

## EPV0531

**A report of use of baclofen in intractable hiccups**R. Dhakad<sup>1\*</sup>, V. Niranjana<sup>2</sup>, P. Rastogi<sup>2</sup> and V. Pal<sup>2</sup><sup>1</sup>Psychiatry, MGM Medical College, Indore, India and <sup>2</sup>Psychiatry, MGM Medical College, INDORE, India

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**Introduction:** Hiccups are an involuntarily powerful spasm of the diaphragm, followed by a sudden inspiration with a closure of the glottis. Hiccups lasting longer than one month is termed intractable hiccups. Intractable hiccups can be caused by structural or functional disturbances of the medulla, afferent or efferent nerves to the respiratory muscles or metabolic and endocrine disorders, drugs, general anaesthesia and emotional problems.

**Objectives:** Authors present a case report about curing a patient of intractable hiccups using baclofen along with literature review.

**Methods:** A case report along with literature review forms the basis of discussion.

**Results:** A 30-year female diagnosed with schizophrenia stable on 2mg risperidone for 3 years presented to the outpatient department with complain of intractable hiccups for 6 months. Frequency of hiccups was around 10-12 times per minute and continued throughout the day leading to significant socio-occupational distress. patient had been receiving medical treatment for last 4 months for the same including Metoclopramide, chlorpromazine along with trying breath holding and drinking cold water but symptoms persisted. Her ECG, chest X-ray, complete blood counts were unremarkable, CT scan of brain was normal. Patient was started on baclofen 10mg thrice daily. Within 1-week patient had dramatic response and complete remission was achieved in 2 weeks.

**Conclusions:** Baclofen is effective in hiccups because it is an analogue of GABA, that decreases excitability and inhibits the hiccup reflex, which reduces synaptic transmission. Baclofen is used to treat hiccups, and can be used either as a first-line treatment or if patient does not respond to other medications.

**Disclosure:** No significant relationships.

**Keywords:** baclofen; intractable hiccups; schizophrenia; GABA adrenergic

## EPV0532

**Hypersalivation and coarse tremors as uncommon side effects of acamprosate : A case report**

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**Introduction:** Mr. X, a 39-year-old man presented to us with a history of alcohol use from the last 12-15 years in a dependence pattern with tolerance, uncomplicated withdrawal symptoms and salience. He was detoxified, given parenteral thiamine supplements and oral lorazepam to reduce withdrawal symptoms. He was contemplating to quit alcohol and thus about 4-5 days after his detoxification, tablet acamprosate 1998 mg/day was added, in three

divided dosages. He was discharged after 10 days and had no withdrawal signs or cerebellar deficits. In the next follow-up after two weeks, he reported to be abstinent from alcohol, but now complained of new onset coarse tremors and excessive salivation. He had no other extra pyramidal or cerebellar symptoms, no hepatic or renal dysfunction and no neurological deficits. The Patient had a drooling score of 6 on Drooling Severity and Frequency Scale(DSFS).

**Objectives:** Acamprosate and naltrexone are the only two drugs approved by the US Food and Drug Administration for achieving abstinence in patients with Alcohol Dependence Syndrome. Acamprosate is well tolerated and has a few drug interactions. It has a comparatively benign side effect profile which includes diarrhea, intestinal cramps, itching, dizziness, muscle weakness, headache, flatulence, nausea, anxiety, and insomnia. Here we report hypersalivation and coarse tremors as unusual side effects of acamprosate.

**Methods:** Cross-sectional

**Results:** Here we report hypersalivation and coarse tremors as unusual side effects of acamprosate.

**Conclusions:** The probable mechanism responsible for this is thought to be acamprosate induced decrease in dopamine release in ventral tegmental area due to diminished glutamate activity.

**Disclosure:** No significant relationships.

**Keywords:** Acamprosate; Hypersalivation

## EPV0533

**Lithium in severe affective disorders: Balancing safety with efficacy**

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**Introduction:** Lithium has been one of the oldest substances used in psychiatric treatments and remains the first-line treatment for prevention of manic and depressive episodes of bipolar disorder (BD), but it has also a wide spectrum of side-effects.

**Objectives:** The goal is to review efficacy, and clinical use of lithium, such as its side effects, and its benefit-to-risk ratio.

**Methods:** Non-systematic literature review based on scientific databases such as PubMed.

**Results:** The first modern use of lithium was for the treatment of mania. Lithium has also proven useful in major depression, particularly for augmentation of antidepressants, for aggressive behavior and it has a specific antisuicide effect. Lithium's prophylactic and antisuicidal effects are most unique. However, the use of lithium became problematic due to the serious toxicity since lithium also a narrow therapeutic index, with therapeutic levels between 0.6 and 1.5 mEq/L.

