Acetate 800 mg in two divided doses daily (64%), while the others received 1200 mg in three divided doses(32%). The mean Liverpool Adverse Events Profile score initially was 28.34 ± 6.28 which significantly improved after 4 weeks treatment to 22.80 ± 4.35 ($p < 0.05$). The improvement in newly diagnosed focal seizures patients was significantly more than other patients ($p < 0.05$). No major side effects were observed.
Conclusions: Eslicarbazepine Acetate as a monotherapy is effective in treating focal epilepsy. Better results of this drug are found in newly diagnosed focal epilepsy patients.

Disclosure: No significant relationships.

EPV0522

Glucagon-like peptide-1 receptor agonists in patients treated with antipsychotics

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Introduction: Glucagon-like peptide-1 (GLP-1) is an endogenous peptide that stimulates insulin secretion and decreases glucagon secretion. The use of GLP-1 receptor agonists (GLP-1RA) showed efficacy reducing the weight and glucose levels in patients with and without type 2 diabetes. This effect was also associated with a decreased risk of major cardiovascular events.
Objectives: Our aim is to review the role of GLP-1RA in psychiatric patients at cardio-metabolic risk due to antipsychotics treatment.
Methods: We reviewed articles published in PubMed using the keywords: "GLP-1" "glucagon like peptide" "antipsychotics" and "psychiatry".
Results: The number need to treat (NNT) to achieve clinical meaningful weight loss was 3.8. GLP-1RA treatment was also associated with greater reductions in body mass index, fasting glucose, HbA1c and visceral fat. This effect is true for antipsychotic treatment in general and for those on clozapine and olanzapine in particular. Overall, the GLP-1RA are well tolerated with nausea being the most common related adverse effect. Other variables such as age, sex, psychosis severity, nausea or any adverse drug reaction did not affect the weight loss.
Conclusions: Studies showed a promising role in the management of antipsychotics induced weight gain, particularly in clozapine and olanzapine treated patients. Although these promising results, the route of administration, with a daily or weekly subcutaneous injection, and the GLP-1RA associated financial costs, can be viewed as important factors which can limit the wide use of this type of treatment in psychiatric patients.

Disclosure: No significant relationships.
Keywords: GLP-1RA; glucagon like peptide; obesity; Antipsychotics

EPV0523

Levetirazetam psychosis

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Introduction: Levetirazetam is an antiepileptic drug with psychiatric adverse reactions. It includes psychosis, paranoia or hallucinations. The frequency is less than 1%.
Objectives: To describe and study a case of Psychosis produced by Levetirazetam
Methods: Retrospective review of clinical records and complementary test, including psychiatry, electrophysiology and neurology. Diagnosis schales such as Salamanca Questionnaire were used as suport.
Results: A 42-year-old woman diagnosed with tuberous sclerosis and undergoing treatment with levetirazetam acudes to the emergency department for behavioral disorders. She has presented an episode of aggression against a relative threatening him with a kitchen knife. The family reports that since the change in antiepilepticus 1 month ago, the patient has presented strange behaviors. Te Patient is conscious, uncooperative. Barely Approachable. Suspicious of her surroundings, with psychomotor restlessness, self-reference ideas and sparse speech. Auditory hallucinations seem to be present, as well as depressed and irritable mood. Psychic and somatic anxiety is found. Levetirazetam is discontinued, being replaced by valproic acid. Risperidone is started at a 3 mg dose. Treatment is well tolerated, and clinical stability is achived. Cluster A personality traits are found. Complementary test Blood and Urine simples, Imaging tests (CT and MRI), electroencephalogram and Electrocardiogram show no alterations
Conclusions: Levetirazetam can cause psychiatric adverse effects. it is important to make a proper diagnosis before a first psychotic outbreak in later life. Drugs that can produce psychiatric side effects should be identified and patients should be inform.

Disclosure: No significant relationships.
Keywords: levetirazetam; psychosis; tuberous sclerosis; Paranoia

EPV0524

Galactorrhea as a side effect of antidepressant drugs. A case report

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Introduction: Galactorrhea wiht antidepressants SSRIs or SNRI is a rarely adverse effect. Some authors believe that the risk of galactorrhea in women who use SSRIs is 8 times higher than in patients treated with other types of drugs. Serotonin is believed to be a potent physiological stimulator of prolactin release.Prolactin stimulates the growth of the mammary glands and the galactorrhea. The SSRIs would activate the serotonergic pathways, these in turn would stimulate the release of prolactin directly in the pituitary and in the hypothalamus, inhibiting the release of dopamine and increasing the release of stimulating factors. The main inhibitor of prolactin secretion is dopamine.