Introduction: Off-label use of antipsychotics has increased in many countries. In adult populations antipsychotics off-label prescriptions varied from 40 to 75% of all AP users.
Objectives: To examine the off-label prescribing practices and experiences of antipsychotic medication in Finland.
Methods: An electronic questionnaire on physicians' prescription practices of antipsychotics, especially for off-label use, was sent in 2019 for physicians (n=1195) in different health care facilities including primary health care, occupational health care, in- and outpatient mental health services and services for substance abuse. The sample was selected by systematic and convenience sampling covering five university hospital areas in Finland.
Results: In total, 216 physicians (18% of the target sample) participated in the study, and 94% had prescribed antipsychotics for off-label use. The most common off-label indications were insomnia and anxiety. The most common antipsychotic used was quetiapine. Off-label antipsychotics was not prescribed as a first-choice medication: 99% of the physicians reported that the patients with off-label use have previously had other medications for the corresponding symptoms. In all, 88% of clinicians monitored the patients' clinical condition, whereas metabolic values were followed more rarely. About 68% of physicians reported more benefit than harm from the antipsychotics off-label use.
Conclusions: Antipsychotics are often prescribed for off-label use, most commonly for insomnia and anxiety. Most of the physicians see more benefits than harms for the patient in off-label use. There is a need to analyse the long-term benefits and harms of off-label use of antipsychotics and create more detailed treatment algorithms and clinical recommendations for such use.

Disclosure: No significant relationships.
Keywords: Antipsychotics; Off-label; physicians; Questionnaire

EPP0701

Venlafaxine-induced spontaneous ejaculation: Case report and literature review

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Introduction: Venlafaxine is a serotonin-norepinephrine reuptake inhibitor and its extensive use for major depressive disorder and anxiety disorders. Although it has been reported that venlafaxine may have various side effects, as far as we know, spontaneous ejaculation(SE) has not been reported yet.
Objectives: We aim to describe this clinical case with venlafaxine-induced SE and to discuss the possible etiological factors.
Methods: Case report and literature review.
Results: A 53-year-old male with generalized anxiety disorder was initiated venlafaxine treatment with 75 mg/day. After two months patient's complaints partially regressed and the dose of venlafaxine treatment was increased to 150 mg/day. 10 days after the dose increase, the patient applied with the complaint of SE 2-3 times a day. No urological etiology was found. During outpatient follow-ups, after the 5 days from reducing the daily dose to 75 mg/day, SE complaint completely regressed. After following couple of months, the patient by himself, increased the dose of venlafaxine to 150 mg/day without consulting a psychiatrist. Then SE recurred approximately 15 days later. Venlafaxine treatment dose was reduced again to 75 mg/day and urological complaints spontaneously regressed.
Conclusions: SE, a rare sexual side effect, represents ejaculation that occurs involuntarily and in the absence of any sexual stimuli. The possible mechanism of SE, detected as a side effect in our case, may be that increased adrenergic activity reduces ejaculatory latency and triggers spontaneous ejaculation. Antidepressant-associated sexual dysfunction could be a dose-dependent adverse event. Therefore, reducing the dosage of the treatment to a minimum effective dose could be an option.

Disclosure: No significant relationships.
Keywords: Venlafaxine; spontaneous ejaculation; sexual; side effect

EPP0702

Effect of Tramadol on Corticosteroid Receptor Function in patients with Major Depression

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Introduction: It is important to study the corticosteroid receptors hypothesis of Depression.
Objectives: The goal of current study was - to test the influence of the opioid, adrenergic and benzodiazepine drugs on the immunosuppressive levels of leukocyte pyruvat dehydrogenase activity (LPDG) during the DST in patients with Major Depression and Anxiety Disorder.
Methods: Patients. 40 male/ mean age, 33,1+3,2 years/ and 20 premenopausal female /35,1+1,6 years/ patients with Primary Major Depressive Episode were studied. All patients were diagnosed by a psychologist and fulfilled DSM- IV criteria for Major Depressive Episode. The DST was conducted to 60 patients with Primary Depressive Episode and 30 healthy subjects
Results: In the cases of Primary Major Depressive Episode in separation with an Anxiety Disorder after TRAMADOL and DIASEPAM administration activity of LPDG increased more than 25%. Tramadol of a 50 mg dose and Diasepam of a 10 mg dose had a higher immunosuppressive effect than L-DOPA (0,5 g) on alteration of LPDG activity (more than 5 mmol/l/hour, p <0,05/.
Conclusions: TRAMADOL immunosuppresssive action was higher than L-DOPA and DIASEPAM on LPDG activity in patients with an Anxiety Disorder and Major Depression. Diasepam immunosuppressive action did not correlate with positive dynamics of LPDG levels of DST in patients with Anxiety Disorder (after the 4-5 th week of Diasepam treatment). From other side, mechanism of L-DOPA action on corticosteroid receptors stimulated LPDG-activity (L-DOPA therapeutic effective dose-3 g). It means that opiate, adrenergic and benzodiazepine receptors are interacting with each other and influencing on the corticosteroid receptors in different ways during immunosuppression.

Disclosure: No significant relationships.
Keywords: tramadol; diasepam; corticosteroid receptors