EV1035

Doctor I have painful erections

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Introduction Ischemic (veno-occlusive, low flow) priapism is a painful and persistent penile erection unrelated to sexual desire or stimulation. In some cases, it is an adverse event of antipsychotic medications.
Materials and methods An Internet search was initiated using the search engines: Direct Sciences; Medline and keywords "Penile erection; priapism; Antipsychotic agents; Side effects" and we illustrated our literature review by a clinical vignette of a man aged 38 years followed for schizophrenia placed under Fluphenazine 125 mg/month from 5 years who consulted us in may 2015 because of priapism and he described painful and prolonged erection episodes evolving for approximately 5 days.
Discussion Medical literature mentions many cases of venous priapism in patients treated by conventional or atypical neuroleptics. About 30% of venous priapisms could be related to drugs of which approximately 50% to neuroleptics. This side effect is related to alpha1-adrenergic blocking properties of these treatments, more or less important depending on the drugs in this class. After emergency treatment, the priapism is the problem of the continued neuroleptic treatment. The substitution of one molecule by another alpha-1 blocking properties to the less marked is recommended.
Conclusion The venous priapism is a uro-andrological emergency requiring prompt treatment to prevent erectile sequelae.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Modulation of corticospinal excitability by valerian officinalis root extract: A neuropharmacological Transcranial Magnetic Stimulation (TMS) study

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Introduction Valerian officinalis roots extract is a popular medication for insomnia and anxiety treatment. Sedative effect of Valerian is mainly attributed to the modulation of gabaergic transmission, but its pharmacodynamics has not been fully elucidated.
Objects To investigate the acute effects of Valerian Officinalis extracts intake on corticoexcitability as measured by TMS.
Aims To obtain further data on Valerian pharmacodynamics.
Methods Twelve healthy volunteers participated in a double-blind randomized crossover placebo-controlled study. They were required to take either 900 mg of Valerian officinalis extract (valerenic acid 0.8%) or placebo. Focal TMS of the hand area of left motor cortex was used to test Resting motor threshold (RMT), Motor evoked potentials (MEPs) amplitude and silent period duration (SP). We also tested Short-interval Intracortical Inhibition (SICI), Intracortical facilitation (ICF), Short and Long afferent Inhibition (SAI and LAI). All parameters were investigated at baseline, 1 hour and 6 hours after drug intake. After a 3-week washout period the subjects switched to the alternate arm of the study.
Results A mixed RMANOVA revealed a significant main effect of "time" [$F_{(1,22)} = 4.03$, $P = 0.02$] and a significant "treatment × time" interaction [$F_{(1,22)} = 6.3$, $P = 0.003$]. Post-hoc analysis indicated that the amount of ICF was significantly reduced 1 hour after Valerian intake ($P = 0.01$) returning to baseline values after 6 hours. No significant changes between the Valerian and placebo groups were observed for the other parameters investigated.
Conclusions The modulation of ICF induced by Valerian officinalis is likely due to glutamatergic antagonism and might underlie the anti-anxiety therapeutic effects.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Tolerability of desvenlafaxine in clinical practice: An observational phase-IV study

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Introduction Desvenlafaxine is a SNRI which presents low affinity for muscarinic, H1 and α1 in vitro receptors and a marginal hepatic metabolism. Different studies have shown effectiveness and a favorable tolerability profile, but only a few of them have been realized independently.
Objectives and aims To study the incidence and characteristics of short-term desvenlafaxine side effects (SE) in daily clinical practice.
Methods A total of 123 patients with recently introduced desvenlafaxine treatment are recruited from Barakaldo and Uribe-Kosta Mental Health Centers, and UKU scale is administered to measure SE. Descriptive data are calculated using SPSS v.22.
Results SE are observed in 30.09%. Among these, 5.69% experimented improvement or disappearance of SE with dose reduction, whereas 16.26% had to stop DVF treatment. The most frequent SE was nausea/vomiting (7.3%), followed by dry mouth (4.9%), blurred vision (4.9%), tachycardia (4.1%), sexual SE (4.1%) and tension/inner unrest (4.1%). Among the patients with anxiety disorders, 27.78% present SE versus 30.47% of patients with other diagnoses.
Conclusions The characteristics of SE with DVF in daily clinical practice are comparable to those found in previous studies, and the overall profile is more benign than other AD. Aspects such as gender and sexual function must be considered. In patients with anxious symptoms DVF is also effective and ES are presented similarly, opening a new line of research and treatment of conditions with these characteristics.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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The role of long-acting antipsychotic treatment in schizophrenia with comorbid drug use. The case of paliperidone palmitate

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