

family medicine, emergency, and intensive care had a higher stigma level compared to other residents (Mean score>0.51). The completion of a psychiatry clerkship did not significantly reduce the level of stigma toward people with a mental illness ( $p=0.8$ ).

**Conclusions:** A combination of medical school experiences of psychiatry's theoretical learning and clerkship are important factors that shape students. Awareness of this will enable educators to develop locally relevant anti-stigma teaching resources throughout the psychiatry curriculum to improve students' attitudes towards psychiatry as a discipline and mental illness in general.

**Disclosure:** No significant relationships.

**Keywords:** stigma; medical student; mental disorder

## Psychopharmacology and Pharmacoeconomics

### EPP0697

#### Clozapine induced oesophagitis: A case report

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**Introduction:** There are several case reports describing clozapine side effects such as agranulocytosis, constipation, tachycardia but rarely cases describing oesophagitis caused by clozapine were reported.

**Objectives:** To report the first case in our country about clozapine induced oesophagitis.

**Methods:** We describe a case in which a patient who has no gastrointestinal past history, has developed an oesophagitis stage 2 of Savary and Miller Classification without any gastroesophageal reflux disease, few weeks after introducing clozapine at therapeutic dose.

**Results:** A 25 years old male patient with resistant schizophrenia managed with clozapine, was admitted to reinstate his treatment after weeks of stopping his medication. During hospitalization, our patient developed a sudden haematemesis in 10 days after commencement of clozapine. The patient had no history of gastrointestinal symptoms or disease. The clinical examination and blood tests did not find any signs of bleeding severity. A gastroscopy was performed, revealing esophagitis stage 2 of Savary and Miller classification and a cardiac polyp removed with biopsy forceps that showed no malignant lesions. The patient was treated with acid suppressant therapy. There was no further episode of haematemesis and our patient healed uneventfully within a week. As for clozapine, it wasn't interrupted and we continued increasing doses very carefully with no further incident.

**Conclusions:** Although it is a rare side effect, oesophagitis may appear at therapeutic doses of clozapine, and this possibility should be taken into account when treating patients with resistant psychiatric disorders.

**Disclosure:** No significant relationships.

**Keywords:** side effect; clozapine; schizophrenia; oesophagitis

### EPP0698

#### Psychotropic drugs cross-reactivity with amphetamines in a FAERS sample: an international pharmacovigilance study

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**Introduction:** Urine Drug Screening (USD) is one of the most used techniques for drug testing. However, one of the main issues related to USD is the high frequency of cross-reactivity with other molecules. Amphetamines, because of their simple structures, are highly subjected to cross-reactivity with other molecules.

**Objectives:** Our aim was to investigate and characterize the role of psychopharmacological drugs in the occurrence of false-positive amphetamine drug screening, by performing an international pharmacovigilance study through the *Food and Drug Administration Adverse Event Reporting System* (FAERS), in which user's medication errors for drugs are reported in the form of Individual Case Safety Reports (ICSRs).

**Methods:** All ICSRs recorded between 2010 and 2020 with a positive screening for amphetamine reported as adverse reaction in patients with a psychiatric diagnosis were included in the study. Duplicated records and ICSRs with missing values for age and gender, were excluded from the study.

**Results:** Among 249 ICSRs involving false-positive amphetamine drug screening, 109 ICSRs reported psychiatric disorders and/or psychiatric drugs. In 83 (76%) cases, drugs were known for cross-react. 66 cases reported drugs known as "suspect". 24% of cases reported unknown false-positive reactions: acetaminophen (5%), duloxetine (5%) and oxycodone (5%).

**Conclusions:** The high cross-reactivity of psychotropic drugs with amphetamine testing in USDs may be linked to the neuromodulatory effect of these drugs, suggesting a similar molecular structure. In this perspective, antidepressants and amphetamines share a similar mechanism of action, maybe partially explaining why the most reported cross-reactions are with antidepressant (59%).

**Disclosure:** No significant relationships.

**Keywords:** cross-reactivity; psychopharmacology; USDs

### EPP0700

#### Off-label prescribing of antipsychotics: prescribing practices and clinical experiences of Finnish physicians

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