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

R. Bellay*, C. Barbazan, B. Langree, N. Marie. Centre Hospitalier Guillaume Regnier, Pharmacie, Rennes, France

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, zuclopenthixol, 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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.