family medicine, emergency, and intensive care had a higher stigma level compared to other residents (Mean score>0.51). The completion of a psychiatry clerkship did not significantly reduce the level of stigma toward people with a mental illness (p=0.8).
Conclusions: A combination of medical school experiences of psychiatry's theoretical learning and clerkship are important factors that shape students. Awareness of this will enable educators to develop locally relevant anti-stigma teaching resources throughout the psychiatry curriculum to improve students' attitudes towards psychiatry as a discipline and mental illness in general.

Disclosure: No significant relationships.
Keywords: stigma; medical student; mental disorder

Psychopharmacology and Pharmacoeconomics

EPP0697

Clozapine induced oesophagitis: A case report

N. Herch[1]*, R. Lansari[2], A. Larnaout[2], D. Achref[3] and W. Melki[2]
[1]Razi Psychiatric Hospital, Psychiatry D, Manouba, Tunisia; [2]Razi Hospital, Psychiatry D, Manouba, Tunisia and [3]Razi Hospital, Psychiatry D, Beja, Tunisia
*Corresponding author.
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Introduction: There are several case reports describing clozapine side effects such as agranulocytosis, constipation,tachycardia but rarely cases describing oesophagitis caused by clozapine were reported.
Objectives: To report the first case in our country about clozapine induced oesophagitis.
Methods: We describe a case in which a patient who has no gastrointestinal past history,has developed an oesophagitis stage 2 of Savary and Miller Classification without any gastroesophageal reflux disease, few weeks after introducing clozapine at therapeutic dose.
Results: A 25 years old male patient with resistant schizophrenia managed with clozapine,was admitted to reinitiate his treatment after weeks of stopping his medication.During hospitalization, our patient developed a sudden haematemesis in 10 days after commencement of clozapine. The patient had no history of gastrointestinal symptoms or disease. The clinical examination and blood tests did not find any signs of bleeding severity.A gastroscopy was performed, revealing esophagitis stage 2 of Savary and Miller classification and a cardiac polyp removed with biopsy forceps that showed no malignant lesions . The patient was treated with acid suppressant therapy.There was no further episode of haematemesis and our patient healed uneventfully within a week.As for clozapine, it wasn't interrupted and we continued increasing doses very carefully with no further incident.
Conclusions: Although it is a rare side effect, oesophagitis may appear at therapeutic doses of clozapine, and this possibility should be taken into account when treating patients with resistant psychiatric disorders.

Disclosure: No significant relationships.
Keywords: side effect; clozapine; schizophrénia; oesophagitis

EPP0698

Psychotropic drugs cross-reactivity with amphetamines in a FAERS sample: an international pharmacovigilance study

L. Giacovelli*, V. Battini, M. Boscacci, C. Carnovale and B. Dell'Osso
University of Milan, Department Of Biomedical And Clinical Sciences "luigi Sacco", Milan, Italy
*Corresponding author.
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Introduction: Urine Drug Screening (USD) is one of the most used techniques for drug testing. However, one of the main issues related to USD is the high frequency of cross-reactivity with other molecules. Amphetamines, because of their simple structures, are highly subjected to cross-reactivity with other molecules.
Objectives: Our aim was to investigate and characterize the role of psychopharmacological drugs in the occurrence of false-positive amphetamine drug screening, by performing an international pharmacovigilance study through the *Food and Drug Administration Adverse Event Reporting System* (FAERS), in which user's medication errors for drugs are reported in the form of Individual Case Safety Reports (ICSRs).
Methods: All ICSRs recorded between 2010 and 2020 with a positive screening for amphetamine reported as adverse reaction in patients with a psychiatric diagnosis were included in the study. Duplicated records and ICSRs with missing values for age and gender, were excluded from the study.
Results: Among 249 ICSRs involving false-positive amphetamine drug screening, 109 ICSRs reported psychiatric disorders and/or psychiatric drugs. In 83 (76%) cases, drugs were known for cross-react. 66 cases reported drugs known as "suspect". 24% of cases reported unknown false-positive reactions: acetaminophen (5%), duloxetine (5%) and oxycodone (5%).
Conclusions: The high cross-reactivity of psychotropic drugs with amphetamine testing in USDs may be linked to the neuromodulatory effect of these drugs, suggesting a similar molecular structure. In this perspective, antidepressants and amphetamines share a similar mechanism of action, maybe partially explaining why the most reported cross-reactions are with antidepressant (59%).

Disclosure: No significant relationships.
Keywords: cross-reactivity; psychopharmacology; USDs

EPP0700

Off-label prescribing of antipsychotics: prescribing practices and clinical experiences of Finnish physicians

