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.

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No conflict of interest.

4CPS-173

8 YEARS' EVOLUTION OF ANTIPSYCHOTICS PRESCRIPTIONS IN A MENTAL HEALTH PUBLIC INSTITUTION

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Background Our hospital is a public mental health institution of 806 inpatient beds and 962 medical and social care places. Antipsychotics (APs) are used mainly in schizophrenia and bipolar disorder, and represent one of the most prescribed pharmacological classes in our hospital.

Purpose The aim of this study was to assess the compared evolution of APs prescriptions to one another over the period 2010–2017.

Material and methods An extraction of the consumption of all APs between 2010 and 2017 was performed. The defined daily dose (DDD) established by the World Health Organisation was used for the analysis. These were expressed in number of DDD/1000 days of hospitalisation (DH) to consider the evolution of the hospital's activity during the study period.

Results A total of 22 molecules were studied (six second-generation AP-SGA- and 16 first-generation AP-FGA). The most consumed molecules were loxapine, olanzapine, cyamemazine and risperidone. Since 2010, the consumption of FGAs has decreased by 23.5% in favour of SGAs (45.4% increase). Some APCs are almost no longer prescribed (pipotiazine, pimozide) and some SGAs are increasingly used (long-acting olanzapine, long-acting paliperidone). The top prescribed SGAs are olanzapine (437 DDD/1000DH, 17.3% increase), risperidone (320 DDD/1000DH, 8% decrease) and clozapine (218 DDD/1000DH, 23% increase). Regarding FGAs, despite a slight decrease in consumption, zuclopentixol, haloperidol and flupentixol are still frequently prescribed (approximately 140 DDD/1000DH). Finally, we observed a 16% increase in depot forms and a 5% decrease in immediate-release forms.

Conclusion As consumption in our hospital shows, loxapine and cyamemazine are mainly used in patient's sedation. The increased SGAs use reflects international recommendations for the use of SGAs as first-line treatment based on the drug's superior tolerability and a greater efficacy on negative symptoms. Surprisingly, olanzapine is the molecule with the highest DDD/1000DH: this may be related to psychiatrists' practices in our hospital and the use of significantly higher doses than DDD. This study allowed us to assess the evolution of APs consumption in our hospital, which confirms the predominant use of SGA and the use of extended-release forms. However, we can question the

relevance of DDDs in psychiatry given the variability of APs doses used according to the molecules and psychiatrists' patterns.

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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-released 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

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