EPP1041

Clinical features, effectiveness of therapy and quality of life of patients with type 2 diabetes and comorbid schizophrenia

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Introduction: According to previous studies, about 8,8-14,5% cases of schizophrenia is comorbid to type 2 diabetes. The focus of the study was the evaluation and dynamics of positive and negative symptoms in case of combination of the diseases.
Objectives: 100 patients were divided in two groups: 48 patients was assigned to receive a monotherapy treatment with antipsychotic; 52 patients received the combination of antipsychotics, nootropics and antioxidants. The efficiency criterion was the dynamics of the questionnaire The quality of life of patients SF-36, Hamilton's scale of Depression and anxiety, overall score on a scale for evaluation positive and negative symptoms (PANSS).
Methods: After treatment the physical component of health is 41,38% in the first group and 56,34% in the second group ($p \leq 0,05$). The psychical component of health is 39,79% in the first group and 50,8% in the second group ($p \leq 0,05$). Also statistically confirmed ($p \leq 0,05$) in the patients of the second group the improvement on the Hamilton's scale of Depression and anxiety questionnaire and PANSS.
Results: After treatment the physical component of health is 41,38% in the first group and 56,34% in the second group ($p \leq 0,05$). The psychical component of health is 39,79% in the first group and 50,8% in the second group ($p \leq 0,05$). Also statistically confirmed ($p \leq 0,05$) in the patients of the second group the improvement on the Hamilton's scale of Depression and anxiety questionnaire and PANSS.
Conclusions: According to Quality of Life questionnaire combination of antipsychotic, nootropic, antioxidant is significant more effective than treatment only with antipsychotic.

Keywords: Type 2 Diabetes; schizophrénia; quality of life

EPP1039

Impaired age self-consciousness in latent schizophrenia

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Introduction: The topic of research was phenomenon of impaired age self-consciousness in non-psychotic latent schizophrenia patients defined.
Objectives: To explore features of impaired age self-identity and to determine syndromic affiliation of the syndrome in comparison with premorbid personality disorders traits.
Methods: The study sample comprised 141 patients with latent schizophrenia (pseudo neurotic (F21.3 - 64.5%, 91 patients), coenesthopathic (F20.8 - 25.5%, 36 patients) and pseudo psychopathic (F21.4, - 9.9%, 14 patients)) aged 16-31 (average 22.1 years old) in 2007-2019. A follow-up, experimental psychological and clinical study was conducted.
Results: The onset of impaired age self-identity was dominated by a radical drop of the subjective age in self-conscious mind of the patients accompanied by a tormented feeling of loss of self-dependence, role autonomy, helplessness, inability of decision making and to be answerable. Patients described this sudden condition as a loss of 'maturity feeling' and return to the juvenile perception of self. In a delusive and unclear manner, phrases such as 'I feel inferior to others as if a helpless child among adults', 'I feel as if my childhood is back' were uttered. Excessive worrying and enlivening of childhood memories were also included. This correlates to occurrence of humble and sometimes dependent/avoidant behavior, feeling of helplessness and fear with respect to caring for one self, rising subordination and suggestibility.
Conclusions: This phenomenon of regress to earlier ontogenetic level of personal development reported as impaired age self-consciousness can thus be regarded as an obligate form of depersonalization in patients with latent schizophrenia.

Keywords: Latent Schizophrenia; impaired age self-consciousness

Psychopharmacology and pharmacoeconomics

EPP1041

The role of intranasal esketamine in treatment-resistant depression

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Introduction: Major depressive disorder (MDD) is a highly prevalent clinical condition with a leading cause of disability worldwide. Unfortunately, about 1/3 of patients with MDD fail to achieve remission despite treatment with multiple antidepressants and are considered to have treatment-resistant depression (TRD). Research showed abnormalities in glutamatergic transmission in neural circuits and antidepressant efficacy with the N-methyl-D-aspartate (NMDA) receptor antagonist, ketamine.
Objectives: The authors elaborate a narrative literature review on the intranasal esketamine as a new-class antidepressant.
Methods: PubMed database searched using the terms "treatment-resistant depression" and "esketamine".
Results: Ketamine, synthetized from PCP, acts as an antagonist of NMDA receptor, reducing Central Nervous System excitability. One limitation of ketamine for treating depression is that requires intravenous administration, reducing its applicability in outpatient settings. Esketamine, the S-enantiomer of ketamine, developed as an intranasal formulation has a higher affinity for the NMDA receptor. The evidence of the rapid antidepressant effect of intranasal esketamine was first made by Lapidus et al, that demonstrated intranasal esketamine ability to reduce depressive symptomatology. However, some recent studies reported significant acute cardiovascular, psychotomimetic and neurological side-effects. Thus, drug

