Rational approaches to polypharmacy in the treatment of schizophrenia

S0099

Combination treatment with second generation antipsychotics other than clozapine

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doi: 10.1192/j.eurpsy.2021.108

Background: Antipsychotic combination treatment without clozapine is common in the treatment of schizophrenia patients worldwide, despite clinical guidelines generally do not recommend such practice. This is potentially due to a high rate of non-response to monotherapies and a low-frequent adoption of Clozapine.
Aim: This presentation briefly summarizes rational combination strategies without second generation antipsychotics other than clozapine and presents new results of a multi-center randomized, double-blind controlled trial comparing monotherapy of oral amisulpride (400-800 mg/day), or olanzapine (10-20 mg/day) with amisulpride-olanzapine combination treatment.
Conclusions: Positive findings with small to medium effect sizes in favor of combination treatment with amisulpride and olanzapin have to be weight against a higher propensity to side effects since reduced sexual functions, weight gain and gain in waist circumference are higher in patients with combination treatment and olanzapine monotherapy than in patients with amisulpride monotherapy. Overall evidence in favor of combination treatment without clozapine is not strong when regarding its highly-frequent adoption in clinically practice. The strategy of combination treatment with amisulpride and olanzapine may be an alternative in certain clinical situations but should be carefully monitored and justified according to guideline recommendations for resistance to pharmacotherapy.
Comments: The adoption of clozapine should be considered, before other antipsychotic combination treatment is indicated in clinical non-response to various monotherapies. Other factors that may lead to non-response or therapy resistance such as non-adherence, substance-abuse or high metabolization have to be excluded, before such strategy is appropiate.

Disclosure: No significant relationships.
Keywords: Schizophrenia; Antipsychotics; Combination; Polypharmacy

S0098

Augmentation strategies for treatment-refractory clozapine patients

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doi: 10.1192/j.eurpsy.2021.109

Background: Clozapine can be a life-saving and course-altering treatment for patients with psychosis, particularly treatment-resistant schizophrenia. Unfortunately, clozapine monotherapy rarely leads to a full symptomatic remission.
Aims: This talk outlines key decision points in the use of clozapine: how to select patients for clozapine treatment and how to optimize clozapine's efficacy in patients with a poor response to an adequate clozapine monotherapy trial.
Conclusions: Clozapine's main indication is for treatment-resistant schizophrenia. Therapeutic drug monitoring (TDM) should be used to optimize clozapine dosing during a clozapine trial and to rule-out pseudo-resistance. Up to 50% of patients do not respond to clozapine monotherapy and augmentation strategies can be utilized in such cases. Pharmacological add-on treatments are selected based on the most prominent symptom cluster (refractory psychosis, negative symptoms, depression and suicidality, aggression). Electroconvulsive therapy is the most effective augmentation strategy for refractory psychosis and suicidality. Non-pharmacological interventions and a focus on quality of life become important considerations in clozapine non-responders.
Comments: Clozapine is an important and underutilized tool in the management of treatment-resistant schizophrenia. It should be offered timely, as soon as treatment-resistance becomes apparent. Clinicians can use personalized augmentation strategies as part of a comprehensive treatment plan in order to achieve improvements even in patients with a poor response to clozapine alone. However, polypharmacy should be used judiciously, keeping in mind medical morbidity and quality of life.

Disclosure: I have the following financial relationship with a commercial interest to disclose (recipient SELF; content area SCHIZOPHRENIA): Alkermes – Research grant (to institution), consultant honoraria (Advisory Board); Avanir – Research grant (to institution);
Keywords: treatment-resistant schizophrenia; Augmentation strategies; clozapine

S0099

Adjunctive antidepressive pharmacotherapy in schizophrenia patients

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doi: 10.1192/j.eurpsy.2021.110

Depressive symptoms during long-term course of schizophrenia constitute an important and frequent clinical problem. They may occur either as stand-alone major depressive episodes (MDEs) or as part of the schizophrenic negative syndrome. Teatment resistant schizophrenia due to affective deficits results in high subjective burden of disease and a marked subgroup of schizophrenia patients die from suicide. International treatment guidelines strongly suggest offering cognitive behavioural therapy to all patients with schizophrenia. Within pharmacological approaches evidence in favour of second generation antipsychotics exist. The application of mood stabilizers lacks evidence from clinical trials, but is often used in clinical practice. Several antidepressive agents have been administered to depressed patients with schizophrenia and were effective in alleviating both affective and negative symptoms. Treatment outcomes, however, were often limited by side effects and pharmacokinetic interactions, which constitutes the necessity of

https://doi.org/10.1192/j.eurpsy.2021.110 Published online by Cambridge University Press

more easily tolerable pharmacological interventions. Data regarding duloxetine, bupropion, vortioxetine and agomelatine are presented in more detail and discussed within the perspective of multimodal treatment of schizophrenia.

