Data were collected by retrospective chart review of all 150 patients prescribing LAI therapy during 2005–2012 in a mental hospital. The data including age at onset, age at starting LAI antipsychotics, duration of illnesses at starting LAI antipsychotics, total number of admissions before starting LAI antipsychotics were gathered. The subjects were classified into three group: 1) the continuation group (n=27, 18.0%), 2) the discontinuation group (n=57, 38.0%), and 3) the follow-up loss group (n=66, 44%). The ANOVA were used to compare the clinical variables among 3 groups. The stepwise multiple linear regression analyses were conducted to evaluate the association between the duration of LAI medications and clinical variables.

Results: There were significant differences among three groups in age (52.9 ± 9.1, 48.8 ± 12.9, 49.5 ± 12.0, p=0.009), age at onset (30.7 ± 10.4, 24.6 ± 9.9, 26.2 ± 8.6, p=0.027) and age at starting LAI medications (44.1 ± 8.9, 37.0 ± 12.4, 40.8 ± 11.2, p=0.021). In regression analyses, the duration of LAI medications were significantly associated with age (β=1.727, p<0.001), age at starting LAI medications (β=-1.489, p<0.001), and the total number of admission before starting LAI medications (β=0.177, p=0.008).

Discussion: The continuation of LAI medications was associated with age, age at starting LAI medications and the number of admission before starting LAI medications.

F227. PSYCHOLOGICAL TRAUMA OCCURRING DURING ADOLESCENCE IS ASSOCIATED WITH AN INCREASED RISK OF GREATER WAIST CIRCUMFERENCE IN EARLY PSYCHOSIS PATIENTS INDEPENDENTLY OF MEDICATION

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Background: The high prevalence of obesity in patients suffering from psychosis is a major concern as it dramatically increases the mortality rates of such patients in the long term. The mechanisms by which these patients develop overweight are poorly understood. It has been suggested that exposure to Childhood Trauma (CT) may play a role in the risk for obesity; however, whether this is the case for Early Psychosis (EP) patients and independently of the impact of medication has yet to be investigated. In addition, it is unknown whether the age at the time of exposure to CT can modulate the link between CT and obesity in EP patients.

Methods: 136 EP patients aged 18–35 were recruited from the Treatment and Early Intervention in Psychosis Program (TIPP-Lausanne). Body Mass Index (BMI), Weight Gain (WG) and Waist Circumference (WC) were measured and monitored prospectively after psychotropic prescription during a follow-up period of 1 year (patients were assessed at baseline, after 1, 2, 3, 6 months and 1 year of antipsychotic treatment). Patients were classified into Early-Trauma if they had faced at least one experience of abuse (physical, sexual, or emotional) or neglect (physical or emotional) before age 12, and Late-Trauma if the exposure had occurred between ages 12 and 16. Linear Mixed effect models with a random intercept were used to investigate the impact of Trauma (early or late) on the metabolic parameters longitudinally. Marko Chain Monte Carlo (MCMC) method was used to adjust these models with sufficiently large number of MCMC iterations. Models were adjusted for age, socioeconomic status, baseline BMI, medication intake prior to the first assessment and during the treatment phase, and by the diagnosis of depression.

Results: Patients were more likely to have a diagnosis of Schizophrenia (61%; N=83), they had a mean age of 26 at the time of first assessment, and exposure to 1 or more forms of traumatic experiences before 16 years of age was present in 32% of the sample. No differences between groups were found at baseline in terms of BMI or WC. Late-Trauma patients, when compared to Non-Trauma patients showed greater WCs during the follow-up (p=0.012). No differences between Early or Late-Trauma patients and Non-Trauma patients were found in any of the other outcome measures during the follow up. Baseline BMI and treatment duration were significantly associated with the level of BMI and WC during the follow up. None of the other potential confounding factors were significantly associated with the outcome measures during the follow up.

Discussion: Exposure to trauma during adolescence in EP patients is associated with a higher risk of greater WC during the early phase of the disease, independently of the medication intake, depression and other confounding factors. Specific preventive measures should be addressed in these patients in order to reduce the risk of obesity. Depending on the timing of traumatic exposure, different developmental mechanisms may underlie this differential possible impact on WC. Further studies on interactions between central consequences of traumatism and metabolic syndrome are warranted.

F228. EFFECTIVENESS OF PALIPERIDONE PALMITATE VS OTHER LONG-ACTING INJECTABLE (LAI) ANTIPSYCHOTICS – AN ELECTRONIC CASE REGISTER STUDY

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Background: Paliperidone palmitate is a 2nd generation long-acting injectable (LAI) antipsychotic which is increasingly prescribed for patients with chronic schizophrenia. However, it is more expensive than 1st generation LAI antipsychotics and little is known about its effectiveness in a real world clinical setting. We sought to address this issue by analyzing a large electronic case register of patients with schizophrenia treated with LAI antipsychotics.

Methods: Data were obtained from 1,281 patients in the South London and Maudsley NHS Foundation Trust (SLaM) Biomedical Research Centre (BRC) Case Register who were treated with an LAI antipsychotic between 1st April 2011 and 31st January 2015. The number of days spent as a psychiatric inpatient and the number of admissions to a psychiatric hospital were extracted using the Clinical Record Interactive Search tool (CRIS) and analyzed in each of the 3 years before and after LAI prescription using multivariable regression.

Results: Patients who received paliperidone palmitate (n=430; 33.6%) spent more time in hospital (β coefficient 12.3 days, 95% CI 2.3 to 19.2, p=0.001) and were admitted to hospital more frequently (IRR 1.44, 95% CI 1.29 to 1.61, p<0.001) in the year prior to treatment than those treated with other LAI antipsychotics (n=851, 66.4%). However, there were no significant differences between paliperidone and the other LAI antipsychotics in the 3 years after initiation with respect to the number of days spent in hospital (β coefficient 5.4 days, 95% CI -5.73 to 68.2, p=0.86) or frequency of hospital admissions (Incidence rate ratio 1.07, 95% CI 0.62 to 1.83, p=0.82).

Discussion: Paliperidone palmitate was more likely to be prescribed in patients with more severe illness, as indicated by a history of more frequent and lengthy hospital admissions prior to initiation. The absence of