formulation, delivery device, insufflation technique, and individual factors seem to contribute importantly to the tolerability and efficacy of the intranasal administration rote.
Conclusions: There is the need to develop novel treatments providing effective, more rapid-acting, and sustained relief of depressive symptoms, especially in patients with TRD. Intranasal esketamine has shown antidepressant effects in patients with TRD but further investigation is required to strongly reinforce this potential and safety.

Keywords: esketamine; Ketamine; treatment-resistant depression

EPP1042

Benzodiazepines prescribing in insomnia : Between practice and guidelines

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Introduction: Benzodiazepines (BZD) are psychotropic drugs prescribed in psychiatry for their anxiolytic, hypnotic and sedative properties. Several guidelines aimed to limit the chronic use of BZDs. However, BZDs prescribing that does not comply with international recommendations remains widespread, estimated in France at 20% for hypnotic BZDs.
Objectives: The aims of our study were to evaluate BZDs prescribing practices in the treatment of insomnia and to assess their compliance with international recommendations.
Methods: This is a 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%. Four BZDs are recommended for the treatment of insomnia, none of which is available in Tunisia. Almost the third of the participants did not systematically look for signs of sleep apnea syndrome before treating an insomnia (30.5%). For treating insomnia, the majority of the participants began by indicating hygieno-dietetic rules (64%), 4% prescribed directly a BZD. Cognitive behavioral therapy was not indicated at all by the particiants. The maximum duration of prescribing BZDs in insomnia was 4 weeks in 20% of cases, and more than 4 weeks in 38% of cases. Among the participants, 41% prescribed BZDs for the treatment of chronic insomnia.
Conclusions: Insomnia appear to be badly managed and early drug prescribing is frequent. These practices do not comply with the recommendations of good practice and increase the risk of dependance and other side effects.

Keywords: Benzodiazepines; psychiatry; Insomnia; Prescribing

EPP1043

Neonatal and infant outcomes of clozapine exposure in pregnancy: A consecutive case series

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Introduction: Clozapine is a second-generation antipsychotic agent approved for treatment-resistant schizophrenia and risk reduction of recurrent suicidal behavior in schizophrenia and schizoaffective disorder. Given the known negative consequences of relapse of severe mental disorders for both mother and infant, the maintenance of clozapine during pregnancy is recommended.[1] Studies of pregnancy regarding to clozapine have demonstrated a heterogenous range of neonatal and infant complications.[2]
Objectives: To evaluate neonatal and infants outcomes of clozapine exposure in pregnancy.
Methods: We report three cases of infants exposed to clozapine politherapy throughout pregnancy. The dose range for all women on clozapine was 200-600 mg/day. Infants were evaluated between 4-6 months of chronological age with the Bayley-III infant development scale (BSID-III)[3] and with the Alarme Détresse Bébé Scale (ADBB)[4] for the detection of early-signs of withdrawal.
Results: Women remained stable during pregnancy but presented obesity and gestational diabetes. Clozapine Newborn were born to term by caesarean section due to breech presentation (N=2) or instrumental delivery due to loss of fetal well-being (N=1). They presented normal weight (3500-3800 gr). Two presented $Apgar_{min1-5}$ 9/10 and one $Apgar_{min1-5}$ 6/8 which showed lethargy and low alertness during the first weeks of life. All showed normal capacity for sociability, reciprocity and development of language and communication. However, one baby had scores in the low normal zone for cognition and another for motor skills.
Conclusions: The infant's risks of clozapine exposure during pregnancy should be discussed with women and weighed against those associated with other treatments and/or with untreated severe mental illness.

Keywords: clozapine; neurodevelopment; Neonate; Infant

EPP1044

The health economic potential of harnessing placebos in treatment of ADHD.

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Introduction: Placebo research investigated the underlying mechanisms of placebo effects, but they are rarely used to optimize treatments. Ethical and legal concerns have been raised, but research demonstrated that placebo mechanisms can be used without patients' deception: Experimental studies showed that half of drugs in treatment of attention-deficit/hyperactivity disorder