has licked silver coins for years. The final diagnosis was schizophrenia, and argyria due to a chronic silver intoxication.
Conclusions: Heavy metals intoxications can be associated to acute psychotic disorders, so we must take them into account. As well, schizophrenia can cause bizarre believes which can lead to the intoxication.

Disclosure: No significant relationships.
Keywords: schizophrénia; heavy metals; PSYCHOTIC DISORDERS; argyria

EPV1376

Combination of clozapine, cariprazine and fluoxetine in treatment-resistant schizophrenia patient with prominent negative symptoms: A Case report

I. Everte[1]*, A. Pamše-Romāne[2] and M. Taube[2]

[1]Strenci Psychoneurological hospital, 4th Department Of Psychiatry, Strenci, Latvia and [2]Riga Centre of Psychiatry and narcology, Department Of Depression And Crisis Situations (20th), Riga, Latvia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2017

Introduction: Despite pharmacological advances in the treatment of schizophrenia, significant number of patients are still treatment-resistant. Clozapine is recommended as first-line treatment for treatment-resistant schizophrenia (TRS) in guidelines. Despite the greater efficacy of clozapine over other antipsychotics in the management of TRS, a significant number of patients fail to attain adequate response or develop adverse effects, and more interventions are needed.
Objectives: To describe a clinical case of treatment-resistant schizophrenia patient with prominent negative symptoms treated with combination of clozapine, cariprazine and fluoxetine, and to review the literature.
Methods: Clinical case presentation through review of the clinical file and non-systematic review on PubMed and ResearchGate.
Results: A 41 year old female patient presented to inpatient clinic with low mood, occasional commanding and commenting verbal hallucinations, occasional suicidal thoughts, blunted affect, anhedonia, asociality, she was apathetic, lacked motivation to get up from bed, had night's sleep disturbance. Patient was diagnosed with Schizophrenia in 2009, she has been hospitalized in Psychiatric wards for 16 times. She has received treatment with combinations of several antipsychotic drugs and antidepressants, had side-effects and have not reached full remission. During treatment with clozapine (up to 175mg per day) in combination with cariprazine (up to 4.5mg per day) and fluoxetine (up to 20mg per day), gradually negative symptoms decreased, patient became more active, showed interest in daily and rehabilitation activities, night's sleep improved.
Conclusions: Patient with treatment-resistant schizophrenia benefited from combination of clozapine, cariprazine and fluoxetine. Further research is necessary on treatment combination strategies for TRS.

Disclosure: No significant relationships.
Keywords: A case report; psychiatry; schizophrénia; treatment-resistant schizophrenia

EPV1378

Correlates of late-onset antipsychotic treatment resistance

D. Fonseca De Freitas[1,2]*, D. Agbedjro[2], G. Kadra-Scalzo[3], E. Francis[4], I. Ridler[5], M. Pritchard[2], H. Shetty[6], A. Segev[7], C. Casetta[8], S. Smart[9], A. Morris[10], J. Downs[10], S. Christensen[11], N. Bak[11], B. Kinon[12], D. Stahl[5], R. Hayes[2] and J. Maccabe[13]

[1]King's College London & University of Oxford College London, Psychological Medicine & Department Of Psychiatry And Nuffield Department Of Primary Care Health Sciences, London, United Kingdom; [2]Institute of Psychiatry, Psychology & Neuroscience, King's College London, Psychological Medicine, London, United Kingdom; [3]Institute of Psychiatry, Psychology, and Neuroscience, King's College London, Department Of Psychological Medicine, London, United Kingdom; [4]University College London, Institute Of Epidemiology And Health Care, London, United Kingdom; [5]Institute of Psychiatry, Psychology & Neuroscience, King's College London, Biostatistics And Health Informatics, London, United Kingdom; [6]South London and Maudsley NHS Foundation Trust, Maudsley Biomedical Research Centre, London, United Kingdom; [7]Tel Aviv University, Sackler Faculty Of Medicine, Tel Aviv-Yafo, Israel; [8]Università degli Studi di Milano, Department Of Health Sciences, Milano, Italy; [9]Cardiff University, Mrc Centre For Neuropsychiatric Genetics And Genomics, Cardiff, United Kingdom; [10]King's College London, Institute Of Psychiatry, Psychology & Neuroscience, London, United Kingdom; [11]H. Lundbeck A/S, H. Lundbeck A/s, Copenhagen, Denmark; [12]Lundbeck Pharmaceuticals LLC, Lundbeck Pharmaceuticals Llc, Deerfield, United States of America and [13]King's College London, Academic Psychiatry, London, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2018

Introduction: There is emerging evidence of heterogeneity within treatment-resistance schizophrenia (TRS), with some people not responding to antipsychotic treatment from illness onset and a smaller group becoming treatment-resistant after an initial response period. It has been suggested that these groups have different aetiologies. Few studies have investigated socio-demographic and clinical differences between early and late onset of TRS.
Objectives: This study aims to investigate socio-demographic and clinical correlates of late-onset of TRS.
Methods: Using data from the electronic health records of the South London and Maudsley, we identified a cohort of people with TRS. Regression analyses were conducted to identify correlates of the length of treatment to TRS. Analysed predictors include gender, age, ethnicity, positive symptoms severity, problems with activities of daily living, psychiatric comorbidities, involuntary hospitalisation and treatment with long-acting injectable antipsychotics.
Results: We observed a continuum of the length of treatment until TRS presentation. Having severe hallucinations and delusions at treatment start was associated shorter duration of treatment until the presentation of TRS.
Conclusions: Our findings do not support a clear cut categorisation between early and late TRS, based on length of treatment until treatment resistance onset. More severe positive symptoms predict earlier onset of treatment resistance.

