Objectives: To present a case of rosacea that developed in a schizophrenic patient after starting aripiprazole. Review of literature and search for the total number of cases reported in the european database of suspected adverse drug reactions (EudraVigilance).
Methods: We carried out a literature review in Pubmed electing those articles focused on skin ad subcutaneous skin disorders in those patients that have been taking aripiprazole. Review number of cases of skin reactions reported by the European database of suspected adverse drug reactions.
Results: A 43-year-old man previously diagnosed with schizophrenia with low adherence to different treatments. He came to our service seeking for help in order to decrease delusions with a treatment with minimun adverse reactions. We started aripirazole 10 mg every day and, after 7 days appeared signs of rosacea in his face. After discontinuation of aripiprazol, after 5 days, rosacea remitted.
Conclusions: Rosacea in our case posibly point aripiprazole as the agent that produced the skin reaction. After stopping the treatment the signs disapeared. Awareness of skins manifestations produced by aripiprazole is essential to prevents worse skin reactions.

Keywords: aripiprazole; skin reaction; adverse effect; antipsychotic

EPP1062

Therapeutic monitoring of mood stabilizers in bipolar disorder

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Introduction: Efficacy of lithium is well documented in the literature, making it the gold standard treatment. However, its use declines with the advent of anticonvulsants. This raises the question about monitoring of mood stabilizers in practice.
Objectives: The aims of this study were to determine the prophylactic lithium response in patients followed for bipolar disorder and compared to those of anticonvulsants and assess the mood stabilizers monitoring procedures in clinical practice.
Methods: A retrospective study was conducted, over a period of six months, with patients followed for bipolar disorder stabilized under the same mood stabilizer (lithium or anticonvulsant) for at least one year. The participants were divided into two groups according to the mood stabilizing treatment. The two groups were compared according to socio-demographic, clinical and evolutionary profiles as well as the prophylactic response to treatment.
Results: Patients included were 64 in the study, 28 received lithium and 36 received anticonvulsants. The socio-demographic profile and clinical characteristics were similar in two groups, except for the average total number of mood episodes. Retrospective evaluation of the prophylactic response by ALDA scale showed a significantly higher mean total score in patients receiving lithium (5.9 ± 2.8 versus 2.58 ± 2.4, $p = 0.025$).). Ten of them were in compliance with the recommendations; while 19.44% received anticonvulsants had all the monitoring parameters within the recommended time frame.
Conclusions: Thymoregulators significantly modify the disease's prognosis. Practitioners will attach particular special attention to distinguish the therapeutic efficacy of the side effects which are numerous and sometimes serious.

Keywords: bipolar disorder; lithium; Mood stabilizer; therapeutic monitoring

EPP1063

Use of benzodiazepines in psychosis and bipolar disorder by tunisian psychiatrists

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Introduction: Benzodiazepines (BZD) are psychotropic drugs prescribed in psychiatry for their anxiolytic, hypnotic and sedative properties. Since anxiety, agitation and insomnia are common in psychoses and mood disorders, BZDs are frequently prescribed in the treatment of these pathologies. Guidelines remain rare with regard to the use of BZDs in the treatment of psychosis and bipolar disorder.
Objectives: Our study aimed to evaluate BZDs prescribing practices in psychoses and bipolar disorder and to assess the specific risks related to the use of these molecules in the population suffering from severe mental disorder.
Methods: This is a descriptive cross-sectional study conducted through a Google-forms self-administered questionnaire, intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.
Results: One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. BZDs were prescribed during thymic or psychotic relapses by 88.6% of the participants. During relapses, the main indication for BZDs was anxiety (81.3%), insomnia (80.2%), and catatonia (59.4%). Among the participants, 24.8% indicated that they maintained a long-term treatment with BZDs in patients with psychosis, and 11.4%in patients with bipolar disorder. The participants estimated that the long-term use of BZDs in patients with severe mental disorder represented an increased risk of : dependence (94.3%), behavioral disinhibition (30.5%), suicide (22.9%), anger, hostility and violence (31.4%).
Conclusions: Few guidelines concern the use of BZDs in psychosis and bipolar disorder. However, this prescription remains very frequent in current practice, with clinical and therapeutic features specific to this population.

Keywords: Benzodiazepines; psychosis; bipolar disorder

Psychophysiology

EPP1064

Neural underpinnings of contingency awareness in human fear conditioning

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Introduction: The recognition of the conditioned-unconditioned stimulus (CS-US) association in classical conditioning is referred to as contingency awareness. The neural underpinnings of contingency awareness in human fear conditioning are poorly understood.
Objectives: We aimed to explore the EEG correlates of contingency awareness.