Methods: The patient was closely observed and given oral paliperidone, after 5 days long-acting paliperidone was introduced. He was discharged with mild improvement of his psychiatric symptoms. While being in treatment with Paliperidone 525mg, he kept vivid delusions and hallucinations. The patient still refused to take any oral medications. Long-acting aripiprazole 300mg was added to the treatment.
Results: He showed clinical improvement after a month. He has been stabilized for one year.
Conclusions: Treating resistant schizophrenia is among the most challenging clinical endeavors. A very helpful approach to improve adherence in schizophrenia is the use of long-acting injectable (LAI) antipsychotics. A major effort on scientific research of combination of LAI is needed.

Disclosure: No significant relationships.
Keywords: paliperidone; Aripiprazol; Long-acting injectable antipsychotics; schizophrénia

EPV1193

Time of onset of hematological side effects with Clozapine

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Introduction: Clozapine use is not deprived of serious complications that can condition treatment strategies, particularly hematological. Recognizing the time it takes for these effects to set, can therefore help to better screen their appearance, improving healthcare.
Objectives: To study the time of onset of hematological adverse reactions in patients treated with Clozapine.
Methods: A longitudinal, retrospective and descriptive study on a period of 20 years starting from the first of January 2000, at the psychiatry department A of the Razi hospital in Tunisia. This study was conducted on patients treated by Clozapine. The data was collected from patients' medical files using a pre-established sheet.
Results: The studied sample included 64 patient. Hematological disorders were found in 21 patients (32.8%). The mean time of onset of hematological adverse reactions was 119.71±126.56 days. Indeed, some patients had presented more than one hematological disorder and this at different times. Mild to moderate neutropenia had a mean time of onset of 502.57±908.32 days. The time of onset of eosinophilia was 937.75±1725.87 days, 297.67 ± 444.93 days for thrombocytopenia, 741±1268.85 days for leukopenia, 69.25 ± 48.19 days for hyperleukocytosis and 183. 33±231.80 days for anemia. Two cases of agranulocytosis were noted: one case occurred 10 years and three months from treatment beginning and the second case occurred after 7 months of treatment onset.
Conclusions: The time of onset of hematological side effects with clozapine varies widely and cannot be predicted with precision. Early, more frequent and regular surveillance is therefore necessary in this population.

Disclosure: No significant relationships.

EPV1194

Hypertriglyceridemia induced by aripiprazol: about a clinical case

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Introduction: 41 years-old man diagnosed of schizophrenia and peripheral spondyloarthropathy HLA-B27 (-) in treatment with methotrexate. Psychiatric background: First psychotic episode at 18, with no further medical monitoring. In 2018 he underwent a new episode consisting in auditory hallucinations, delusional ideas and clinophilia of months of evolution. He was sent to a Psychiatric Rehabilitation Unit and prescribed aripiprazole 20mg. The routine blood analysis revealed triglycerides level of 414mg/dL, with previous normal levels (123 mg/dL), without no other cause to justify it.
Objectives: To study the relationship between aripiprazole treatment and acute hypertriglyceridemia.
Methods: A clinical case is presented and available bibliography about the relation between aripiprazole and acute hypertriglyceridemia is reviewed.
Results: Hypertriglyceridemia was confirmed in the second analysis, so we concluded it was due to the start of aripiprazole, after rejecting other potential causes. Aripiprazole was replaced by cariprazine 3mg because of its similar profile. The analysis was repeated after a month and the normalization of the triglyceridemia (159mg/dL) was verified, while cholesterol levels remain stable. Moreover, the patient experienced an improvement in akathisia and sedation.
Conclusions: Although metabolic impact is not expected with aripiprazole, after reviewing the bibliography we have found a clinical trial and a case series that described this adverse effect. Our case highlights the importance of closely monitoring of patients in whom an antipsychotic treatment is started due to the high mortality and morbidity related to cardiovascular diseases.

Disclosure: No significant relationships.
Keywords: metabolic syndrome; Hypertriglyceridemia; Aripiprazol

EPV1195

Mydriasis caused by ESCITALOPRAM: Case report

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Introduction: Serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants thanks to the overall safety and tolerability spectrum. However, they can cause different side effects that not all of them are well identified.
Objectives: We intend to clarify the clinical presentation of mydriasis caused by Escitalopram.

