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#### EV1060

### Comparison of efficacy between risperidone and aripiprazole in combination with sodium valproate in patients with acute manic or mixed episodes

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Today, despite of the improvement in the psychological therapeutic approach, mania still remains as a challenging problem for health system. The aim of this study is comparison efficacy of risperidone and aripiprazole in combination with sodium valproate in bipolar patients with acute manic or mixed episodes who hospitalized in Razi psychiatric hospital in Tehran. This study was conducted as a double blind randomized clinical trial in two groups of bipolar disorder patients with manic or mixed episodes (18–65 age). Patients randomly set in two groups who received valproate with aripiprazole or risperidone. Clinical response was assessed with young mania rating scale (YMRS) and weight gain at 3 and 6 weeks. Data was analyzed with Chi<sup>2</sup> test, paired *t*-test and analysis of covariance and repeated measurement. Evaluation of treatment response after 3 and 6 weeks (50% reduction in Young's scale) in both groups did not show any significant difference between the two therapeutic combinations. The combination of sodium valproate and risperidone showed higher weight gain in comparison with the combination of valproate and aripiprazole at the end of week 6 ( $P < 0.001$ ). The mentioned combination in bipolar I disorder with manic or mixed episode has similar therapeutic effect, so that both of them are effective and usable. There was no difference in their efficacy, and both treatments can be used. Due to the less weight gain, the combination of valproate and aripiprazole in patients who prone to weight gain, this approach is recommended as more safe and effective therapy.

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#### EV1061

### Bupropion induced hyponatremia: A review of literature

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**Introduction** For over 20 years, bupropion has been used as an antidepressant by inhibiting the norepinephrine-dopamine reuptake. Hyponatremia is a relatively rare condition that has been

associated with the use of antidepressants including selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), and tricyclic antidepressants (TCAs). However, a few case studies have reported that bupropion was associated with hyponatremia.

**Objectives and aims** To review available literature on bupropion-induced hyponatremia and its possible underlying mechanisms.

**Methods** Case studies are presented and discussed followed by a literature review.

**Results** Hyponatremia has been reported with the use of many antidepressants, however, studies on bupropion induced hyponatremia has been limited. In literature only four case reports have been presented. Typically, this condition is only seen in frail or elderly patients. Possible mechanism is that bupropion may cause hyponatremia by the noradrenergic stimulation of vasopressin release.

**Conclusion** Clinicians should be aware of increased risk of hyponatremia associated with antidepressants, including bupropion. Especially in the elderly, clinical symptoms of hyponatremia can be misinterpreted and may lead to a life-threatening condition.

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#### EV1062

### Off-label prescriptions of quetiapine for sleep disturbances

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**Introduction** Quetiapine, a short-acting atypical anti-psychotic drug for the treatment of bipolar I disorder and schizophrenia, is increasingly used off-label for the treatment of sleep disturbances or insomnia. However, data supporting this off-label prescription of quetiapine are limited.

**Objectives and aims** To report and discuss the effects of “off-label” use of quetiapine for the treatment of sleep disturbances.

**Methods** An English-language literature search was conducted using Pubmed, EMBASE and Cochrane library (December 1980–December 2015) using the search terms quetiapine, insomnia, sleep disorders, sleep disturbances, and sleeplessness.

**Results** During the last decade, there is an enormous increase in prescribing quetiapine. This anti-psychotic drug is among the best selling drugs worldwide. For the approved indications, the usual therapeutic dose range is 400–800 mg/day. However, off-label use of quetiapine was most evident for the 25 mg/day to 100 mg/day. In some countries, off-label uses are promoted to non-psychiatrists for the treatment of insomnia, dementia, agitation, and aggression. Inappropriate anti-psychotic use may lead to serious health problems, including metabolic effects, increased sudden cardiac death, and age-related side effects with increased risk for orthostatic hypotension, fractures, pneumonia, cognitive impairment, and stroke.

**Conclusion** There is growing concern regarding the potential harm from off-label prescription of anti-psychotics, particularly quetiapine. There is little evidence supporting the enormous off-label uses of quetiapine. In addition, prescribing quetiapine for indications that are not evidence based has ethical, financial, and safety implications, especially in the older population.

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#### EV1063

### SSRIs and QT interval prolongation management. A review

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**Introduction** In 2011, the FDA issued an alert recommending not to prescribe citalopram high doses, due to QT prolongation risk. We explored the clinical background of QT interval prolongation related to serotonin selective reuptake inhibitors (SSRI) use and the clinical implications of safety issues.

