33 (7.3%) delusional disorder and 34 (7,6%) schizoaffective disorder. The off-label use of clozapine was 19,1 %. The average mean dose used was 246,2 mg/day and 59% of the patients on clozapine were on polytherapy. Only 14,7% of these patients had a previous trial with clozapine on monotherapy.
Conclusions: Rates of polytherapy, previous trials of clozapine monotherapy, off label use, rates of discontinuation and other variables are to be considered to precisely map the adequate use of clozapine in clinical settings.

Disclosure: No significant relationships.
Keywords: clozapine; Patterns of use; PSYCHOTIC DISORDERS

EPV1145

Amisulpride-induced late-onset rabbit syndrome: Case report and literature review

I. Gundogmus[1], S. Tekin[2*], A. Tasdelen Kul[2], Ö. Uzun[2] and K.N. Ozmenler[2]

[1]Kirikkale Yuksek Ihtisas Hospital, Psychiatry, Kırıkkale, Turkey and [2]Gulhane Research and Training Hospital, Psychiatry, Ankara, Turkey
*Corresponding author.
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Introduction: Amisulpride is an atypical antipsychotic. Rabbit syndrome(RS) may be seen after antipsychotics use a few days or long-term application. RS occurs after more frequent typical antipsychotics and also in rare cases atypical antipsychotics.Its characterized by the involuntary rhythmic movements of the lips however involves no tongue movements.
Objectives: Case report and reflection on its etiology
Methods: Case report and literature review
Results: A 28-year-old female with a diagnosis of schizophrenia applied with the complaints and symptoms of withdrawal, do not want to leave the house, physical anergy and avolition that started after stopped taking her medications. She was admitted to the psychiatry service and amisulpride treatment was started and was gradually increased to 800 mg/day. After 30 days of hospitalization, the patient was discharged with mild recovery. 14 days after the discharge, because of the abnormal involuntary movements in mouth, the patient applied. In clinical examination without tounge involvement, rhythmic motions were observed in the lips and jaw. Neurological examination, labrotory tests and cranial screening were all normal. She was evaluated by a private psychiatrist and was diagnosed with RS. Amisulpride treatment changed to olanzapine treatment with 15 mg/day. After two months, RS spontaneously regressed.
Conclusions: The resolution of the involuntary movements following discontinuation of amisulpride in our case, supported the diagnosis of RS. Although the mechanism by which RS emerges as a side-effect of amisulpride is not fully understood, the drug's high affinity for and selective binding to dopaminergic D2 and D3 receptors are thought to be responsible for this involuntary motion disorder.

Disclosure: No significant relationships.
Keywords: Antipsychotics side-effects; amisulpride; rabbit syndrome,

EPV1146

Management of antipsychotic-related sexual dysfunction

C. Rodrigues

Centro Hospitalar Psiquiátrico de Lisboa, Serviço De Reabilitação, Lisboa, Portugal
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Introduction: Sexual dysfunction (SD) can often be a side-effect of treatment with antipsychotics (APS). It often jeopardizes long-term adherence to treatment, while deeply affecting the patient's quality of life. The pathogenic mechanisms may be associated with post-synaptic dopamine antagonism, a_1-antagonism and prolactin elevation. APS-induced hyperprolactinemia has been linked to the occurrence of galactorrhea, gynecomastia, amenorrhea and SD.
Objectives: To synthesize the available evidence on the management of APS-related sexual dysfunction, with a main focus on the second-generation antipsychotics.
Methods: A search for randomized controlled trials (RCT) published between 2021 and 2011 on PubMed was made using the keywords "sexual"; "dysfunction"; "antipsychotic" and "treatment", from which resulted sixteen articles. Only six of those were considered relevant for the study's objectives.
Results: Three studies focused on the comparison between different APS and prolactin levels and SD occurrence, showing that treatment with aripiprazole is mostly related to prolactin levels with the normal range and a lower incidence of sexual dysfunction. Addition of aripiprazole to previous APS may be associated with normalization of sexual function and pose as a possible management option. Adjunctive treatment with tadalafil showed no significant effect on its primary outcome.
Conclusions: There seems to be a general consensus that patients treated with first-generation antipsychotics (FGA), along with risperidone, paliperidone and amissulpride show higher prolactin levels and incidence of SD. Whether there is a causal relationship between these two variables still remains a question. Larger and more prolonged trials are still needed to evaluate APS-related sexual dysfunction and its management.

Disclosure: No significant relationships.
Keywords: sexual; Treatment; dysfunction; antipsychotic

EPV1147

A case report of eosinophilia associated with risperidone withdrawl in a patient with schizophrenia

E. Giourou*, A. Theodoropoulou, P. Batzikosta, O. Prodromaki, E. Georgila and P. Gourzis

General University Hospital of Patras, Greece, Department Of Psychiatry, Patras, Greece
*Corresponding author.
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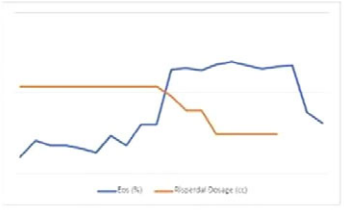
Introduction: Risperidone, a second generation antipsychotic, shows high affinity with serotoninergic and dopaminergic D2 receptors, but also adrenergic and H1 histaminergic receptors. Previous studies have shown an increase in eosinophile count associated with the second-generation antipsychotics through the histaminergic path.

Objectives: The presentation of a case in which eosinophilia was associated with risperidone withdrawl 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 withdrawl; eosinophilia

EPV1148

Treating Patients with Aripiprazol: A Safe Gamble?

B. Leal*, D. Vila-Chã, S. Garcia, I. Pinto, R. Mateiro, M. Avelino, M. Martins and J. Salgado

Centro Hospitalar Psiquiátrico de Lisboa, Clínica 1, Lisboa, Portugal
*Corresponding author.
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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

R. Softic[1]*, A. Tahirovic[2], G. Sulejmanpasic[2], A. Memic Serdarevic[2], A. Cesir[2] and N. Becarevic[1]

[1]University Clinical Center Tuzla, Of Psychiatry, Tuzla, Bosnia and Herzegovina and [2]Clinical Centre University of Sarajevo, Psychiatric Clinic, Sarajevo, Bosnia and Herzegovina
*Corresponding author.
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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.