Conclusion The proportion of patients with at least one UMD, combined with the high rate of acceptance of suggested modifications validated the relevance of MR at admission in an expert centre for PD. Interestingly, a high rate of UMD occurred for neurologic drugs, which may have affected the neurologic assessment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

[4CPS-174] A NEW BREATH FOR CLOZAPINE …

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Background Clozapine, the first atypical neuroleptic (NL) marketed has had to compete with other NL medications, better tolerated and without any prescription constraints.

Purpose In order to understand the situation of clozapine today, a study reviewed clozapine prescriptions (Q1 and Q2 of 2018) and a perception survey with the hospital’s psychiatrists.

Material and methods A computerised extraction of hospitalised patients receiving clozapine from January to June 2018 was performed. The criteria collected were: age, gender, indication, previous treatment and coprescription. The survey investigated the prescription modalities: practice, average dosage (AD), adverse events (AE), efficacy and opinion about the risk management plan (RMP).

Results The study retrieved 13 patients (four females; nine males), average age 59.7 years. Schizophrenia was diagnosed for seven of them (AD 350 mg), and a Lewy Body Dementia (LBD) (AD 31 mg) for the six others. Clozapine dosage for LBD never exceeded 50 mg per day. For schizophrenia, clozapine was prescribed in the third or fourth line due to the previous treatment inefficacy (linked to noncompliance in 60%). Clozapine was maintained from 10 months to 4 years. Eight psychiatrists answered our survey: risperidone was favoured (6/8) for its sustained-release formulation and clozapine was prescribed in the third line (5/8). Sedation, hypersialorrhea and priapism were reported by three psychiatrists and one reported agranulocytosis. Clozapine was judged effective (5/8) to very effective (3/8) and the RMP did not limit the prescription (8/8). The prescription of clozapine fulfilled the official recommendations and the AE were already described in the literature. Our study concerned hospitalised patients, unrepresentative of those who were followed up by the Medico-Psychologic Centre (38 patients). Its use is positively perceived by psychiatrists. Nonetheless, the quality of the doctor-patient relationship influences compliance because hospitalisation for starting therapy and medical monitoring are needed. On the other hand, patients responding to treatment can be stabilised for many years. In a word, the psychiatrists prefer a sustained-release formulation (one tablet per day) and lighter medical monitoring.

Conclusion Patient’s acceptance of clozapine is a sine qua non condition for a successful therapy. Its efficacy can predict an earlier and frequent use.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.