EPV1191

Priapism secondary to antipsychotic treatments with favorable response to amisulpride.

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Introduction: Priapism is an abnormally prolonged erection, painful and irreducible, unrelated to sexual stimulation. Around 25-40% of cases are iatrogenic, especially associated with pharmacological treatments, of which antipsychotics (first and second generation) account for 50%.
Objectives: The aim is to discuss a clinical case to provide further evidence.
Methods: The patient was a 37-year-old man with a diagnosis of schizophrenia who was admitted for clinical decompensation. He had stopped antipsychotic treatment three months earlier due to side effects. He reported previous episodes of priapism associated with Risperidone, Aripiprazole, Olanzapine, and Paliperidone. At admission, he was administered Asenapine 20mg with development of priapism. Treatment was stopped. The urologists performed a lavage of the corpora cavernosa and administered adrenaline. In the absence of effectiveness, surgical intervention was successfully performed. Given the psychopathological improvement, he was discharged without antipsychotic treatment and close follow-up.
Results: He presented a new admission one month later. Amisulpride was prescribed up to 800mg/day with good evolution and no adverse effects.
Conclusions: Antipsychotic-induced priapism appears to be related to the blockade of alpha-1 adrenergic receptors in the corpora cavernosa. There is a positive correlation between the affinity for the receptor and the propensity to cause priapism. The dose and duration of the medication do not appear to be correlated. Other risk factors are a history of previous episodes, restarting medication after noncompliance, use of concomitant substances or medications that cause priapism. Our choice of amisulpride was based on the fact that it has no affinity for alpha-1 adrenergic receptors.

Disclosure: No significant relationships.
Keywords: schizophrénia; Priapism; alpha-1-adrenergic; antipsychotic

EPV1190

Quetiapine induced ischemic colitis: about two cases

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Introduction: Due to its anticholinergic action, antipsychotic drugs, especially phenothiazines and atypical antipsychotics, have been described as a rare cause of drug-induced ischemic colitis. We present two cases of patients that were admitted to the gastroenterology unit of a general hospital and were diagnosed of quetiapine-induced ischemic colitis.
Objectives: To describe an uncommon side effect of neuroleptic treatment.
Methods: Case report and literature review.
Results: First patient, aged 73, with history of dysthymia, in treatment with desvenlafaxine, quetiapine, ketazolam, lorazepam, enalapril/hidroclorothiazide, omeprazole, simvastatin, tramadol/paracetamol, alendronate/colecalciferol and hidroferol, consulted in the emergency room for malaise, disorientation, haematuria, abdominal pain and changes in deposition rhythm; family members admitted frequent use of higher than prescribed doses of quetiapine and benzodiazepines. Second patient, aged 63, with history of histrionic personality disorder, in psychopharmacologic treatment with venlafaxine, quetiapine, diazepam, fentanyl, rupatadine, cinitapride, omeprazole, levosulpiride, simvastatin, fluticasone/salmeterol and celecoxib, consulted for abdominal pain and bloody diarrhoea. Colonoscopy findings in both of them were compatible with ischemic colitis. Quetiapine was withdrawn in both cases, as the main diagnostic hypothesis was quetiapine-induced ischemic colitis. The patients achieved full recovery.
Conclusions: Ischemic colitis is a rare but potentially fatal adverse effect of antipsychotic drugs, with clozapine being the most reported atypical antipsychotic thought to cause it. The risk associated with quetiapine is thought to be lower given its milder anticholinergic effect. Co-prescription with other drugs with anticholinergic actions increases the risk. Clinicians should be aware of this association and the onset of constipation should alert medical staff.

Disclosure: No significant relationships.
Keywords: quetiapine; adverse drug reaction; drug-induced ischemic colitis; anticholinergic effect

EPV1191

The combination of long-acting injectable antipsychotics, a new key in resistant schizophrenia.

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Introduction: Schizophrenia is a chronic disease that requires lifelong medical care and supervision. There is a high rate of relapse, mostly caused by poor adherence to oral antipsychotics. Long-acting injectable (LAI) antipsychotics have proved effective in schizophrenia and other severe psychotic disorders due to the stable blood levels, leading to a reduction of the risk of relapse. LAIs are associated with better functioning, quality of life, and patient satisfaction. In Treatment-resistant schizophrenia the combination of antipsychotics is a common practice. Nevertheless, the combination of two different long-acting injectable antipsychotics is not frequent.
Objectives: A case of a 34-year-old man is presented, previously diagnosed of Schizophrenia, with highly disabling chronic positive symptoms. With no in-sight and no will in receiving treatment. Has been stable for a year while being in treatment with paliperidone 525mg LAI/ 10 weeks, and aripiprazole 400mg LAI/28 days.

