**EPV1201**

**Clozapine discontinuation**

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**Conclusions:** Clozapine discontinuation was essentially caused by cytopenia (27.2%) and in 1 case of severe anemia (9.2%). Agranulocytosis (18.2%), in 2 cases of moderate neutropenia. Withdrawal of clozapine was indicated in 2 cases of discontinuations. Representing 27.9% of the total number of clozapine discontinuations. Clozapine was discontinued by 11 patients for hematological adverse reactions. Future research should seek to further investigate clozapine cessation factors in order to better benefit from the medical virtues of this molecule.

**Disclosure:** No significant relationships.

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**EPV1204**

**Differences of use between paliperidone palmitate 3 month and paliperidone palmitate 1 month in real practice, with psychotic patients.**

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**Introduction:** Paliperidone palmitate 1-month (PP1M) is a Long-acting injectable antipsychotic formulation, approved for the treatment of schizophrenia and schizoaffective disorder. Recently, paliperidone palmitate 3-months (PP3M) formulation was introduced, which maintains stability while offering a longer dosing interval for the maintenance treatment in patients previously treated with PP1M. Despite of this, many patients are treated with PP1M without transition to PP3M.

**Objectives:** To identify variables explaining maintenance of PP1M treatment instead of going to PP3M. We hypothesize that more severe patients are delayed in transition to PP3M because of expectation to complete stabilization.

**Methods:** A descriptive analysis of 123 patients, diagnosed with psychotic disorders, on treatment with paliperidone palmitate 1 month or 3 months, was performed. Age, sex, type of paliperidone treatment, hospitalizations after the initiation of treatment, years since diagnosis, polytherapy and toxic habits were some of the variables measured and compared between both groups (PP1M and PP3M).

**Results:** Most of patients (63.41%) were on PP3M. Both groups shared characteristics like male sex predominance, schizophrenia as the most common diagnosis, having a recent onset diagnosis, same frequency of polypharmacy and same pattern of drug consumption. There was a slight difference between both groups regarding severity. PP1M and PP3M showed respectively 33% and 16.7% of admissions after initiation.

**Conclusions:** No clear pattern determines less transition to PP3M from PP1M. No statistical difference was found except form the difference found in admission after change of treatment (to PP1M).