

EPV1301

Protocol for the safety of brodalumab regarding psychiatric comorbidities in patients with psoriasis.

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Introduction: Brodalumab, an anti-IL17RA monoclonal antibody, is a treatment option for plaque psoriasis related to increased risk of suicidal ideation and behavior, including completed suicide. However, in the literature no causal relationship is reported, and the reported incidence of patients receiving brodalumab that committed suicide did not differ from the expected suicide incidence of the general population.

Objectives: Our objective is to answer the followings: 1) What is the probability of developing emotional disorders during treatment with brodalumab. 2) What is the recurrence rate of previously diagnosed emotional disorders in brodalumab responders (Kaplan-Meier curve). 3) What is the relationship between suicide and/or suicidal ideation in patients receiving treatment with brodalumab.

Methods: The study will enroll patients with moderate to severe psoriasis (aged 18-70) that attend the outpatient dermatology, and who already receive or are eligible to receive treatment with brodalumab. Patients who are willing to participate in the study will be provided with the self-completing questionnaires PHQ-9, GAD-7, RASS, HRQoL. During follow-up, if a patient presents with a PHQ > 9, will be referred for an HDRS evaluation in which if score > 17 in at least 2 scores or an increase in the RASS scale is detected, will be referred for psychiatric intervention.

Results: Assessments will take place a) before treatment, b) 2 weeks after initiation of treatment with brodalumab, c) every month for the first 3 months, and e) on a quarterly basis up to 52 weeks.

Conclusions: This study will focus on creating a protocol for the safe use of brodalumab in psoriasis patients with concomitant psychological/psychiatric comorbidities.

Disclosure: No significant relationships.

Keywords: psoriasis; il-17

EPV1300

Childbirth hospitalizations in Bipolar disorder patients: a nationwide study protocol

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Introduction: Bipolar disorder (BD) is usually diagnosed in adulthood, around childbearing age. Research has shown that BD has deleterious effects on pregnant women and birth outcomes. However, few nationwide studies using administrative data have approached this at-risk population focusing specifically on childbirth.

Objectives: This study aims to characterize hospitalizations of women with BD in the peripartum period regarding sociodemographic and clinical variables and to investigate the impact BD has on hospitalization outcomes.

Methods: An observational retrospective study will be performed using an administrative database that comprises routinely collected hospitalization data from all mainland Portuguese public hospitals. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes will be used to identify all women's admissions for childbirth purposes (V27.X) and codes 296.XX (except 296.2X, 296.3X, 296.9X) will be used to ascertain BD. Episodes will be assigned to one of two mutually exclusive groups (with vs without BD). Multivariate methods will be used to compare both groups concerning key variables and outcomes. This work will comply with the RECORD statement recommendations.

Results: Descriptive and analytical statistics will be conducted in order to describe and characterize this group of patients. Results will be presented as crude and adjusted odds ratio quantifying the risk associated with BD in pregnancy, childbirth and hospitalization outcomes. Findings will be disseminated via publication in peer-reviewed journals.

Conclusions: With this nationwide analysis, we expect to contribute to a better understanding of the demographic and clinical profile of pregnant women with BD and to encourage timely medical and psychological interventions during gestation and childbirth.

Disclosure: No significant relationships.

Keywords: Childbirth; Hospitalizations; Pregnancy; bipolar disorder

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An alternative to jail by assertive community treatment and housing for people with severe psychiatric disorders and insecure accommodation: a potential win-win outcome of reduced recidivism and reduced public expenditure

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