N. Rautio[1]*, L. Ylitolonen[1], M. Haapea[2], H. Huovinen[1], A.-E. Alakokkare[1], S. Niemelä[3], J. Miettunen[1], M. Penttilä[1], H. Koponen[4], J. Seppälä[1], M. Isohanni[1] and E. Jääskeläinen[1]
[1]University of Oulu, Center For Life Course Health Research, Oulu, Finland; [2]Oulu University Hospital, Psychiatry, Oulu, Finland; [3]University of Turku, Faculty Of Medicine, Department Of Clinical Medicine, Turku, Finland and [4]University of Helsinki, Faculty Of Medicine, Department Of Psychiatry, Helsinki, Finland
*Corresponding author.
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Introduction: Off-label use of antipsychotics has increased in many countries. In adult populations antipsychotics off-label prescriptions varied from 40 to 75% of all AP users.
Objectives: To examine the off-label prescribing practices and experiences of antipsychotic medication in Finland.
Methods: An electronic questionnaire on physicians' prescription practices of antipsychotics, especially for off-label use, was sent in 2019 for physicians (n=1195) in different health care facilities including primary health care, occupational health care, in- and outpatient mental health services and services for substance abuse. The sample was selected by systematic and convenience sampling covering five university hospital areas in Finland.
Results: In total, 216 physicians (18% of the target sample) participated in the study, and 94% had prescribed antipsychotics for off-label use. The most common off-label indications were insomnia and anxiety. The most common antipsychotic used was quetiapine. Off-label antipsychotics was not prescribed as a first-choice medication: 99% of the physicians reported that the patients with off-label use have previously had other medications for the corresponding symptoms. In all, 88% of clinicians monitored the patients' clinical condition, whereas metabolic values were followed more rarely. About 68% of physicians reported more benefit than harm from the antipsychotics off-label use.
Conclusions: Antipsychotics are often prescribed for off-label use, most commonly for insomnia and anxiety. Most of the physicians see more benefits than harms for the patient in off-label use. There is a need to analyse the long-term benefits and harms of off-label use of antipsychotics and create more detailed treatment algorithms and clinical recommendations for such use.

Disclosure: No significant relationships.
Keywords: Antipsychotics; Off-label; physicians; Questionnaire

EPP0701

Venlafaxine-induced spontaneous ejaculation: Case report and literature review

I. Gundogmus[1], S. Tekin[1]*, A.B. Tasci[2] and Ö. Uzun[2]

[1]Kirikkale Yuksek Ihtisas Hospital, Psychiatry, Kırıkkale, Turkey and [2]Gulhane Research and Training Hospital, Psychiatry, Ankara, Turkey
*Corresponding author.
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Introduction: Venlafaxine is a serotonin-norepinephrine reuptake inhibitor and its extensive use for major depressive disorder and anxiety disorders. Although it has been reported that venlafaxine may have various side effects, as far as we know, spontaneous ejaculation(SE) has not been reported yet.
Objectives: We aim to describe this clinical case with venlafaxine-induced SE and to discuss the possible etiological factors.
Methods: Case report and literature review.
Results: A 53-year-old male with generalized anxiety disorder was initiated venlafaxine treatment with 75 mg/day. After two months patient's complaints partially regressed and the dose of venlafaxine treatment was increased to 150 mg/day. 10 days after the dose increase, the patient applied with the complaint of SE 2-3 times a day. No urological etiology was found. During outpatient follow-ups, after the 5 days from reducing the daily dose to 75 mg/day, SE complaint completely regressed. After following couple of months, the patient by himself, increased the dose of venlafaxine to 150 mg/day without consulting a psychiatrist. Then SE recurred approximately 15 days later. Venlafaxine treatment dose was reduced again to 75 mg/day and urological complaints spontaneously regressed.
Conclusions: SE, a rare sexual side effect, represents ejaculation that occurs involuntarily and in the absence of any sexual stimuli. The possible mechanism of SE, detected as a side effect in our case, may be that increased adrenergic activity reduces ejaculatory latency and triggers spontaneous ejaculation. Antidepressant-associated sexual dysfunction could be a dose-dependent adverse event. Therefore, reducing the dosage of the treatment to a minimum effective dose could be an option.

Disclosure: No significant relationships.
Keywords: Venlafaxine; spontaneous ejaculation; sexual; side effect

EPP0702

Effect of Tramadol on Corticosteroid Receptor Function in patients with Major Depression

S. Minenko

Lvov Psychiatric Hospital, Affective Disorders, Lviv, Ukraine
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Introduction: It is important to study the corticosteroid receptors hypothesis of Depression.
Objectives: The goal of current study was - to test the influence of the opioid, adrenergic and benzodiazepine drugs on the immunosuppressive levels of leukocyte pyruvat dehydrogenase activity (LPDG) during the DST in patients with Major Depression and Anxiety Disorder.
Methods: Patients. 40 male/ mean age, 33,1+3,2 years/ and 20 premenopausal female /35,1+1,6 years/ patients with Primary Major Depressive Episode were studied. All patients were diagnosed by a psychologist and fulfilled DSM- IV criteria for Major Depressive Episode. The DST was conducted to 60 patients with Primary Depressive Episode and 30 healthy subjects
Results: In the cases of Primary Major Depressive Episode in separation with an Anxiety Disorder after TRAMADOL and DIASEPAM administration activity of LPDG increased more than 25%. Tramadol of a 50 mg dose and Diasepam of a 10 mg dose had a higher immunosuppressive effect than L-DOPA (0,5 g) on alteration of LPDG activity (more than 5 mmol/l/hour, p <0,05/.
Conclusions: TRAMADOL immunosuppresssive action was higher than L-DOPA and DIASEPAM on LPDG activity in patients with an Anxiety Disorder and Major Depression. Diasepam immunosuppressive action did not correlate with positive dynamics of LPDG levels of DST in patients with Anxiety Disorder (after the 4-5 th week of Diasepam treatment). From other side, mechanism of L-DOPA action on corticosteroid receptors stimulated LPDG-activity (L-DOPA therapeutic effective dose-3 g). It means that opiate, adrenergic and benzodiazepine receptors are interacting with each other and influencing on the corticosteroid receptors in different ways during immunosuppression.

Disclosure: No significant relationships.
Keywords: tramadol; diasepam; corticosteroid receptors