and it may warrant prompt discontinuation of the causing drug, as suggested by the literature.

Keywords: clozapine; eosinophilia; multiorgan dysfunction

EPP1056

Psychedelics: A new era of treatment?

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doi: 10.1192/j.eurpsy.2021.1290

Introduction: Psychedelics - including LSD (lysergic acid diethylamide), psilocybin, DMT (N, N-dimethyltryptamine), ayahuasca and mescaline - have an ancient history across various civilizations. In 1950, after LSD's discovery by Hofmann, psychedelics enjoyed a short-lived relationship with psychiatry, before prohibitive legislature emerging in response to the recreational use in the mid-1960s. However, the last decade has witnessed a renewed scientific interest in psychedelics - a phenomenon referred to as the 'Psychedelic Renaissance'.
Objectives: Review the pharmacology of psychedelic drugs and the latest evidence of its therapeutic potentials in anxiety, mood and addictive disorders.
Methods: Literature review performed on PubMed and Google Scholar databases, using the keywords "psychedelics", "hallucinogens", "d-lysergic acid diethylamide (LSD)", "psilocybin", "ayahuasca", "mescaline", "DMT (N,N-dimethyltryptamine)".
Results: The psychedelics or "classic hallucinogens" can be subdivided into three sub-classes: the plant-derived tryptamines (psilocybin and ibogaine) and phenethylamines (mescaline), and the semisynthetic ergolines (LSD). The therapeutic potentials are mediated by an agonist action on 5-HT2A receptors expressed in frontal and paralimbic structures involved in mood and emotion regulation, introspection, interoception and self-consciousness. Stimulation of 5-HT2ARincreases the glutamatergic tone and neuroplasticity and is accompanied by reduced amygdala activity, reducing anxiety. Experimental, open-label, and RCTs showed anxiolytic, antidepressive, and antiaddictive effects with psychedelics. As examples, psilocybin and LSD reduced anxiety and depression in cancer patients and symptoms of alcohol and tobacco dependence, and ayahuasca reduced depression in treatment-resistant depression.
Conclusions: Despite the promising effects of psychedelics on anxiety, depression and addiction, the evidence is still preliminary, waiting for long-term studies with bigger samples.

Conflict of interest: No significant relationships.

EPP1057

Lithium monitoring in clinical practice

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doi: 10.1192/j.eurpsy.2021.1291

Introduction: Lithium is widely used for the treatment of bipolar disorder. Owing to its narrow therapeutic index and side-effect profile, regular monitoring is recommended by all major guidelines on lithium use.
Objectives: The aim of this study was to determine whether routine lithium monitoring practice at the local mental hospital in Malta reaches the standard set by the most recent NICE guidelines (NICE, 2014a).
Methods: All patients on lithium maintenance treatment for bipolar disorder at the local Mental Hospital were included. Blood tests within the last one year were collected using iSOFT clinical manager (iCM). After the first audit cycle, a lithium monitoring sheet was created in accordance with the NICE guideline and after 6 months of implementation, the second audit cycle was conducuted.
Results: In the first cycle, 28 patients met the NICE criteria for increased risk of toxicity and have a recommended testing frequency for lithium levels of every 3 months. However, only 1 patient was observed to meet this criteria. When assessing the last lithium level only 35.7% were within 0.4-0.8 mmol/L. In the second audit cycle, 28 patients met the NICE criteria for increased risk of toxicity and have a recommended testing frequency for lithium levels of every 3 months. Almost half of the patients (12 patients, 42%) were to observed to meet this criteria. When assessing the last lithium level, 50% were within 0.4-0.8 mmol/L
Conclusions: After the introduction of the lithium monitoring sheet, monitoring improved substantially especially in high risk patients. Moreover, the majority of test results for lithium levels were within the therapeutic range.

Keywords: lithium; monitoring; Psychopharmacology; bipolar disorder

EPP1058

Benzodiazepine prescribing in tunisia: A study about psychiatrists prescribing habits

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doi: 10.1192/j.eurpsy.2021.1292

Introduction: Benzodiazepines (BZDs) are psychotropic drugs that are predominantly prescribed in psychiatry and that can have serious side effects. BZDs prescribing is well codified by several guidelines, yet the epidemiological data on their prescribing remains alarming.
Objectives: Our study aimed to evaluate the general modalities of BZDs prescribing in psychiatry in Tunisia.
Methods: This is a descriptive cross-sectional study conducted through a Google-forms self-administered questionnaire, intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.
Results: One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. The purpose of treatment with BZDs was explained to the patient at its initiation in 98.2% of cases and the risks associated with it in 87.7% of cases. Special precautions were taken in elderly patients (96.5%), at risk of respiratory failure (94.7%), and in cases of personality disorders (80.7%). Only three quarters of physicians took precautions before prescribing BZDs to a pregnant woman (77.9%). In cases of rebellious or refractory symptoms, 14.4% of the participants stated that they combine two BZDs. Before reproducing/repeating a BZD

prescription, 18.4% of the participants indicated that they did not systematically and regularly assess its necessity.
Conclusions: The severity of the side effects associated with BZDs, especially those of tolerance and dependence, are at the origin of strict prescribing rules, dictated by several guidelines. According to the results of our study and to the literature data, the prescribing practices of these molecules remain nonetheless in many cases non-compliant with the recommendations.

