## EPV1169

## Co-occurrence of clozapine-related DRESS syndrome core clinical manifestations: results of a systematic review

R. De Filippis[1]*, P. De Fazio[1], J. Kane[2] and G. Schoretsanitis[3]

[1]University Magna Graecia of Catanzaro, Department Of Health Sciences, Catanzaro, Italy; [2]The Zucker Hillside Hospital, Department Of Psychiatry, New York, United States of America and [3]University of Zurich, Psychiatric University Hospital, Zurich, Switzerland
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1854

**Introduction:** Drug reaction with eosinophilia and systemic symptoms (DRESS) syndrome refers to a cluster of clinical symptoms/signs related to drug hypersensitivity. The main clinical features include fever, skin rash, eosinophilia, enlarged lymph nodes, atypical lymphocytosis, and involvement of at least one internal organ. Clozapine-related DRESS syndrome has been rarely reported, but this may be due to a different clinical presentation pattern compared to DRESS for other culprit drugs.
**Objectives:** We aimed to assess clusters of main clinical features of clozapine-related DRESS.
**Methods:** We ran a network analysis for clinical manifestations in the pooled sample of all previous published cases of clozapine-related DRESS.
**Results:** We observed a triad of core symptoms (i.e., organ implication, fever, and eosinophilia) among DRESS criteria co-occurring in 59.3% (n=16) of 27 patients. The organs most likely to be involved in clozapine-related DRESS included lungs, liver, heart, and kidneys. Fever was also present in almost all cases (n=25 patients), while eosinophilia was observed in two thirds of the sample (n=18 patients).
**Conclusions:** Regarding clinical manifestations clozapine-related DRESS may differ from DRESS for other culprit drugs as skin reaction is not very typical; thus, clinicians need to consider DRESS as a potential diagnosis even in absence of a skin reaction. When managing clozapine-treated patients with the core triad of organ implication, fever, and eosinophilia clinicians should consider guidelines for DRESS treatment.

**Disclosure:** No significant relationships.
**Keywords:** psychopharmacology; Clozapine-related DRESS syndrome; schizophrénia; drug hypersensitivity

## EPV1168

## Impact of polypharmacy on inducing blood dyscrasias in clozapine treated patients

M. Shiri[1]*, A. Ouertani[2], U. Ouali[2] and R. Jomli[2]

[1]Razi hospital, Psychiatry A, Manouba, Tunisia and [2]Razi Hospital, Psychiatry A, manouba, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1855

**Introduction:** Clozapine is commonly associated with hematological side effects. However, little research is available on the impact of adding other psychotropic medication on inducing blood dyscrasias.
**Objectives:** The aim of the study was to explore the impact of associating psychotropic medication to clozapine in producing hematological abnormalities.
**Methods:** Our study was a longitudinal, retrospective chart review of adult psychiatric patients receiving clozapine treatment at our clozapine consultation between January 2000 and September 2020.
**Results:** Our sample consisted of 15 women (23.5%) and 49 men (76.5%), mean age was 41.34 ±9.32 years. Polypharmacy was found in 70.3% of the cases. Association of clozapine to other psychotropic agents was found in 67.2% of the cases. Most prescribed add-on medication was valproic acid in 27 cases, benzodiazepines in 21 cases, promethazine and hydroxyzine in 16 cases, lithium in 8 cases and haloperidol in 6 cases. We found blood dyscrasias in 21 patients (32.8%). Hematological abnormalities were as follow: 2 cases of agranulocytosis, 8 cases of neutropenia, 13 cases of thrombocytopenia, 5 cases of leukocytosis, 5 cases of eosinophilia and 3 cases of anemia. In our sample we did not find a significant association between psychotropic polypharmacy and blood dyscrasias.
**Conclusions:** Many psychiatric patients on clozapine require polypharmacy to better stabilize their condition. Such co prescriptions may carry the risk of inducing more side effects especially blood dyscrasias. In our study, we did not find a significant association between psychotropic medication added to clozapine and hematological abnormalities. But further research is warranted to better explore this association.

**Disclosure:** No significant relationships.
**Keywords:** clozapine; psychotropic medication; Polypharmacy; blood dyscrasias

## EPV1169

## A case of trazodone induced prolonged hypogeusia

R. Tekdemir[1]* and A. Kandeğer[2]

[1]Atatürk Chest Diseases and Thoracic Surgery Training and Research Hospital, Department Of Psychiatry, Ankara, Turkey and [2]Selçuk University, Psychiatry, Konya, Turkey
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1856

**Introduction:** Plenty of antidepressants have been reported to induce unpleasant tastes and/or odors as well as altered chemosensations when administered alone or in combination with other medications. Trazodone induced hypogeusia (decreased taste sensation) is a rare side effect. In this report, we would like to present a male patient with with hypogeusia after trazodona use and persisting for 3 months after the drug was discontinued will be discussed.
**Objectives:** A 52-year-old male, Trazodone 50 mg/day was started 4 months ago due to difficulty in falling asleep. On the 25th day of her daily treatment, her sense of taste began to decrease and gradually became more severe. So he stopped his treatment and he applied to the internal medicine and neurology polyclinics. Routine blood tests were within normal limits. To rule out the possibility of covid 19, 2 pcr tests were done and it was found negative. No recommendations other than chewing

gum. The patient applied to the psychiatry polyclinic with the complaint of decreased taste sensation that in the 3rd month of his complaints.
**Methods:** CASE REPORT
**Results:** CASE REPORT
**Conclusions:** Chemosensory side effects due to drugs are frequently seen in the elderly and in polypharmacy. It is usually accompanied by a decrease in salivary secretion. It resolves shortly after the causative drug(s) are stopped. It is important that our patient is middle-aged, does not have additional medical diseases and does not use drugs, and his complaints continue for 3 months after the stopped of Trazodone.

