suicide, remained significant when comparing esketamine to venlafaxine. The comparison of patients with serious vs. non-serious esketamine AEs revealed that females, patients receiving antidepressant polypharmacy, co-medication with antipsychotics, mood stabilizers, benzodiazepines or somatic medications were more likely to suffer from serious AEs.
Conclusions: This real-world pharmacovigilance analysis detected signals of serious unexpected esketamine-related AEs, thus reinforcing current worries regarding esketamine safety/acceptability. Further real-world studies are urgently needed to unravel the safety profile of esketamine.

Disclosure: No significant relationships.
Keywords: treatment-resistant depression; pharmacovigilance; esketamine; Suicidal risk

O231

Can atypical antipsychotic drugs cause hepatotoxicity?

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Introduction: Neuropsychiatric drugs account for 16% of drugs that can lead to hepatotoxicity and psychiatric patients can have multiple comorbidities that can increase the incidence of liver disorders such as alcoholism, drug abuse and polymedication. The continuous use of atypical antipsychotic drugs (AAD) has raised questions over their tolerability over endocrine, metabolic and cardiovascular systems. They are also associated with mild elevation of aminotransferases and occasionally cause idiosyncratic liver injury with varying phenotypes. Hepatotoxicity is defined based on biological parameters such as elevation of alkaline phosphatase enzyme, SGPT, SGOT and GGT or clinical abnormalities (jaundice and hepatitis).
Objectives: This work reviewed the current available evidence on the hepatic damage produced by AAD.
Methods: Non-systematic review of the literature with selection of scientific articles published in the past 10 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: atypical antipsychotic drugs; hepatotoxicity; hepatic; Olanzapine; Clozapine; Risperidone; Aripiprazol; Paliperidone.
Results: Atypical Antipsychotic Drugs are generally well tolerated and hepatic alterations are in general very low or rare. The cases published were observed with Clozapine, Olanzapine and Risperidone. Atypical Antipsychotic drugs have a better profile than Chlorpromazine.
Conclusions: In conclusion, the hepatic injury generally occurs within the first weeks of treatment and is usually reversible with drug withdrawal. Hepatic check-ups may be relevant, especially in the beginning of treatment.

Disclosure: No significant relationships.
Keywords: Antipsychotics; hepatic damage; atypical antipsychotics; hepatotoxicity

O232

Psychopharmacological treatment in dissociative identity disorder (DID)

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Introduction: Patients with dissociative identity disorder (DID) present two or more identities. Although it is a widely questioned diagnosis, it is currently found in the main DSM-5 and ICD-10 diagnostic manuals. So far there is no standard psychopharmacological treatment for people with this pathology.
Objectives: Describe the pharmacological treatment associated with the clinical evolution of a patient with DID.
Methods: Follow-up was carried out in a mental health center for a year, undergoing psychopharmacological and psychotherapeutic treatment. The information is taken from the medical history.
Results: The patient presents with anxious and depressive symptoms. She was referred from primary care with 50mg sertraline without response. Dose was increased to 100mg without response. New management started with desvenlafaxine 100mg, associated with lorazepam, partially reducing the symptoms. Later, the patient presented self-referentiality, sounding of thought, began to describe frequent memory losses and a rebound in anxiety-depression symptoms, increasing the dose of desvenlafaxine to 200mg and introducing haloperidol to 1.5mg. Three months later, she presented showing another identity, active, aggressive, pythiatic, without evident anxious symptoms that she previously presented in a marked way. Desvenlafaxine was adjusted to 100mg and haloperidol to 0.5mg every 12 hours. The patient evolved favorably, decreasing anxiety, depressive symptoms and memory loss, in addition to disappearing psychotic symptoms. This treatment was sustained, keeping the patient psychopathological and functional stability and allowing a psychotherapeutic approach.
Conclusions: Treatment with desvenlafaxine and haloperidol was favorable to maintain clinical stability and allow other therapeutic approaches.High dose of antidepressant could favor the expression of another identity of the patient.

