

side effect profile and treatment adherence. The strength of the conclusion is limited by the design and the number of patients.

Disclosure: No significant relationships.

Keywords: schizophrenia; paliperidone palmitate long-acting; antipsychotic; Psychosis

EPP0485

Antipsychotic prescribing choices in patients with First Episode Psychosis

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Introduction: As all first line options in treating First Episode Psychosis (FEP) are similarly effective there is a consensus among prescribing guidelines that clinicians and patients should consider side-effect profile as the 'driver' of initial choice of antipsychotic. Anecdotally it has been observed that different care teams prescribe particular medications preferentially.

Objectives: To evaluate the patterns of antipsychotic prescribing in patients with FEP at the time of initial treatment and over the first year with the Early Intervention Service (EIS).

Methods: Medical records of all patients who had completed 1 year of follow-up with EIS in Sussex Partnership Foundation Trust (n=274) were reviewed. The first antipsychotic prescribed and antipsychotic prescribed at 12-months was recorded alongside initiating care team (EIS, non-EIS community services, inpatient services).

Results: 99% (n=272) of patients were prescribed an antipsychotic. 46% were initiated by inpatient services, 40% non-EIS community services and 14% EIS. Aripiprazole, olanzapine, quetiapine and risperidone accounted for 95% of initial prescriptions. Different care teams prescribed antipsychotics preferentially ($p < 0.005$) (Fig.1). Rates at which initial medication was continued at 12-months varied according to initial prescription ($P < 0.05$) (Fig.2).

Figure 1: Prescribing Choices Between Teams (%)

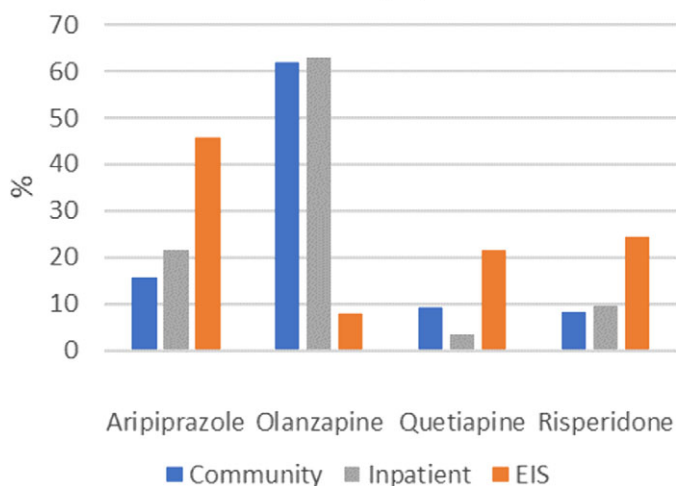
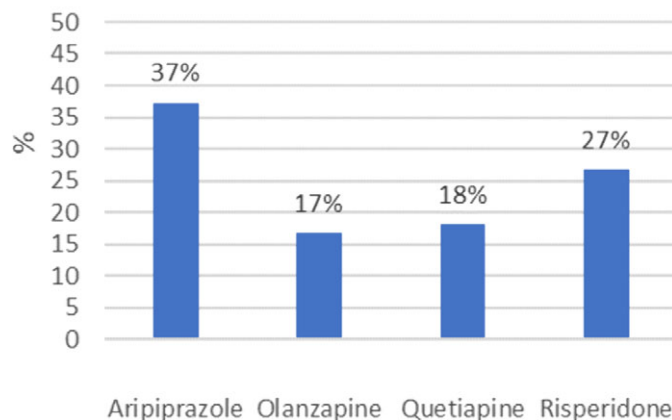


Figure 2: % continuation with initial antipsychotic at 12 months (all teams)



Conclusions: The frequency that specialist EIS services prescribed aripiprazole as initial treatment contrasts the preference for olanzapine in other services. Olanzapine has a significant metabolic side effect profile, is sedating and was least likely to be continued at 12 months. This raises questions about why non-FEP specialist services prefer olanzapine and whether EIS services can support these services around initial medication choices more likely to be continued throughout the key first year of treatment.

Disclosure: No significant relationships.

Keywords: schizophrenia; First Episode Psychosis; Prescribing; Antipsychotics

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Efficacy of paliperidone palmitate 3-month formulation in preventing hospital admissions. 60 months of follow-up

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Introduction: Paliperidone Palmitate 3-month formulation (PP3M) has shown a significantly longer time to relapse compared to placebo, with similar efficacy and safety to Paliperidone Palmitate 1-month (PP1M). However, studies of longer duration are required.

Objectives: The main objective of this study is to determine the effectiveness of PP3M in the prevention of hospitalizations in patients with non-acute schizophrenia in a naturalistic outpatient psychiatric setting.

Methods: Sample: 30 patients diagnosed with schizophrenia (DSM 5) that started treatment with PP3M after being stabilized with PP1M (the treatment dose was not changed in the four months before study inclusion) The mean dose of PP3M was 401.55 mg Quarterly basis, the following evaluations were performed during a follow-up period of 60 months: The Clinical Global Impression-