

## EPV1167

**Co-occurrence of clozapine-related DRESS syndrome core clinical manifestations: results of a systematic review**R. De Filippis<sup>1\*</sup>, P. De Fazio<sup>1</sup>, J. Kane<sup>2</sup> and G. Schoretsanitis<sup>3</sup><sup>1</sup>University Magna Graecia of Catanzaro, Department Of Health Sciences, Catanzaro, Italy; <sup>2</sup>The Zucker Hillside Hospital, Department Of Psychiatry, New York, United States of America and <sup>3</sup>University of Zurich, Psychiatric University Hospital, Zurich, Switzerland

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**Introduction:** Drug reaction with eosinophilia and systemic symptoms (DRESS) syndrome refers to a cluster of clinical symptoms/signs related to drug hypersensitivity. The main clinical features include fever, skin rash, eosinophilia, enlarged lymph nodes, atypical lymphocytosis, and involvement of at least one internal organ. Clozapine-related DRESS syndrome has been rarely reported, but this may be due to a different clinical presentation pattern compared to DRESS for other culprit drugs.

**Objectives:** We aimed to assess clusters of main clinical features of clozapine-related DRESS.

**Methods:** We ran a network analysis for clinical manifestations in the pooled sample of all previous published cases of clozapine-related DRESS.

**Results:** We observed a triad of core symptoms (i.e., organ implication, fever, and eosinophilia) among DRESS criteria co-occurring in 59.3% (n=16) of 27 patients. The organs most likely to be involved in clozapine-related DRESS included lungs, liver, heart, and kidneys. Fever was also present in almost all cases (n=25 patients), while eosinophilia was observed in two thirds of the sample (n=18 patients).

**Conclusions:** Regarding clinical manifestations clozapine-related DRESS may differ from DRESS for other culprit drugs as skin reaction is not very typical; thus, clinicians need to consider DRESS as a potential diagnosis even in absence of a skin reaction. When managing clozapine-treated patients with the core triad of organ implication, fever, and eosinophilia clinicians should consider guidelines for DRESS treatment.

**Disclosure:** No significant relationships.

**Keywords:** psychopharmacology; Clozapine-related DRESS syndrome; schizophrénia; drug hypersensitivity

## EPV1168

**Impact of polypharmacy on inducing blood dyscrasias in clozapine treated patients**M. Shiri<sup>1\*</sup>, A. Ouertani<sup>2</sup>, U. Ouali<sup>2</sup> and R. Jomli<sup>2</sup><sup>1</sup>Razi hospital, Psychiatry A, Manouba, Tunisia and <sup>2</sup>Razi Hospital, Psychiatry A, manouba, Tunisia

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**Introduction:** Clozapine is commonly associated with hematological side effects. However, little research is available on the impact of adding other psychotropic medication on inducing blood dyscrasias.

**Objectives:** The aim of the study was to explore the impact of associating psychotropic medication to clozapine in producing hematological abnormalities.

**Methods:** Our study was a longitudinal, retrospective chart review of adult psychiatric patients receiving clozapine treatment at our clozapine consultation between January 2000 and September 2020.

**Results:** Our sample consisted of 15 women (23.5%) and 49 men (76.5%), mean age was 41.34 ±9.32 years. Polypharmacy was found in 70.3% of the cases. Association of clozapine to other psychotropic agents was found in 67.2% of the cases. Most prescribed add-on medication was valproic acid in 27 cases, benzodiazepines in 21 cases, promethazine and hydroxyzine in 16 cases, lithium in 8 cases and haloperidol in 6 cases. We found blood dyscrasias in 21 patients (32.8%). Hematological abnormalities were as follow: 2 cases of agranulocytosis, 8 cases of neutropenia, 13 cases of thrombocytopenia, 5 cases of leukocytosis, 5 cases of eosinophilia and 3 cases of anemia. In our sample we did not find a significant association between psychotropic polypharmacy and blood dyscrasias.

**Conclusions:** Many psychiatric patients on clozapine require polypharmacy to better stabilize their condition. Such co prescriptions may carry the risk of inducing more side effects especially blood dyscrasias. In our study, we did not find a significant association between psychotropic medication added to clozapine and hematological abnormalities. But further research is warranted to better explore this association.

**Disclosure:** No significant relationships.

**Keywords:** clozapine; psychotropic medication; Polypharmacy; blood dyscrasias

## EPV1169

**A case of trazodone induced prolonged hypogeusia**R. Tekdemir<sup>1\*</sup> and A. Kandeğer<sup>2</sup><sup>1</sup>Atatürk Chest Diseases and Thoracic Surgery Training and Research Hospital, Department Of Psychiatry, Ankara, Turkey and <sup>2</sup>Selçuk University, Psychiatry, Konya, Turkey

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**Introduction:** Plenty of antidepressants have been reported to induce unpleasant tastes and/or odors as well as altered chemosensations when administered alone or in combination with other medications. Trazodone induced hypogeusia (decreased taste sensation) is a rare side effect. In this report, we would like to present a male patient with with hypogeusia after trazodona use and persisting for 3 months after the drug was discontinued will be discussed.

**Objectives:** A 52-year-old male, Trazodone 50 mg/day was started 4 months ago due to difficulty in falling asleep. On the 25th day of her daily treatment, her sense of taste began to decrease and gradually became more severe. So he stopped his treatment and he applied to the internal medicine and neurology polyclinics. Routine blood tests were within normal limits. To rule out the possibility of covid 19, 2 pcr tests were done and it was found negative. No recommendations other than chewing