

controlled trial (Noom Bariatric Health vs. Standard Care). All participants' dietary intake was assessed initially and after 8 weeks of intervention, with the 24-hour dietary recall (ASA24) to analyze food intake. Paired t-tests were used to compare within group changes in dietary parameters. Independent t-tests were used to assess intergroup differences at the end of treatment.

RESULTS: Post intervention, both Noom and Control groups consumed numerically less total calories, empty calories, fat, and carbohydrates compared to their baseline. Reduction in empty calorie consumption was significant only in Noom ($t=2.39$, $p=0.04$, Cohen's $d=0.96$) and not in Control ($t=0.89$, $p=0.40$, Cohen's $d=0.30$). Both total kcal and total fat intake showed larger numerical reductions within Noom (kcal,fat: $t=1.94,2.07$; $p=0.08,0.07$; Cohen's $d=1.03,1.06$) compared to reductions seen within Control (kcal,fat; $t=0.41,0.48$; $p=0.69,0.64$; Cohen's $d=0.14,0.16$). There were no other significant changes in macronutrients and micronutrients within groups. At the end of treatment, Noom compared to Control groups had significantly lower percentage fat intake ($t=3.02$, $p=0.008$, Cohen's $d=1.42$) without initial difference at screening ($t=1.12$, $p=0.27$, Cohen's $d=0.36$).

DISCUSSION: Though limited due to small sample size, preliminary results appear promising that mobile coaching intervention may have beneficial effects on diet pre-bariatric surgery. We will discuss the impact of these findings on potential post-surgery outcomes.
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93 Practical Outpatient Pharmacotherapy for Alcohol Use Disorder

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ABSTRACT: Alcohol use disorder (AUD) is commonly encountered in clinical practice. A combination of psychosocial intervention and pharmacotherapy is the cornerstone of AUD treatment. Despite their efficacy, safety and cost-effectiveness, clinicians are reluctant to prescribe medications to treat individuals with AUD. Given the high rate of relapse with psychosocial

intervention alone, increasing patient access to this underutilized treatment has the potential to improve clinical outcome in this difficult-to-treat population. Herein, we provide practical pharmacotherapy strategies to improve treatment outcome for AUD. We review the efficacy and side effects of both on- and off-label agents with a particular focus on clinical applicability. Recommendations are supported by findings from randomized controlled trials (RCT) and meta-analyses selected to be representative, where possible, of current treatment guidelines. The goal of this paper is to help readers use pharmacotherapy with greater confidence when treating patients with AUD.

95 Differential Aspects Between Schizophrenia Treatment Approaches: Oral Antipsychotics vs Aripiprazole Long-Acting Injectable

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ABSTRACT: AIM: The objective of the study is to evaluate the differences in health outcomes as well as treatment satisfaction and functionality, focusing particularly in cognitive deficits and perceived disability among stable psychotic patients with therapeutic adherence treated with oral antipsychotics (OA) vs Aripiprazole Long Acting Injectable (A-LAI).

METHOD: Naturalistic study, descriptive and transversal. Inclusion criteria: Schizophrenia; 18-65 years old; CGI ≤ 3 ; treatment OA or A-LAI; no changes antipsychotic therapy in last 3 months. Sociodemographic and clinical variables were recorded using self-applied scales (TSQM; EQ-5;SDI;PDQ) and heteroapplied (PSP;CGI;UKU). A mirror analysis was performed in the A-LAI group comparing number of psychiatric drugs and antipsychotic used, previous admissions and emergency care visits.

RESULTS: 50 patients (25 OA, 25 A-LAI), 62% male, age $43,9 \pm 11,1$, psychotic illness evolution $15,9 \pm 9,9$. In comparison with OA, A-LAI patients present greater functionality scores (PSP) $75 \pm 11,5$ vs $61,8, \pm 10,5$ ($p.001$) and better results in quality of life (EQ-5D), both