Results: Regarding the PCL-S: for civilians and first responders respectively, the overall AUC was 0.947 and 0.899, and the optimal threshold were 38.5 and 39.5. Regarding the HADS-D: for civilians and first responders respectively, the overall AUC was 0.908 and 0.617 and the optimal thresholds were 7.5 and 1.5. For the HADS-A for civilians and first responders respectively, the overall AUC was 0.823 and 0.717, the optimal threshold were 9.5 and 6.5.

Conclusions: In the context of a terrorist attack, compared to the MINI, our study underlined satisfactory performance of the PCL-S and the HADS-D in screening for PTSD and depression respectively, while the screening of anxiety using the HADS-A was unsatisfactory.

EPP0410

A growing heart: a literary review on clozapine-induced Myocarditis

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Introduction: Clozapine, a unique antipsychotics, is well known for its adverse effects. Myocarditis is a rare but life-threatening complication, however not monitored at a global scale.
Objectives: This work aims to review the literature on clozapine-induced myocarditis.
Methods: Pubmed and Google Scholar search using Mesh terms clozapine, myocarditis, clozapine-induced myocarditis.
Results: Clozapine-induced Myocarditis (CIM) is potentially fatal, with mortality rates environ 21%. According to the World Health Organization Monitoring Program, notification rate is 0,93%, nonetheless incidence found in literature varies dramatically. Highest rates are reported in Australia, where this relationship was first established and a complete monitoring protocol is compulsory in all patients starting clozapine, which causes some authors to defend this condition is generally undernotified. Underlying mechanisms are not fully understood, but an imunomediated hypersensitive reaction occurring in the first 3-4 weeks after treatment is suggested. CIM is rare after 6 weeks. Risk factors include age, cardiac disease, initial high dose, rapid titration and simultaneous valproate or other antipsychotics use. The most common symptoms, fever, tachycardia, dyspnea and malaise, are non-specific and can be indistinguishable from other clozapine benign adverse effects. Analytically, C-reactive protein and Troponine elevation are the most specific diagnostic markers, therefore the most suitable for monitoring. Prompt cardiological observation for further evaluation should be seeked whenever CIM is suspected.
Conclusions: Diagnosis of CIM can be challenging. Systematic monitoring is not consensual but may increase detection, prevent severe outcomes and help clinicians decide whether to keep or suspend therapy. Clozapine is beneficial and shouldn't be avoided or unjustifiably discontinued.

COVID-19 and Related Topics 05

EPP0411

Mrna vaccination under clozapine treatment

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Introduction: Common side effects are agranulocytosis and myocardiopathy. There are reports of myocardite related to m-rna vaccine for covid-19 (Pfizer-Bionteck), while the interactions with clozapine has not been yet studied.
Objectives: The object of the study is to explore the safety of COVID-19 vaccination at patients treated with clozapine.
Methods: We report a group of 27 patients from the psychiatric rehabilitation unit of the General Hospital of Corfu who were treated with clozapine and another group of 27 patients on different antipsychotic. Levels of clozapine were measured before the 1st vaccination and one month after the individuals were fully vaccinated, as well their COVID antibodies. For myocarditis detection we used CRP >1mg/dl and quadruplication of the troponin of reference.
Results: No significant difference has been observed among the 2 groups in relation to antibody production, No difference has been detected between clozapine and nor-clozapine serum levels before and after vaccination. While there was no case of myocarditis or vein embolism noticed.
Conclusions: It seems that patients treated with clozapine develop immune response to COVID-19 as individuals in any other antipsychotic. No major side effects were reported at the two groups leading as to the conclusion that treatment with clozapine sould not be an obstacle for COVID-19 vaccination. Thus to the small number of patients in this study further research is needed.

EPP0412

Emotional impact on Spanish health professional because of the COVID19 crisis

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