**Disclosure:** No significant relationships.
**Keywords:** trazodone; hypogeusia; side effect; oral cavite

## EPV1170

## Dopamine dysregulation syndrome after prescription of dopamine agonists: a case report.

M.L. Costa[1]* and A. Cerame[2]

[1]Hospital Universitario Severo Ochoa, Psychiatry, Leganes, Spain and [2]Hospital Universitario José Germain, Hospital De Día, Leganes, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1857

**Introduction:** We present the case of a 65-year-old woman with multiple and chronic psychosomatic symptoms. Due to motor impairments she was diagnosed in 2009 with Parkinson's Disease (PD) by the neurology department and empirical treatment with levodopa was prescribed. However, the patient increased her levodopa intake by three times the recommended dose. The patient presented many adverse effects, including psychotic symptoms, that were interrupted after the levodopa intake was ended during a two month internament in a psychiatric unit. Dopamine dysregulation syndrome (DDS) is a condition in which patients with PD increase their levodopa intake without an objective worsening of motor symptoms. Higher-than-prescribed doses are taken by patients who develop tolerance and dependence to dopaminergic agonists.
**Objectives:** To analyse the prevalence of DDS, its diagnosis and treatment as well as the identification of risk factors.
**Methods:** A case report is presented alongside a review of the relevant literature regarding DDS.
**Results:** The available evidence suggests that the main risk factors for DDS are a history of mood disorders and behavioural disorders, but more studies are needed. Given that DDS is considered a rare adverse effect, physicians usually overlook voluntary dose increase by patients.
**Conclusions:** DDS, even though uncommon, has severe adverse effects such as dependence and acute psychosis. Before prescription of dopamine agonists, individual risk factors (such as psychiatric comorbidities or history of substance abuse) should be assessed. Also, patients and families should be informed and trained in alarm signs detection. Further studies would be justified to determine DDS prevalence, early diagnosis and treatment.

**Disclosure:** No significant relationships.
**Keywords:** dopamine dysregulation syndrome; prevention of mental disorders; psychostimulants; addictive disorders

## EPV1171

## Management of Emotional Dysregulation in Adult ADHD

F. Tavares[1]*, M. Viseu[1], M. Barbosa Pinto[2] and C. Solana[1]

[1]University Hospital Center of Algarve, Portugal, Department Of Psychiatry And Mental Health – Faro, Faro, Portugal and [2]University Hospital Center of Algarve, Portugal, Department Of Psychiatry And Mental Health - Faro, Faro, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1858

**Introduction:** Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by impairing symptoms of inattention and/or hyperactivity/impulsivity. Although Emotional Dysregulation (ED) is not current criteria for ADHD, several clinical, imaging and genetic studies have been suggesting its inclusion. ED seems to impair social and occupational capacities, leading to poor quality life. In this regard, managing this situation is fundamental.
**Objectives:** ED in ADHD review and its management, including pharmacological and nonpharmacological approaches.
**Methods:** Non-systematic review through literature using databases as Pubmed and UpToDate. Keywords used: Attention-Deficit/Hyperactivity Disorder, Emotional Dysregulation, management, pharmacotherapy.
**Results:** Literature refers to ADHD drugs, such as psychostimulants and atomoxetine, as the first line managing ED. However, some studies demonstrated that ADHD drugs have lower efficacy while treating emotional symptoms, when compared to attention or hyperactivity/impulsivity symptom control. Other medications, such as antidepressants or mood stabilizers, are not considered due to low efficacy and side effects (such as irritability or suicidality behaviour worsening). Regarding non pharmacological approaches, there have been results with cognitive behavioral treatment, and management techniques for anger, frustration and communication skills.
**Conclusions:** Although the majority of studies demonstrate psychostimulants and atomoxetine role, there is an important lack of information regarding management of ADHD emotional dysregulation. It is a multifactorial condition, and, as such, non pharmacological and pharmacological management are needed to address this issue. More research is necessary, in order to improve patients' quality of life.

**Disclosure:** No significant relationships.
**Keywords:** management; emotional dysregulation; Pharmacotherapy; attention-deficit/hyperactivity disorder

## EPV1172

## What if Cannabis has a medical relevance in psychiatric disorders?

B. Abassi[1]*, E. Khelifa[1], K. Nourchene[2], O. Maatouk[3] and L. Mnif[1]

[1]Razi, Skolly, Manouba, Tunisia; [2]Razi hospital, Skolly, Tunis, Tunisia and [3]Razi Hospital, F Adult Psychiatry Department, Manouba, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1859

**Introduction:** Cannabis was used as a medicinal plant in Asia before the Christian era. Nowadays, after 40years of a "war on