Methods: The patient was closely observed and given oral paliperidone, after 5 days long-acting paliperidone was introduced. He was discharged with mild improvement of his psychiatric symptoms. While being in treatment with Paliperidone 525mg, he kept vivid delusions and hallucinations. The patient still refused to take any oral medications. Long-acting aripiprazole 300mg was added to the treatment.
Results: He showed clinical improvement after a month. He has been stabilized for one year.
Conclusions: Treating resistant schizophrenia is among the most challenging clinical endeavors. A very helpful approach to improve adherence in schizophrenia is the use of long-acting injectable (LAI) antipsychotics. A major effort on scientific research of combination of LAI is needed.

Disclosure: No significant relationships.
Keywords: paliperidone; Aripiprazol; Long-acting injectable antipsychotics; schizophrénia

EPV1193

Time of onset of hematological side effects with Clozapine

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Introduction: Clozapine use is not deprived of serious complications that can condition treatment strategies, particularly hematological. Recognizing the time it takes for these effects to set, can therefore help to better screen their appearance, improving healthcare.
Objectives: To study the time of onset of hematological adverse reactions in patients treated with Clozapine.
Methods: A longitudinal, retrospective and descriptive study on a period of 20 years starting from the first of January 2000, at the psychiatry department A of the Razi hospital in Tunisia. This study was conducted on patients treated by Clozapine. The data was collected from patients' medical files using a pre-established sheet.
Results: The studied sample included 64 patient. Hematological disorders were found in 21 patients (32.8%). The mean time of onset of hematological adverse reactions was 119.71±126.56 days. Indeed, some patients had presented more than one hematological disorder and this at different times. Mild to moderate neutropenia had a mean time of onset of 502.57±908.32 days. The time of onset of eosinophilia was 937.75±1725.87 days, 297.67 ± 444.93 days for thrombocytopenia, 741±1268.85 days for leukopenia, 69.25 ± 48.19 days for hyperleukocytosis and 183. 33±231.80 days for anemia. Two cases of agranulocytosis were noted: one case occurred 10 years and three months from treatment beginning and the second case occurred after 7 months of treatment onset.
Conclusions: The time of onset of hematological side effects with clozapine varies widely and cannot be predicted with precision. Early, more frequent and regular surveillance is therefore necessary in this population.

Disclosure: No significant relationships.

EPV1194

Hypertriglyceridemia induced by aripiprazol: about a clinical case

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Introduction: 41 years-old man diagnosed of schizophrenia and peripheral spondyloarthropathy HLA-B27 (-) in treatment with methotrexate. Psychiatric background: First psychotic episode at 18, with no further medical monitoring. In 2018 he underwent a new episode consisting in auditory hallucinations, delusional ideas and clinophilia of months of evolution. He was sent to a Psychiatric Rehabilitation Unit and prescribed aripiprazole 20mg. The routine blood analysis revealed triglycerides level of 414mg/dL, with previous normal levels (123 mg/dL), without no other cause to justify it.
Objectives: To study the relationship between aripiprazole treatment and acute hypertriglyceridemia.
Methods: A clinical case is presented and available bibliography about the relation between aripiprazole and acute hypertriglyceridemia is reviewed.
Results: Hypertriglyceridemia was confirmed in the second analysis, so we concluded it was due to the start of aripiprazole, after rejecting other potential causes. Aripiprazole was replaced by cariprazine 3mg because of its similar profile. The analysis was repeated after a month and the normalization of the triglyceridemia (159mg/dL) was verified, while cholesterol levels remain stable. Moreover, the patient experienced an improvement in akathisia and sedation.
Conclusions: Although metabolic impact is not expected with aripiprazole, after reviewing the bibliography we have found a clinical trial and a case series that described this adverse effect. Our case highlights the importance of closely monitoring of patients in whom an antipsychotic treatment is started due to the high mortality and morbidity related to cardiovascular diseases.

Disclosure: No significant relationships.
Keywords: metabolic syndrome; Hypertriglyceridemia; Aripiprazol

EPV1195

Mydriasis caused by ESCITALOPRAM: Case report

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Introduction: Serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants thanks to the overall safety and tolerability spectrum. However, they can cause different side effects that not all of them are well identified.
Objectives: We intend to clarify the clinical presentation of mydriasis caused by Escitalopram.