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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Introduction: Valproic acid is a psychotropic drug used for several years, due to its properties as a mood stabilizer, being considered as first-line treatment for bipolar disorder. In addition to its teratogenic potential, which prevents its recommendation for the treatment of bipolar disorder in women of childbearing age, valproic acid is associated with some side effects, such as gastrointestinal symptoms, alopecia, weight gain, tremor or hepatotoxicity. Hyperammonemia is a side effect that is little described, but relatively frequent, and may progress to variable encephalopathy.
Objectives: The authors describe a clinical case of a 48-year-old female patient, hospitalized due to a manic episode, who was prescribed valproic acid, in association with lorazepam and olanzapine.
Methods: After three days on a dose of 1000mg of valproic acid, the patient began an acute condition of confusion, psychomotor retardation, temporal-spatial disorientation and ataxia. Infection, electrolyte disturbance and acute cerebral event were excluded. Noteworthy only hyperammonemia. Valproic acid was withdrawn and replaced by lithium, with the patient recovering from the confusional state two days later.
Results: Hyperamonemic encephalopathy secondary to valproic acid was concluded. The mechanisms of valproic acid-linked hyperammonemia are not clear, although it appears to be independent of hepatotoxicity. The most studied hypotheses are related to glutamine reabsorption and serum levels carnitine in patients medicated with valproic acid.
Conclusions: It is essential that there is a high level of suspicion in clinicians for this secondary effect of valproic acid, in order to adequately treat the patient who presents with acute confusional conditions, not explained by other complications.

Disclosure: No significant relationships.
Keywords: hyperammonemia; encephalopathy; valproic acid

EPV1199

When less is more: deprescription in a long-stay hospital. A case report.

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Introduction: We present the case of a 54-year-old man diagnosed with mixed histrionic / obssesive personality disorder admitted in a long-stay hospital. Symptoms began at 40 years of age, predominantly anxiety and agoraphobia alongside somatic complaints. During his admission, the symptoms markedly fluctuated. The patient alternated periods in which he presented confusion with others of irritability, disinhibition, and stereotyped movements. Moreover the patient spent long periods of time in bed with little or no communication with other patients or staff.
The different pharmacological approaches which were carried out and their consequences are analyzed.
Objectives: It is a common practice to increase the number of prescribed drugs or their doses when symptoms worsen. The result is polymedication and higher doses above maximum levels in the technical sheet. Reducing medication is rarely considered as a strategy.
Methods: A case report is presented alongside a review of the relevant literature regarding different long-term pharmacological treatments and their side effects.
Results: The suspension of the antipsychotic treatment which had been administered for years represented a significant improvement. Withdrawal of Olanzapine resulted in a significant improvement.
Conclusions: It is important to review the prescription of each medication in time, as well as to consider their possible side effects.

Disclosure: No significant relationships.
Keywords: Side effects; deprescription; polymedication

EPV1200

Clinical experience with the new double aripiprazole depot regime in a psychiatric hospitalization unit

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Introduction: Nowadays, relapses are typical in patients with schizophrenia and may have serious implications due to most of them are caused by a lack of adherence to treatment.Therefore, numerous long-acting injectable antipsychotics (LAI) have been developed as aripiprazole depot who need a proper oral supplementation. Since November 2020, FDA approved a new treatment indication with a double injection start and a single dose of 20mg of oral aripiprazole, with the aim of avoiding oral supplementation during the next 14 days.
Objectives: The purpose of our study is to expose our experience with the new double injection start with aripiprazole LAI, regarding the rehospitalization rate.
Methods: A prospective study (n=17 patients) has been developed between November 2020 and October 2021 with the purpose of studying the rehospitalization and antipsychotic adherence after the new guideline of aripiprazole
Results: After an 11-month-follow-up, it is noticed a 65% non-rehospitalization rate and a 76% proper treatment persistence rate. The 94% did not present any kind of side effects, only one patient had a case report of bullous pemphigoid. Regarding the concomitant use of other antipsychotics, 82% of the patients remained in monotherapia. The average stay time was shortened (11 days) regarding the standard dose (14 days).
Conclusions: The new LAI regimen is well tolerated in our patients obtaining a high treatment persistence after several months of hospital discharge. It was already possible to shorten the time of rehospitalization, not having to add oral aripiprazole for 14 days. Most patients were discharged are on antipsychotic monotherapy and have not been rehospitalized in the short term.

Disclosure: No significant relationships.
Keywords: relapse; schizophrenia; aripiprazole; LAI