with the most recent graduation date, used mainly ARIPIPRAZOLE, a third-generation antipsychotic, to treat disorder with FDA approval for their use. The physician with a graduation date between them, used mainly (PALIPERIDONE), a second-generation antipsychotic to treat the disorders.

Disclosure of Interest: None Declared

EPP0890

Syndrome of inappropiate antidiuretic hormone secretion (SIADH) secondary to sertraline: case report and literature review

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Introduction: Currently, in addition to their frequent use in community medicine, the use of antidepressants is a fundamental pillar of pharmacological treatments used in psychiatry. Due to this frequent use, we must be aware of the possible side effects, in particular the SIADH produced in this clinical case by SSRIs. There are already described cases of this association including other antidepressants and many different types of drugs.
Objectives: To review the current literature on the management of this pathology when it is secondary to the use of frequently used drugs such as SSRIs.
Methods: We report the case of a 64-year-old woman hospitalised in the psychiatric department for malnutrition secondary to unspecified eating disorder (ED). During admission, treatment with sertraline was started with ascending doses up to 100mg, subsequently producing slight edema with the following analytical results: plasma Na: 123 mEq/L (135-145), plasma osmolarity: 250 mOsm/kg (275-300), urinary Na: 174 mEq/L (>40), fulfilling diagnostic criteria for SIADH.
Afterwards, we reduced sertraline until discontinuation and started treatment with water restriction and urea (30 grams/24 hours) during admission and after discharge. During admission, we observed disappearance of the edema and partial improvement of the analytical values (Na:131 mEq/L), which were normalised with home treatment of daily urea.
Results: The precise prevalence of SIADH from the use of SSRIs is unknown, it is known that patients older than 65 are at higher risk of developing severe hyponatraemia in the first 5 weeks after initiation. Similarly, treatment with water and urea restriction, together with discontinuation of SSRIs, appears to be sufficient.
Conclusions: SSRIs can cause SIADH a reversible but potentially life-threatening pathology, and we need to be aware of this possibility especially in the older population and being able to handle it

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EPP0891

Valproate-induced severe symptomatic hyponatremia in a patient with schizoaffective disorder: a case study and literature review

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Introduction: The syndrome of inappropriate antidiuretic hormone secretion (SIADH) is a serious condition associated with persistently high ADH with water retention despite sufficient vascular volume. Sodium valproate (VPA), an antiepileptic indicated to treat bipolar disorder, blocks sodium (Na) and calcium ions. Few studies have examined the association between VPA and SIADH.
Objectives: This abstract has two interrelated objectives: (1) to describe a VPA-associated SIADH case study we encountered in our clinical setting; and (2) to review literature for other VPA-associated SIADH cases to illuminate associations and possible risk factors.
Methods: After recording a case from clinical experiences, we completed a literature review of other cases of hyponatremia associated with VPA.
We reviewed resulting artticles from searches in PubMed and in the aggregate Dartmouth Biomedical Library indices with no date or language parameters. We then searched those articles' bibliographies.
Results: Ms. A is a 63-year-old woman with schizoaffective disorder, bipolar type, hospitalized for the resurgence of visual hallucinations (VH) of "monsters" asking her to hurt herself and others. She had been adherent to VPA (500mg twice daily) and non-adherent to prescribed Olanzapine (25mg). On Day 1 (D1), her labs were concerning for serum Na 119mEq/L (n=135-145), serum osmolality (SOsm) 264mEq/L (n=275-295), and inappropriately high urine osmolality 111mOsm/kg (n <100 mosmol/kg in hyponatremia) and urine Na 34mEq/L (n <20 mosmol/kg in hypovolemic hyponatremia). Her VPA level was 73.6 mcg/mL.
She was restarted on her home psychiatric medications for VH, and her hyponatremia responded to water restriction, with serum osmolality at 292mEq/L by D4 (see Figure). She was admitted to the inpatient psychiatric unit for concerns of persistent VH. On D13, her SOsm worsened to 267mEq/L and VPA was discontinued at that time. On D19, SOsm improved to 283mEq/L. Her VH responded well to discontinuing VPA and adding Risperidone (titrated to 6mg) and on D22 she was discharged home. Given the chronological sequence of her newly developed VH, the patient's hallucinations were likely multifactorial, with contribution from hyponatremic encephalopathy-related psychosis.
Our literature review found ten articles reporting thirteen other cases of VPA-associated SIADH (see Table). Our patient shared demographics with most previously reported cases: being older in age and having polytherapy and a low baseline Na. None of the previous case reports showed specific drug interactions to be particularly likely causes of hyponatremia.