Disclosure: No significant relationships.
Keyword: antidepresive antipsicotic disociative memory-loss

Psychosurgery & Stimulation Methods (ECT, TMS, VNS, DBS)

O233

The effectiveness of involuntary electroconvulsive therapy (ECT): A population-based study

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Introduction: Involuntary electroconvulsive therapy (ECT) can be a life-saving intervention for patients suffering from potentially lethal conditions who are unable to give informed consent. However, its use is not widespread, probably partly due to the scarce data on hard outcomes following involuntary ECT. In Denmark, involuntary ECT is only used when patients are at imminent/potential risk of dying if not receiving ECT.
Objectives: We aimed to assess the effectiveness of involuntary ECT by estimating the 1-year survival following its administration.
Methods: We conducted a register-based cohort study involving i) all patients receiving involuntary ECT in Denmark between 2008 and 2019, ii) age and sex-matched patients receiving voluntary ECT, and iii) age and sex-matched individuals from the general population. 1-year survival rates were compared via mortality rate ratios.
Results: We identified 618 patients receiving involuntary ECT, 547 patients receiving voluntary ECT, and 3,080 population-based controls. The survival rate in the year after involuntary ECT was 90%. For patients receiving involuntary ECT, the 1-year mortality rate ratios were 3.1 (95% confidence interval (CI)= 1.9-5.2) and 5.8 (95%CI = 4.0-8.2) compared to those receiving voluntarily ECT and to the population-based controls, respectively. Risk factors for early death among patients receiving involuntary ECT were male sex, being ≥70 years old and having organic mental disorder as the treatment indication.
Conclusions: Treatment with involuntary ECT is associated with a high survival rate, suggesting that the intervention is effective. However, patients receiving involuntary ECT constitute a high-risk population that should be monitored closely after this treatment.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; Informed Consent; Survival rate; Risk factors; Population Register

O234

Effect of add-on cathodal transcranial direct current stimulation (c-TDCS) over pre-supplementary motor area (pre-SMA) in patients with obsessive compulsive disorder: A randomized sham controlled study

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Introduction: Patients with OCD often show unsatisfactory response to first-line treatment, giving rise to a need for novel therapeutic approaches. Recent studies using tDCS for OCD treatment have shown promise.
Objectives: To assess efficacy and safety of add-on c-tDCS over pre-SMA compared to sham stimulation in patients with OCD.
Methods: In this double-blinded study, fourteen patients with OCD were randomized to receive 10 sessions of either active (Cathode over pre-SMA, anode over right deltoid, 2mA, 20 minutes per session, 2 sessions per day, 2 hours apart) or sham tDCS. YBOCS, HAM-D, HAM-A, CGI, Wisconsin Card Sorting Test (WCST), and Stroop Test were administered at baseline, post-tDCS, and 1 month post-tDCS.
Results: Group×time interaction effect for YBOCS scores with Repeated Measures ANOVA was not statistically significant, however, reduction in scores in active group was higher, with large effect size (YBOCS scores: Obsessions-η_p^2=.344, Compulsions-η_p^2= .384, Total-η_p^2=.392) (Fig.1 & 2). At 1 month, 42.9% patients in active group and none in sham group showed response. CGI-S score (p=0.016, η_p^2=.531) (Fig. 3) and four parameters of WCST (Perseverative responses:p=0.038, η_p^2=.448;Percent perseverative responses:p=0.026, η_p^2=.485;Percent perseverative errors:p=0.038, η_p^2=.447;Trials to complete first category:p=0.011, η_p^2=.563) significantly reduced in active group. No significant difference in change in depressive and anxiety symptoms between groups, or change in Stroop Test performance was noted. Adverse effects included transient headache and tingling sensation.

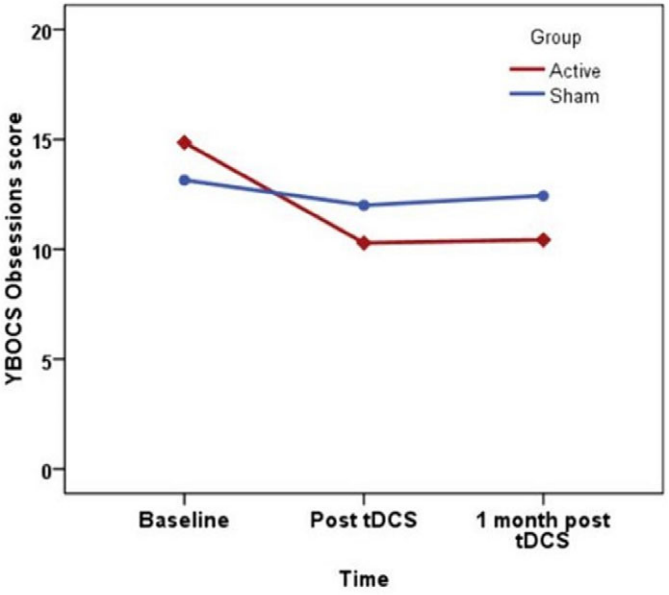

Fig. 1: Mean YBOCS obsessions score in active and sham group over time (N=14)