**Conclusions:** Awareness of the benefits and risks of lithium is essential for the use of this lifesaving agent. Lithium levels must be carefully monitored and lithium dosage adjusted as necessary.

**Disclosure:** No significant relationships.

**Keywords:** lithium; bipolar affective disorder; Suicide; side effects

## EPV0534

**The sublingual use of atropine in the treatment of clozapine-induced sialorrhea**

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**Introduction:** Clozapine is a second-generation antipsychotic indicated in treatment-resistant schizophrenia. Patients taking clozapine are likely to experience an increase in salivation or sialorrhea. Clozapine-induced sialorrhea (CIS) may lead to sleep disturbances or aspiration pneumonia. Treatment options include locally administered anticholinergic medication with atropine ophthalmic drops applied sublingually.

**Objectives:** To review the current evidence for the effectiveness, safety, side effects and dosage of sublingual application of atropine in reducing or resolving of CIS.

**Methods:** Systematic review. Data were obtained from PubMed/Medline, EMBASE, PsycINFO, Cochrane Plus, Trip Database, Science Direct and Scopus searches of English-language articles, without restriction for date of publication and study design, reporting the sublingual use of atropine in the treatment of CIS. Large clinical studies with appropriate statistical methods and recruited adults were preferred.

**Results:** 12 selected articles (of 458 references) consisted entirely of case reports and case series. A total of 29 patients with CIS were reported, of whom 24 responded favorably to sublingually administered atropine drops 1% (1-2 drops a day). One limitation of its utilization is the dose-related dry mouth, which can be addressed by lowering the number of drops administered. CIS can occur at different clozapine doses, in various stages of treatment.

**Conclusions:** The reviewed articles suggest that the use of sublingual atropine is a promising local treatment for CIS. Oral anticholinergic and alpha-2 agonist medications have been used to treat CIS with variable efficacy, but can cause systemic anticholinergic side effects. Further experimental research is needed.

**Disclosure:** No significant relationships.

**Keywords:** CIS; sublingual atropine; clozapine-induced sialorrhea

## EPV0535

**Therapeutic use of psychedelic drugs in depression disorders**

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**Introduction:** Depression is one of the most prevalent mental illnesses, leading to important personal distress and economic consequences. Treatment is long, often involving psychotherapy and pharmacological treatment, and relapses are frequent. Used mostly for treatment of mood disorders and alcohol dependence, drugs such as lysergic acid diethylamide (LSD) were studied in the 1950's and showed therapeutic promise in attenuating depressive symptoms. However, in the 1960s all major psychedelic research

programs were ended. Recently, there is a renewed research interest in these drugs, considering its antidepressant potential.

**Objectives:** To review current knowledge on the therapeutic uses of psychedelic drugs such as LSD in depression disorders.

**Methods:** Review of the most recent literature regarding the therapeutic potential of psychedelic drugs such as LSD in depression disorders. The research was carried out through the UptoDate, PubMed, MedLine, ScienceDirect and SpringerLink databases, using the terms "LSD", "psychedelic drugs" and "depression disorders", until December 2020.

**Results:** As in past scientific studies, data of recent clinical research shows that the use of LSD relieves distress concerning death, particularly in terminally ill oncologic patients, and addictions including alcoholism and nicotine. There is more limited data concerning the use of classic hallucinogens to treat depression and anxiety disorders.

**Conclusions:** Although research has shown many of the neurobiological and psychological effects of classic hallucinogens on humans, the studies that have been completed to date are not sufficient to establish clinically relevant effects. Despite further research is needed, the outcomes are encouraging, and larger, well-designed, placebo-controlled trials are now underway or being planned.

**Disclosure:** No significant relationships.

**Keywords:** depression disorders; psychedelic drugs; LSD; Psychopharmacology

**Psychophysiology**

## EPV0536

**Extrapyramidal symptoms as a consequence of organophosphate poisoning: Insights from a clinical case**

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**Introduction:** The development of an extrapyramidal syndrome (EPS) is assumed to be a potential and important consequence of organophosphate poisoning (OP). Even though its causal relationship is firmly established, the information available in the literature regarding the orientation to be given is scarce, and its approach remains shrouded in a significant degree of uncertainty. Catatonia, as a neuropsychiatric condition, may present a marked overlap with the set of extrapyramidal symptoms developed after OP. Does the overlap between the symptoms seen in catatonia and in EPS make differential diagnosis fundamental or does it have no relevance in relation to the approach to be established?

**Objectives:** To discuss the therapeutic approach to be implemented in the extrapyramidal symptoms resulting from OP and reflect on the overlap between catatonia and EPS.

**Methods:** Presentation of a clinical case and review of the literature.