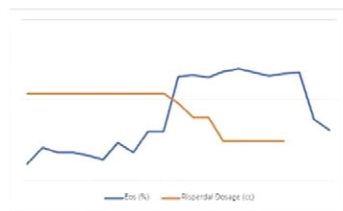


Objectives: The presentation of a case in which eosinophilia was associated with risperidone withdrawal which has not been described so far.

Methods: A 46-year-old woman with schizophrenia diagnosed at the age of 22 was admitted in our inpatient psychiatric clinic with psychotic symptoms relapse after she voluntarily discontinued risperidone. The patient was fully evaluated with full laboratory tests, a brain CT scan, EEG and her medical and psychiatric histories were recorded.

Results: Risperidone was reinitiated but due to the persistence of symptoms it was switched to clozapine which lead to full remission. It was observed though, that while gradually decreasing risperidone dosage (Figure 1.), eosinophile count was raising and it was normalized after complete discontinuation. Eosinophilia was also present in other instances that the patient discontinued taking risperidone according to her personal history. Other causes of eosinophilia (allergic, inflammatory) were fully excluded.



| Eos (%) | Risperidone Dosage (cc) |
|---------|-------------------------|
| 1,6 | 12 |
| 1,8 | 12 |
| 2,9 | 12 |
| 4 | 12 |
| 19,2 | 9 |
| 20 | 6 |
| 18,8 | 6 |
| 22,3 | 3 |
| 24,2 | 3 |
| 21 | 3 |
| 21,7 | 0 |
| 5,7 | 0 |

Conclusions: Risperidone discontinuation could lead to an elevated eosinophile count. There is limited research in this topic and it is yet to be clarified whether the elevation is due to stopping one antipsychotic or switching between two different antipsychotics. It is important to run laboratory tests regularly with every treatment modification.

Disclosure: No significant relationships.

Keywords: risperidone withdrawal; eosinophilia

EPV1148

Treating Patients with Aripiprazole: A Safe Gamble?

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doi: 10.1192/j.eurpsy.2022.1838

Introduction: Aripiprazole (ARI) is an atypical antipsychotic drug with D2 partial agonist properties, usually prescribed to treat mood disorders (major depression or bipolar disorder) and schizophrenic disorder (schizophrenia or schizoaffective disorder). Dopamine receptor agonists, as is ARI, have been implicated in some cases of impulse-control problems, such as gambling disorder (GD), increased spending, hypersexuality and compulsive eating.

Objectives: Currently, it is hypothesized that aripiprazole may cause impulse-control problems because it can produce a hyperdopaminergic state in the mesolimbic pathway (reward system) through its predominant action on dopamine D3 receptors. We intend to do a non-

systematic review of the scientific information regarding this subject.

Methods: The authors revised the published literature about this topic, selecting relevant articles, systematic reviews and case reports, with the topic words: “aripiprazol”, “gambling disorder” and “dopamine receptor” in scientific data base.

Results: Overall, a few cases of ARI-induced pathological gambling as well as ARI-induced hypersexuality have been reported. In one study it was verified that comorbid psychiatric and substance use disorders were common among those who have experienced GD or worsened GD after beginning ARI treatment. In another study, it was verified that the group of patients who reported this alleged side-effect were mostly young (mean age, 33.6 years), mostly men (88.2%) and most lived alone.

Conclusions: Attributing to dopamine agonists the only factor that can explain the onset of GD is simplistic and dangerous. Many other potential risk factors, including individual vulnerability factors (temperament, genetics) as well as environmental factors, must be considered.

Disclosure: No significant relationships.

Keywords: Gambling Disorder; Aripiprazol; Dopamine receptor

EPV1149

Clozapine induced pneumonia: A case report of diagnostic difficulties in the time of Covid-19

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doi: 10.1192/j.eurpsy.2022.1839

Introduction: Clozapine is a drug that can cause several side effects. Among the less commonly described is a drug-induced lung disease. Due to its non-specific clinical presentation, it represents a diagnostic challenge. The diagnosis is made based on: 1. Association of exposure to the agent and development of symptoms, 2. Pulmonary infiltration, 3. Exclusion of other causes, 4. Withdrawal of symptoms when the agent is excluded from therapy. To date, there have been only a few descriptions of this condition.

Objectives: Case report of rare side effect of clozapine.

Methods: Case report

Results: Case report: male patient (37) with schizophrenia, was hospitalized after a brutal suicide attempt. The PCR test for COVID-19 that was routinely performed on admission was negative. After the introduction of clozapine into therapy, the patient became febrile. There was a drop in oxygen saturation, a Lung CT scan showed inflammatory changes („ground-glass opacities“), and COVID-19 pneumonia was suspected. Due to the worsening of the mental state, the dose of clozapine was increased. The physical condition further deteriorated: febrile, sO₂ declining. After repeated PCR tests for COVID-19 (all negative), interstitial pneumonia caused by clozapine was suspected, and clozapine was excluded from therapy. The physical condition started to improve. Quetiapine was introduced, and occasional episodes of agitation were relieved with intramuscular diazepam. In the following days, the patient’s mental state improved and he was discharged.

Conclusions: Despite its superiority over other antipsychotics, clozapine was with good rationale ranked third in treatment guidelines for schizophrenia.