EPV0964

The correlation beteen lifestyle and risk of metabolic syndrome in schizophrenia

K. Krysta[1]*, B. Tredzbor[1], E. Martyniak[1], K. Piekarska-Bugiel[1], A. Koźmin-Burzyńska[1], A. Cieślik[2] and M. Krzystanek[1]

[1]Department of Rehabilitation Psychiatry and [2]Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland
*Corresponding author.
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Introduction: Patients suffering from schizophrenia have a higher risk of premature death. An unhealthy lifestyle contributes to increased risk of cardiovascular diseases, metabolic syndromes, suicides among them. In addition to the use of selected therapy with a restriction metabolic risk has become important to influence non-pharmacological factors such as proper diet, introducing the principles of a healthy lifestyle. A diet rich in fiber, the DASH diet, the Mediterranean diet may become beneficial in terms of lowering parameters metabolic, cardiovascular and immune related to premature mortality in schizophrenia.
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Objectives: The objective of this study was to evaluate the influence of the lifestyle on the metabolic parameters in schizophrenia
Methods: In our study, we assessed the influence of diet, nutritional knowledge and lifestyle on parameters of metabolic syndrome (cholesterol, triglicerydes, glucose) in patients with schizophrenia.
Results: In the results we have found positive co-relations between unhealthy diet and lifestyle and lack of knowledge on proper nutrition and increased parameters of metabolic syndrome.

Groups	BMI (Std. Dev)	Cholesterol HDL mg/dl	Triglicerides mg/dl	Insuline resistanece	Insuline uU/ml
Study group	30,58(4,44)	45,63(7,34)	177,32(108,76)	4,68(4,64)	19.77(17,35)
Control Group	26,00(3,39)	54,32(14,07)	111,47(57,48)	2,1(!,21)	9,01(4,97)

Conclusions: Dietary intervention may become one of the therapeutic goals in schizophrenia.

Disclosure of Interest: None Declared

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Double dystonia secondary to risperidone: acute laryngeal dystonia and oculogyric crisis.

L. Tardon*, O. Marco, L. Navarro, T. Fernandez, O. de Juan, M. Bioque and H. Andreu

Hospital Clínic de Barcelona, Barcelona, Spain
*Corresponding author.
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Introduction: Acute laryngeal dystonia due to antipsychotics is an uncommon but potentially lethal form of extrapyramidal reaction. The initial symptoms may be subtle but progressively appear difficulties in phonation, stridor and dyspnea which are often life-threatening.
Objectives: To describe a case of acute laryngeal dystonia and oculogyric crisis secondary to risperidone.
Methods: The present study is a case report of a patient admitted for schizophrenia who was presented a laryngeal dystonia and oculogyric crisis after being treated with 5mg risperidone. We also searched previously case reports, series and systematic reviews of laryngeal dystonia using a pubmed query.
Results: A 30-year-old Caucasian woman who was admitted for schizophrenia presented rhinolalia, oropharynx paresthesias, mild dyspnea without stridor, and prolonged involuntary upword desviation of the eyes. All these symptoms started within 24 hours of starting risperidone 5mg per day. A laryngoscopy showed abnormal motion of the vocal cords that suggested laryngeal dystonia. Symptoms remitted after administration of intramuscular biperiden 4mg. Risperidone was later switched to olanzapine because of better psychomotor side-effect profile.
Conclusions: Laryngeal dystonia is a medical emergency requiring early diagnosis and immediate treatment. Anticholinergic agents should be carried out, without waiting for the results of complementary tests. The route of administration can be intramuscular or intravenous. This complication should be always kept into account when a patient is taking any antipsychotic, and remembered for the antipsychotic election in following treatments.

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Amantadine augmentation in electroconvulsive therapy-resistant catatonia: a case report.

L. Bueno Sanya*, H. Andreu Gracia, O. De Juan Viladegut and L. Olivier Mayorga

Psychiatry, Hospital Clínic de Barcelona, Barcelona, Spain
*Corresponding author.
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Introduction: Catatonia is a syndrome characterized by physical symptoms ranging from immobility to excessive motor activity. Besides being historically associated mainly with schizophrenia, it is widely known that it can be the expression of different psychiatric, neurological or medical conditions. The treatment of choice is benzodiazepines, indicating electroconvulsive therapy in refractory cases. Amantadine is considered a second-line therapy in setting when electroconvulsive therapy is not available.
Objectives: To describe the case of a patient with treatment-resistant catatonic schizophrenia. Not having responded to benzodiazepines or electroconvulsive therapy, potentiation with amantadine was subsequently started.
Methods: Our patient presented at a psychopathological level; psychomotor inhibition, a perplexing attitude, and mute speech. At the motor level; ambitendency, indecision, automatic obedience, motor stereotypes, and facial grimaces. He did not present other alterations at the neurological level. Regarding complementary