aripiprazole is approved for the acute management of manic and mixed episodes and maintenance in BPD. It presents the advantage of a low risk of metabolic side effects, sexual dysfunction, and sedation, which can facilitate treatment adherence and help improve clinical outcomes.
Objectives The authors present an illustrative case on which aripiprazol long acting injection monotherapy was effective as maintenance treatment in a patient with long history of BPD with several hospital inpatient admissions and very poor therapeutic adherence.
Methods Case report based on the patient's file. Narrative review of articles available in PubMed about the use of aripiprazol in BPD.
Results For this patient, aripiprazol long acting injection has proved to be an excellent choice for long-term treatment of BPD. The once-a-month injection promotes therapeutic adherence, which in this case was combined with involuntary outpatient treatment, ensuring therapeutic compliance.
Conclusions Aripiprazol has been shown to be safe and effective in the maintenance treatment in BPD. It shows similar efficacy and a superior tolerability profile when compared with other well-established treatments. Further studies are needed, warranted by its potential advantages, particularly on patients with poor insight and adherence.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1427

EV1098

Treating bipolar disorder in pregnancy

C. Solana*, S. Nascimento, M. Mendes, M. Duarte
Centro Hospitalar Psiquiatrico de Lisboa, Psychiatry, Lisboa, Portugal
* *Corresponding author.*

Introduction Bipolar disorder is a chronic psychiatric illnesses characterized by alternating episodes of mania/hypomania and major depression, or with mixed features. Acute exacerbations and maintenance treatment with appropriate pharmacotherapy are mandatory. Long-term treatment with mood-stabilizing medications is typically required. The incidence of bipolar disorders in women during the primary reproductive years is very high, and the episodes of mania or depression are thought to occur in an estimated 25%–30% of women with bipolar disorder during pregnancy.
Objectives Provide a clinically focused review of the available information on the effectiveness and safety of the different pharmacotherapies in the treatment of bipolar disorder during pregnancy.
Methods A bibliographic review is made of the pregnancy in bipolar disorder, based on the data published in PubMed.
Results Clinical decision making about the use of mood stabilizers and atypical anti-psychotics by pregnant women can be conceptualized as balancing the competing risks imposed by withholding or stopping pharmacotherapeutic treatment against that of continuing or initiating pharmacotherapy during pregnancy. Some of the most effective pharmacotherapies have been associated with the occurrence of congenital malformations or other adverse neonatal effects in offspring. There is few information about the safety profile and clinical effectiveness of atypical anti-psychotic drugs when used to treat bipolar disorder during pregnancy.
Conclusions Treating women with bipolar disorders during pregnancy is a challenge. There are no uniformly effective or risk-free treatment options. Fully informed decision-making requires the review of the risks of both untreated maternal bipolar disorder and risks associated with potentials interventions.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1428

EV1099

A case report of an acute confusional state related with perampanel

M. Solerdelcoll Arimany[1,*], P. Bruguera[2], P. Guzmán[2], M. Balcells Oliveiró[2]
[1] *Institute of Neuroscience, Hospital Clínic de Barcelona, Department of Psychiatry and Psychology, Manlleu, Spain*
[2] *IInstitute of Neuroscience, Hospital Clínic de Barcelona, Department of Psychiatry and Psychology, Barcelona, Spain*
* *Corresponding author.*

Introduction Perampanel (PER) is a new selective, non-competitive AMPA glutamate receptor antagonist. PER is generally well tolerated, with dizziness, somnolence, headache, and fatigue as the most common treatment-emergent adverse events, however neuropsychiatric adverse reactions; particularly irritability and aggressiveness can be expected.
Objective We describe a patient who developed and acute confusional state presumably related to treatment with PER.
Aims At the conclusion, the participants should be able to remember that PER is associated with psychiatric side effects.
Methods Collect the data of the clinical history of the patient, who was admitted in the acute psychiatry ward of our hospital.
Results A 32-year-old woman diagnosed with pharmacoresistant juvenile myoclonic epilepsy, was referred to the emergency department because of severe behavioral disturbances, insomnia, irritability and aggressivity after increasing the dose of PER from 6 to 12 mg. Physical exploration, drug screen and blood tests were all normal. No abnormalities were found in CT, EEG and MRI, and then she was referred to psychiatric ward. At her admission, she presented fluctuations of her mental state and level of consciousness. She was diagnosed with acute confusional syndrome induced by PER, and consequently PER was stopped and risperidone was initiated. In the 4th week symptomatology remitted.
Conclusion Anti-epileptic drug's (AEDs) are associated with psychiatric side effects. Patients with epilepsy have higher risk develop psychiatric symptoms and behavioral disturbances. There is evidence to suggest that AMPA receptors are involved in the pathogenesis of psychiatric conditions. Such mechanisms could be responsible of the psychiatric symptoms observed. Neuropsychological profiles of AEDs are important considerations for treatment selection, particularly in children and adolescents.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1429

EV1100

A retrospective study of drug – drug interactions in patients treated with pharmacotherapy in the biggest Slovenian correctional facility

M. Stuhec[1,*], S. Brunec[1], V. Svab[2]
[1] *Faculty of Pharmacy, Biopharmacy and Pharmacokinetics, Ljubljana, Slovenia*
[2] *Faculty of Medicine, Department for Psychiatry, Ljubljana, Slovenia*
* *Corresponding author.*

Background Drug-drug interactions (DDIs) are known to lead to treatment failure.
Objectives In most European countries there are no data on DDIs in patients within correctional facilities.
Aim The main aim of this paper is to present the most frequent DDIs in the biggest Slovenian male, Slovenian correctional facility Dob to avoid serious DDIs in future.
Methods A retrospective study was carried between September 2015 and June 2016 on 141 patients on substitution treatment (methadone, suboxone and buprenorphine) and 125 other prisoners with mental disorders in need for psychiatric treatment were