**Methodology** A review was conducted to clarify the mechanisms associated with the occurrence of TdP when using SSRI and investigating therapeutic measures to avoid/minimize these effects. The literature search was conducted in PubMed data reviewing articles between 2001 and 2016.

**Results** (1) Related to risk factors/intraclass differences: risk factors are increase in QTc interval  $\geq 60$  ms from the pretreatment value, advanced age, female sex, acute myocardial infarction and electrolytic abnormalities among others. Citalopram appears more likely than others to induce this phenomenon but its importance is under current debate. (2) Related to dose: drug-induced QTc interval prolongation and TdP was associated to citalopram in doses  $> 40$  mg/day. However, psychotropic drug-induced sudden cardiac death may be an outlier in the absence of identified risk factors for QTc interval prolongation and TdP. (3) Related to poly-pharmacy/management: there is an additive effect when using SSRI and antipsychotics (EKG control is recommended in those cases). Cross-sectional studies showed that SSRI use was not associated with QT interval prolongation. This could be explained by the EKG intra-intersubject variability.

**Conclusions** There is little evidence that drug-associated QTc interval prolongation by itself is sufficient to predict TdP. Future research needs to improve its precision to better understand the factors that facilitate/attenuate that progression. Clarifying this may lead to a safer SSRI use.

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#### EV1064

### Lithium and EKG abnormalities. A review

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**Introduction** The literature concerning possible cardio-toxic effects of lithium therapy in man is reviewed.

**Methodology** A review was conducted to clarify the mechanisms associated with the occurrence of conducting abnormalities when using lithium and investigating (if so) whether these alterations depend on the dose. The literature search was conducted in PubMed data reviewing articles between 1982 and 2015.

**Results** (1) Related to pathopsychology/risk factors: reports indicate T wave morphology changes with lithium therapy. Of particular concern are cases of sinus node dysfunction or sinoatrial block and the appearance or aggravation of ventricular irritability. The incidence of cardiac complications, in general terms, may increase with age. Recent findings (a retrospective study

of bipolar patients) of lithium-associated hypocalcaemia showed that hypocalcaemia resulting from medical diseases and bipolar patients with lithium-associated hypocalcaemia had significantly higher frequencies of conduction defects. (2) Related/unrelated to dose: therapeutic and toxic levels of lithium have infrequently been associated with serious cardiac dysfunction. Several case reports demonstrate two important points about Brugada syndrome unmasking: electrocardiograph abnormality severity may correspond to lithium levels and unmasking may occur in the therapeutic range of lithium. Other report shows a case of lithium induced sinus-node dysfunction in a patient with serum lithium levels in therapeutic range.

**Conclusions** Lithium abnormalities are rare and mostly not related to dose. Conducting heart anomalies may occur, especially when several factors are present (such as age or co-morbid illnesses that affect calcium serum levels).

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#### EV1065

### Prolactin levels in patients with severe mental disorders: Are we doing well? An observational study of Seville area population

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**Introduction** It is well known that hyperprolactinemia increases the risk of hypogonadism, osteoporosis and cardiovascular diseases. Atypical anti-psychotics are directly related with its development. Despite its importance, pharmacological hyperprolactinemia it is not considered and treated by psychiatrists as much as expected. Nowadays, long-acting aripiprazole is one of the main treatments that barely increase the prolactin (PRL) levels.

**Objectives** To determine the number of cases in which PRL levels are detected. To quantify the reduction of PRL levels with patients treated with long-acting aripiprazole.

**Methods** Observational, descriptive study, from February 2015 to July 2016, of 52 patients treated with anti-psychotics, in two Sevillian community mental health centers.

**Results** In 56% of cases, PRL level was measured at least one time: in 77% of cases with prescription of long-acting aripiprazole, PRL levels are reduced.

**Conclusion** First step to reduce the impact of hyperprolactinemia in patients is to determine the PRL levels in a systematic way being this practice a must to be considered. In the study carried out and described in this abstract, reduction of PRL levels in target populations using long-acting aripiprazole is observed.

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#### EV1066

### Eosinophilia associated with clozapine – A case report

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**Objectives** Clozapine is an atypical anti-psychotic used in the treatment of schizophrenia and other psychotic disorders. It is associated with several side effects, namely, hematologic disorders, the more common being agranulocytosis. Some cases of