Keywords: Benzodiazepines; Prescribing; psychiatry; habits

EPP1059

Bleeding risk between newer direct-acting oral anticoagulants and selective serotonin reuptake inhibitors. Case report and literature review.

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doi: 10.1192/j.eurpsy.2021.1293

Introduction: The use of selectiveserotonin reuptake inhibitors (SSRIs) is an independent risk factor for bleeding events. Antidepressants and oral anticoagulants (OACs) are often prescribed together as depression and anxiety often coexist with cardiovascular diseases, atrial fibrillation and thromboembolic disorders. Serotonin is released from platelets in response to vascular injury, promoting aggregation. Inhibition of serotonin transporter (responsible for the uptake of serotonin into platelets) can lead into a reduced ability to form clots and a subsequent increase in the risk of bleeding. Direct oral aticoagulants (DOACs), rivaroxaban, apixaban and edoxaban are primarily metabolized via CYP3A4. The co-administration of antidepressants with inhibitory effects on CYP3A4 may theoretically interact with them.
Objectives: Presentation of a case of upper gastrointestinal bleeding after initiation of Apixaban in a patient taking Sertraline and literature review.
Methods: We carried out a literature review in Pubmed electing those articles focused on bleeding risk between newer direct oral antigulants and selective serotinin reuptake inhibitors.
Results: A 66-year-old woman sought medical assistance for generalized ecchymosis and melena. She was diagnosed with atrial fibrillation treated with apixaban 7 days ago. Concomitant treatment between apixaban and sertraline was the possible cause of upper gastrointestinal bleeding and ecchymosis. We had to switch sertraline into vortioxetine (with less dregree of serotonin reuptake inhibition) and add proton-pump inhibitor (Omeprazole) in order to decrease the risk of bleeding.
Conclusions: SSRIs increase the risk of gastrointestinal bleeding, much more in case of concomitant use of oral anticoagulants. If SSRI use cannot be avoided, monitor closely and prescribe proton pump inhibitors.

Keywords: selective serotonin reuptake inhibitors; Atrial Fibrillation; anticoagulants; bleeding risk

EPP1060

Benzodiazepines prescribing in anxiety : Between practice and guidelines

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doi: 10.1192/j.eurpsy.2021.1294

Introduction: Benzodiazepines (BZD) are psychotropic drugs prescribed in psychiatry for their anxiolytic, hypnotic and sedative properties. Several guidelines aimed to limit the chronic use of BZDs. However, BZDs prescribing that does not comply with international recommendations remains widespread, estimated in France at 30% for anxiolytic BZDs.
Objectives: The aims of our study were to evaluate BZDs prescribing practices in the treatment of anxiety and to assess their compliance with international recommendations.
Methods: This is a cross-sectional study conducted through a Google-forms self-administered questionnaire,intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.
Results: One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. The most prescribed BZD for anxiolytic purposes was Prazepam (76.2%). Clonazepam was prescribed for anxiolytic purposes in 10.5% of cases. Of the 105 participants, 48 indicated that they prescribed BZDs for anxiolytic purposes in states of acute stress (45.7%), 28.6% prescribed them for the treatment of mild to moderate anxiety manifestations in anxiety disorders. For the treatment of anxiety without panic attacks, 20% indicated that they prefer a short half-life BZD, 80% a long half-life BZD. The maximum duration of BZDs prescription for anxiolytic purposes was 12 weeks (62%), and 6 months in 10% of cases.
Conclusions: BZDs are often prescribed in psychiatry for their anxiolytic property, sometimes in a way that does not comply with the recommendations of good practice, with regard to the prescribed molecules, their indications and the duration and modalities of prescription.

Keywords: Benzodiazepines; guidelines; Prescribing; Anxiety

EPP1061

Aripiprazole-induced rosacea. Case report and literature review.

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doi: 10.1192/j.eurpsy.2021.1295

Introduction: Skin and subcutaneus tissue disorders are common type of adverse drug reactions reported with a wide variety of both typical and atypical antipsychotics. Aripiprazole is a quinolinone antipsychotic that is a partial agonist at the D2 and 5-HT1A receptors and antagonist at the 5-HT2A receptors. We report a case of rosacea that developed after starting aripiprazole in a patient with schizophrenia and which remitted after the drug was stopped.