

**Disclosure:** No significant relationships.

**Keywords:** Cariprazine; treatment-resistant schizophrenia; clozapine

## EPV0602

### Leukopenia and agranulocytosis in atypical antipsychotic treatment - besides clozapine

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doi: 10.1192/j.eurpsy.2021.2112

**Introduction:** Leukopenia and agranulocytosis are reported and dangerous haematological side-effects associated with the use of antipsychotics, mostly reported for clozapine administration. However, increased case reports about severe abnormalities even during treatment with second generation antipsychotics other than clozapine.

**Objectives:** This review aims to compare haematological abnormalities associated with clozapine vs non-clozapine antipsychotic treatment, regarding aspects such as safety levels or the need for regular blood samples monitoring.

**Methods:** Pubmed and Google Scholar were searched for eligible articles, through keyword search and cross-referencing.

**Results:** Neutropenia is common both in patients with schizophrenia on clozapine treatment and in those never on clozapine. Cases of agranulocytosis has been described with the use of olanzapine, risperidone or paliperidone, that do not have the same monitoring regulatory process as clozapine.

**Conclusions:** These results highlight the challenges in identifying and managing non-clozapine antipsychotic-induced leukopenia in susceptible patients. Continued research in this domain for evidence based management of antipsychotic-induced blood dyscrasias

**Disclosure:** No significant relationships.

**Keywords:** Antipsychotics; Haematological effects; Leukopenia/ agranulocytosis

## EPV0603

### A sound mind in a sound body? The role of cooperation between medical specialists and patients with comorbid mental and somatic disorders

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doi: 10.1192/j.eurpsy.2021.2113

**Introduction:** Treatment of accompanying somatic disorders in patients with schizophrenia is a crucial issue, as those people die about 25 years earlier, compared with the general population. Moreover, premature death in this group of patients is more often

caused by comorbidities than by suicide. It is worth emphasizing that cardiovascular disease itself in people with schizophrenia accounts for as much as 23% of causes of death, followed by suicides and drug toxicity. The paper presents a description of a 65-year-old patient diagnosed with schizophrenia, alcohol addiction, metabolic syndrome, and cardiac arrhythmia.

**Objectives:** To determine the impact of cooperation between medical specialists and a psychiatric patient on the treatment effect.

**Methods:** A case of a patient treated in a day ward is described. A literature search was made in the PubMed database.

**Results:** A patient after exacerbations of mental illness, often preceded by a return to alcohol use, tends to discontinue both psychiatric drugs and those prescribed for somatic diseases. Due to the diagnosed atrial fibrillation, sudden discontinuation of cardiac medications significantly increases the risk of life-threatening somatic complications, including stroke.

**Conclusions:** Diagnostic and therapeutic management in the treatment of psychiatric and somatic diseases with concurrent addiction to psychoactive substances requires interdisciplinary cooperation of medical specialists with the patient to achieve a successful outcome. Summarizing, in treatment, we must always look at the patient as a whole. Aside from caring for the mental state, the physical condition along with the possibility of cooperation on the part of the patient remains essential.

**Disclosure:** No significant relationships.

**Keywords:** schizofrenia; somatic disorders; comorbidity

## EPV0604

### Paraphrenia in modern times? Revisiting an elder concept

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doi: 10.1192/j.eurpsy.2021.2114

**Introduction:** The concept of paraphrenia was first introduced by Kraepelin and has since been a controversial issue. However, a group of patients still represent a diagnostic problem and many remind us of the initial description of Paraphrenia: "The uncertain group between paranoia and dementia praecox".

**Objectives:** Revisit paraphrenia and to transpose it to modern times.

**Methods:** Clinical report and literature review.

**Results:** "M", a 68 yo women with no psychiatric history was admitted in with depressive humor, anhedonia, asthenia and structured delusional ideas of guilt and persecution and auditory hallucinations. Antidepressant therapy improved the mood, but with worsening of the psychotic symptoms. With further exploration it was clear that the mood disorder was secondary to the psychotic symptoms that arose in insidiously. The family described her as very reserved and suspicious and notice that she abandoned many of her daily tasks. MMSE was 26 points and the laboratory results and the Cranial Computed Tomography were normal. There was little response to antipsychotics and the patient is undergoing electroconvulsive therapy with positive results.

**Conclusions:** Initially thought to be a depressive episode, the psychotic symptoms were the primary manifestation. Although the insidious installation, structured delusional ideas and the