

stimulus control for these MIs respectively. Literacy regarding help-seeking sources has improved in Singapore over the last 8 years which may translate into increments in seeking appropriate care.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP0260

Cardiovascular risk associated with chronic treatment of paliperidone, olanzapine, risperidone and aripiprazole

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Introduction: Weight gain, QT interval prolongation, and dyslipidemias associated with the chronic use of some antipsychotic medications can explain a higher prevalence of cardiovascular risk in these psychiatric population. The D'Agostino Index include some factors such as age, total cholesterol, high-density lipoproteins, systolic blood pressure increased, antihypertensive treatment, smoking, and diabetes, to estimate an individual's risk (low, moderate or severe) of developing a cardiovascular event through a period of 10 years or throughout the patient's lifetime.

Objectives: To compare the degree of cardiovascular risk using the D'Agostino Index, among different antipsychotic medications.

Methods: An estimation of cardiovascular risk (low, moderate, or high) was performed with the D'Agostino index in a sample of 144 patients (82 men and 62 women) mean age 45,2 +/- 10.13. All patients were treated for at least one year at a therapeutic dose and adhered to their treatment regimen correctly. Subjects with some relevant pre-existing unstable heart disease were excluded. All patients previously informed consent and were of legal age. Clinical data on medical history, concomitant medications, and risk factors were collected. A completed physical exam, waist circumference, lab sample, a lifestyle scale, and an evaluation of vital signs in accordance with European Society of Hypertension were evaluated. Statistical analysis was carried out using the statistical software SPSS version 26.0. A significance level $\alpha=0.05$ was considered throughout the study.

Results: The four most consumed antipsychotics were risperidone 9.72% (n=14), paliperidone 25.7% (n=37), olanzapine 14.6% (n=21), and aripiprazole 34.7% (n=50). Descriptively, it was observed that the drugs most associated with moderate or high risks were paliperidone (37.8%) and olanzapine (33.3%), risperidone (28.6%). Aripiprazol (22%) was the less associated compound with moderate/high cardiovascular risk.

Conclusions: Subjects treated with olanzapine and paliperidone showed a higher association with cardiovascular risk. Predicting cardiovascular risk could provide individual benefits by enabling lifestyle modifications, pharmacological treatment changes, or closer monitoring to reduce cardiovascular risk.

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EPP0261

Changes in clozapine dose and concomitant medication - a 10-year comparative study

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Introduction: Clozapine is an atypical antipsychotic approved for treatment-resistant schizophrenia. Although effective, possible side effects make its underutilization still a current problem. The type of titration and dosages used differ worldwide.

Objectives: To assess doses of clozapine and concomitant medications used in schizophrenia during 2012-2013 versus 2022-2023.

Methods: A retrospective observational study analysing clozapine doses and concomitant treatment used in schizophrenia from 2012-2013 compared to 2022-2023. Data were collected from the medical charts of patients admitted to the Clinical Hospital of Psychiatry and Neurology Brasov, Romania, during 2012-2013 and 2022-2023.

Results: In the total of 570 patients who were admitted in 2012-2013 with a diagnosis of paranoid schizophrenia, 69 (12,10%) of them were treated with clozapine. Of the 69 cases, 53,62% patients were females, mean age was 40,95 years (SD = ±10,32), with an average of onset age 23,17 (SD=±6,21). The average length of stay for hospitalization was 24,97 days (SD= ±12,65). The mean clozapine dose was 393,47 ((SD= ±183,69), with a minimum dose of 100mg/day and a maximum dose of 800mg/day. 37,68% of patients received concomitant treatment with benzodiazepines, mood stabilisers or sedative-hypnotic drugs. None of the patients received concomitant treatment with another antipsychotic. Among the total of 356 patients admitted with the diagnosis of paranoid schizophrenia during the 2022-2023 period, 72 (20,22%) of the patients were treated with clozapine. 72,22% patients were females, mean age was 49,12 years (SD = ±11,16), with an average of onset age 25,04 (SD=±6,40). The average length of stay for hospitalization was 18,58 days (SD= ±13,78). The mean clozapine dose was 275,34 (SD= ±146,7), with a minimum dose of 25mg/day and a maximum dose of 600mg/day. 72,22% of patients received concomitant treatment with benzodiazepines, mood stabilisers, sedative-hypnotic drugs or with another antipsychotic. Antipsychotics used in combination with clozapine were both oral (risperidone, amisulpride, quetiapine, aripiprazole) and long-acting injectable (aripiprazole, risperidone, paliperidone, flupentixol decanoate).

Conclusions: Clozapine remains the drug of choice in treatment-resistant schizophrenia even after 10 years, but its mode of administration has changed over time. While the doses of clozapine used have decreased, the percentage of patients receiving concomitant treatment has doubled. Although some side effects of clozapine are