Disclosure: DFdF, GKS, EF and IR have received research funding from Janssen and H. Lundbeck A/S. RDH and HS have received

research funding from Roche, Pfizer, Janssen and Lundbeck. SES is employed on a grant held by Cardiff University from Takeda Pharmaceutical Comp
Keywords: secondary TRS; refractory psychosis

EPV1379

Ultra-treatment-resistant Schizophrenia. A case report

A. Osca Oliver[1]*, M. Palomo Monge[2], M. Pérez Fominaya[2], M.V. López Rodrigo[1] and M.F. Tascón Guerra[2]

[1]Hospital Nuestra Señora del Prado, Psiquiatría, Talavera de la Reina, Spain and [2]Hospital Nuestra Señora del Prado, Psiquiatria, Talavera de la Reina, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2019

Introduction: Despite the efficacy of antipsychotics, up to about 30% of schizophrenia patients do not respond adequately to treatment and are called treatment-resistant schizophrenia (TRS) patients. The treatment of choice in these patients is clozapine, which is used last due to the adverse effects it can cause. However, it has been shown that half of TRSs are also resistant to clozapine, leading to ultra-resistant schizophrenia.
Objectives: We present a clinical case corresponding to a 33-year-old man, single, residing in a community residence, undergoing psychiatric follow-up from the age of 7, receiving during this period the diagnoses of schizotypal personality disorder and paranoid schizophrenia.
Methods: As of 2015, he began to make autolytic attempts, the last being this year, 2021. Moment in which he manifests for the first time presenting imperative, sporadic auditory pseudo-hallucinations, which incite self-harm. These sensory-perceptual alterations appeared from 2015, together with the worsening of the negative symptoms.
Results: The patient has been treated with numerous antipsychotics, without complete remission, so since 2019 treatment with Clozapine 200mg was started. As the symptoms did not subside, the dose was increased to 400mg, at which point some of its side effects began to appear; urinary incontinence, sedation, sexual impotence … so the patient abandoned the treatment, suffering a relapse of his mental pathology.
Conclusions: Despite the arrival of atypical antipsychotics, it remains a challenge that there is a complete remission of symptoms in some patients with schizophrenia, for which we consider that psychopharmacological research in this group of patients is of the utmost importance.

Disclosure: No significant relationships.
Keywords: schizophrénia; treatment resistant; refractory schizophrenia; Antipsychotics

EPV1382

Hormonal alterations due to antipsychotic-related hyperprolactinemia

A.L. Montejo[1]*, B. Buch[2], M.J. López[3], M.T. Arias[3], M.D. Corrales[3], E. Dominguez[3], C. Matos[3], B. Cortés[3], Y. Santana[3], I. Valrriberas[3], J. Matías[3], T. Prieto[2] and J.M. Acosta[2]

[1]University of Salamanca, Psychiatry, Salamanca, Spain; [2]IBSAL, Neurociencias, Salamanca, Spain and [3]hospital universitario, Psiquiatría, salamanca, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2020

Introduction: The use of antipsychotics (APS) is essential. Despite their great efficacy, some of them are associated with an increase in prolactin levels that can lead to hormonal changes needing to be identified and managed [1,2,3]. Hormonal changes use to have clinical implications including hypogonadism, infertility and sexual dysfunction
Objectives: To evaluate possible hormonal alterations and some clinical implications produced by hyperprolactinemia (HPRL) derived from the use of some antipsychotic compounds.
Methods: A complete fasting blood test was performed on a sample of 113 subjects (69 men and 44 women). 54% (n = 61) showed a normal prolactin level and 46% (n = 52) showed hyperprolactinaemia (>50ng / ml). On the global sample, 39.8% (n = 45) was treated with some hyperprolactinemic drug , mostly risperidone and paliperidone.
Results: Some differences were found depending on the gender of the subjects. A highly significant inverse relationship between the values of prolactin and testosterone was found in males (p=0.020, r=-0.285). In females, increased prolactin level was significantly related to decreased cortisol values.
Conclusions: Antipsychotic-related Hyperprolactinaemia (mainly risperidone and paliperidone) is related with a decrease in testosterone levels in males and with an increase in cortisol levels in females.

Disclosure: No significant relationships.
Keywords: antipsychotic; schizophrénia; prolactin; iatrogenic

EPV1384

Electroconvulsive therapy in treatment resistant schizophrenia: Old beacon of hope when nothing else works

C. Adão[1]*, A.A. Quintão[1], A. Velosa[1], P. Trindade[1] and C. Almeida[1,2]

[1]Centro Hospitalar de Lisboa Ocidental, Psychiatry Department, Lisboa, Portugal and [2]NOVA Medical School, Psychiatry And Mental Health, Lisboa, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2021

Introduction: Electroconvulsive therapy (ECT) is one of the oldest psychiatric treatments used to this day. It is particularly useful in cases of schizophrenia resistant to treatment with antipsychotics. 49% of patients with schizophrenia experience little or no response with one trial of antipsychotics, 71% do not achieve remission and up to 20% of patients are also resistant to clozapine.
Objectives: Description of a clinical case where ECT is used in the treatment of resistant schizophrenia and review of the literature.
Methods: Description of a clinical case. Non systematic review of the literature, searching the terms “treatment resistant”; “schizophrenia”; “ect” in the databases Pubmed, Medline, Cochrane and Uptodate.
Results: Male, 38-year-old patient, diagnosed with schizophrenia for 20 years, with history of multiple hospitalizations, institutionalized for 9 years. Treated with risperidone 50 mg intramuscular fortnightly, clozapine 750 mg daily, aripiprazol 30 mg daily and