Methods: Authors of current paper address pharmacodynamic particularities of psychopharmaca and their reasonable choice in context to RLS
Results: A clinical case of a 72 y.o. patient, known with chronic minor depressive symptomes over the past decades. Since few years he did not take any medicaion, except ropinirol for RLS. Because of the worsening of RLS symptomes, he decided on his own to increase the dose of ropinirol up to 12 mg/day. Two moths later he has been admitted to the psychiatric ward with major depression symptomes, suicidal plans, insomnia and profound edema of his both lower legs.
Conclusions: Current case demonstrates that high dose of ropinirole led to tremendous decrease of quality of life of the patient, and pushed him towards concrete suicidal plans. We advocate for careful assessing of the dose of every drug used; avoiding of polypharmacy by any means and for keeping in consideration that the majority of psychopharmaca leads to deterioration of RLS symptoms through modulation of dopamine pathways.

Disclosure: No significant relationships.
Keywords: Ropinirole; Depression; Side effects; Restless legs syndrome

EPV1183

Idiopathic serontonin syndrome. Can we prevent it?

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Introduction: Serotonin syndrome is a mild to potentially life-threatening syndrome associated with excessive serotonergic activity within the central nervous system. Serotonin syndrome is associated with medication use, drug interactions and overdose. All drugs that increase central serotonin neurotransmission at post-synaptic 5-HT1A and 5-HT 2A receptors can produce SS.
Objectives: Clinical case and literature review.
Methods: A 74-year-old female, married, diagnosed of major depressive disorder. Treated with: lithium 600 mg, quetiapine 50 mg, venlafaxine 300 mg. The doses had been maintained for the last months. Lithium levels in the normal range.
Results: In an emergency room, she received a tramadol injection because of strong backpain. After a few hours, she felt an overall worsening, sleepiness and lack of response to external stimuli. Given the persistence of the symptoms and decreased appetite along with decreased water intake, she attended to Hospital. She had a high fever, rigidity and myoclonus. Her language was incoherent. Blood tests showed high CK, and high AST and ALT.
Conclusions: SS is a potentially fatal iatrogenic complication of serotonergic polypharmacy. Considered idiopathic in presentation, it appears tipically after initiation or dose escalation of the offending agent to a regimen including other serotonergic agents. While serotonin syndrome is often associated with the use of selective serotonin inhibitors (SSRI), an increasing number of reports are being presented involving the use of tramadol. It is vital that clinicians are aware of the potential for SS when psychotropic and non-psychotropic agents are co-administered to certain patients, such as those with both depression and pain.

Disclosure: No significant relationships.
Keywords: Serotonin syndrome; iatrogenic; serotoninergic; polipharmacy

EPV1185

Risperidone induced neutropenia in a 75-year-old man

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Introduction: We discuss the case of a 75-year-old man with no psychiatric history, presenting with complex auditory hallucinations, both commentary and imperative, delusions of persecution and prejudice, severe anxiety, modified behaviour, and altered sleep patterns.
Objectives: The patient was started on oral risperidone, with favourable evolution of symptoms after reaching a daily dose of 3 mg/day. After three weeks of treatment, the laboratory results showed a low number of neutrophils. Interdisciplinary approach and examinations which included both clinical and paraclinical evaluation concluded that another cause of neutropenia was highly unlikely.
Methods: The patient was switched to olanzapine, with gradually increasing doses up to 10 mg/day. A significant improvement of the neutrophils' level was noticed, with a return to normal parameters after a few days. Nevertheless, the clinical course was unfavourable, with reoccurrence of auditory hallucinations and delusions in two weeks' time. Decision to rechallenge was made, with careful monitoring of the blood test results, particularly neutrophil levels. Risperidone was started at low doses of 0.5 mg/day and gradually increased up to 2 mg/day.
Results: Seven days after risperidone reinitiation laboratory tests showed normal absolute neutrophil count. However, another week later, neutrophils fell again out of the normal range.
Conclusions: The patient was discharged with haloperidol, with adequate control of symptoms and no adverse reactions.

Disclosure: No significant relationships.
Keywords: Antipsychotics; neutropenia; risperidone; Side effects

EPV1186

A new day, a new treatment. A case report.

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Introduction: We present the case of a 21 year-old male, with history of a psychotic episode, currently with monthly follow-up in