Methods: Reporting the case of a patient suffering a major depressive disorder, that presented a mydriasis after adjusting her antidepressant medication. Then, we conducted a literature review using "PubMed" database and keywords "Mydriasis", "escitalopram", "SSRI"," side effects".
Results: A 29-year-old female with no past clinical history, presented in May 2021 a severe depression requiring an antidepressant treatment. Under 10 mg per day of escitalopram there was a partial remission of the symptoms, leading to increase the dose by another 10 mg. One month after taking 20 mg/day, she consults before the appointment suffering from a blurry vision and photophobia. Ophthalmologic examination showed a bilateral reactive half-mydriasis, eye pressure was 14 mmHg and fundus examination was normal. Iatrogenic origin of mydriasis was suspected. A gradual interruption of the medication lead to disappearance of the latter. A pharmacological investigation concluded to the suspension of escitalopram and to be vigilant if antidepressant medication would be needed.
Conclusions: Mydriasis is an uncommon side effect caused by SSRI that needs to be kept in mind by clinicians. Therapeutic patient education can help to detect abnormal side effects and treat them if needed.

Disclosure: No significant relationships.
Keywords: mydriasis; escitalopram; Side effects; SSRI

EPV1196

The cognitive effects of esketamine: what do we know so far?

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Introduction: Esketamine is an S-enantiomer of ketamine approved by the EMA for treatment-resistant depression (TRD). As an NMDA receptor antagonist, its administration results in increase of glutamate release and AMPA receptor activation, supporting both rapid-onset and long-term antidepressant effects. Short-term tolerability seems acceptable but major concerns remain regarding long-term safety, specifically regarding potential neurocognitive toxicity.
Objectives: To clarify the potential short and long-term cognitive beneficial-effects and side-effects of esketamine.
Methods: Research was made using the Medline database, through the Pubmed search engine, using the keywords: "esketamine", "cognition". Only randomized-controlled trials were considered.
Results: One study focused on the effects of intranasal esketamine (INE) on cognitive functioning in 24 healthy individuals, who were evaluated pre- and postdose (40 min, 2h, 4h and 6h). The results showed a decline in cognitive performance at 40 min postdose, returning to comparable levels as placebo by 2h postdose. Another study, with a follow-up of 1 year, involving 802 TRD patients, accessed the long-term safety of INE. In patients aged <65 years-old, performance on all cognitive tests remained stable or slightly improved from baseline during long-term treatment. In patients ≥ 65 years-old, the mean performance on all tests improved or remained stable, while the simple and choice reaction time began slowing at week 20.
Conclusions: Esketamine has proven to be a promising new option for the treatment of TRD and available studies have shown promising results regarding patients' cognitive function. Larger clinical trials are needed to further evaluate its short-term and long-term cognitive effects.

Disclosure: No significant relationships.
Keywords: esketamine; cognition

EPV1197

Employment status of patients with schizophrenia spectrum disorder treated with long acting injectable paliperidone palmitate: Real world mirror image study

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Introduction: Schizophrenia spectrum disorders may severely limit ability to achieve and maintain gainful employment of affected working-age individuals.
Objectives: Assess the employment status in patients with schizophrenia spectrum disorders treated with long acting injectable paliperidone palmitate after the switch from oral antipsychotics.
Methods: A single centre mirror image design study of 115 patients with schizophrenia spectrum disorder was conducted in a tertiary level psychiatric hospital. Data were collected for period of 12 months prior toand 12 months after switching from oral antipsychotic to long acting injectable paliperidone.Employment status for 6 enrolled patients was missing.
Results: Mean age of enrolled patients was 38,4±11,6 years. Of the 109 patients analyzed for employment status, 44,4% remained employed for 12 months after switching to long acting injectable paliperidone while 4,6% patients changed their employment status from unemployed to employed after the switch. No patient changed their employment status from employed to unemployed after the switch. 9,2% patients were already retired at the beginning of study period and 5,5% of patients maintained their student status. 36,7% patients remained unemployed for the whole study period. The correlation between employment status of employed and unemployed patients and duration of illness was borderline significant with p=0,049.
Conclusions: The data from this study suggest that use of long acting injectable paliperidone contributed to preservation of working ability of working-age patients suffering from schizophrenia spectrum disorders.

Disclosure: No significant relationships.
Keywords: long acting injectable antipsychotic; Paliperidone palmitate; Employment; schizophrenia spectrum

EPV1198

Valproic acid-induced hyperammonemic encephalopathy: a clinical case

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