Disclosure: M.Z. received scientific grants from the German Research Foundation and Servier. Speaker and travel grants were provided from Otsuka, Servier, Lundbeck, Roche, Ferrer and Trommsdorff.
Keywords: schizophrénia; Depression; antipsychotic; Antidepressant

S0100

Combination approaches to reduce weight-gain induced by antipsychotics

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doi: 10.1192/j.eurpsy.2021.111

Research demonstrates that the prevalence of overweight and obesity in the general population is increasing rapidly worldwide and that the environmental changes that have provoked these increases have also affected people with severe mental illness (SMI). Of note, obesity is two to three times more common among people with SMI and it contributes to a significantly reduced quality of life and to an increased morbidity and mortality rate in this population. The most important factor related to weight gain in people with SMI is the use of antipsychotic medication. Weight gain often occurs within 6-8 weeks after the initiation of antipsychotic treatment and may continue for at least 4 years. This can lead to non-adherence and risk of relapse. Next to behavioural interventions several pharmacological approaches have been investigated to deal with antipsychotic-induced weight gain. They target different receptor systems including dopaminergic, glutamatergic, serotonergic, adrenergic, opioid, and glucagon-like peptide 1 receptors. This symposium will provide an overview of the effectiveness of different add-on medications to treat weight gain in patients with SMI.

Disclosure: No significant relationships.
Keywords: Antipsychotic drugs; Treatment; Weight gain

COVID-19 pandemia and the demented patients in nursing homes

S0101

Dementia and COVID-19 pandemia: The situation in various European countries

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doi: 10.1192/j.eurpsy.2021.112

COVID-19 pandemia means a special threat to elderly patients in nursing homes. Dementia sufferers, who make up most of nursing home clients throughout Europe, have been in a critical situation. They bear a higher risk of delirium when affected by the virus. They often do not understand and easily forget, how to use a mask and keep the distance required. In many institutions the elderly were isolated and could not even take their meals together. And finally they do not recognize and even fear nursing staff and other personnel, which has to wear "protective clothes". Caregivers were told not to visit their loved ones any more.
Where available, modern techniques werde used. Skype and/or Zoom, Facetime telephone should replace face to face contacts. Some insitutions offered visitor rooms, where clients and visitors were separated by acrylic windows and microphones were applied. In some areas, physicians' visits were reduced to a minimum.
Just recently, regular testing of staff and clients in nursing homes has been introduced. However, this is consuming staff time, which - again - is taken from the patients. We discuss, whether the elderly and their caregivers could set their own preferences.

Disclosure: No significant relationships.
Keywords: dementia; COVID-pandemia; nursing homes; Survey

S0104

COVID-related confinement experience in people with major neurocognitive disorders and their caregivers in new aquitaine region, France

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doi: 10.1192/j.eurpsy.2021.113

The COVID-19 epidemic is an unexpected global event that has shaken up the organisation of care in France. The spread of the epidemic was limited thanks to the confinement of people from Tuesday 17 March 2020 to Monday 11 May 2020. However, this confinement led to a change in the care of vulnerable people, including people suffering from neurocognitive disorders (NCDs). The aim of this study is to question people suffering from NCDs and their family carers about their experiences during the period of confinement introduced in connection with the COVID-19 epidemic and on any physical and/or functional consequences.
Methods: All persons whose memory consultations at CMRR Limoges were cancelled during the period of confinement (17 March to 11 May 2020) were contacted by telephone by the nurses or psychologists at CMRR.
Results: The experience of the confinement episode as well as the deconfinement are studied. The survey records the clinical changes in patients and the medical/medical-social events that occurred during this period. The impact of the aids maintained and the place where people live is studied.
Discussion: Confinement is an exceptional measure that makes it possible to reduce the risk of contagion in the event of an epidemic, at the risk of harmful consequences for people weakened by a NCDs. In the event of an epidemic episode in the future, this study could help to define the arrangements to be put in place to better protect people suffering from NCDs and their family caregivers.

Disclosure: No significant relationships.
Keywords: Neurocognitive disorders; Covid; sanitary confinement; BPSD

https://doi.org/10.1192/j.eurpsy.2021.110 Published online by Cambridge University Press