

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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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-HT_{2A} receptors expressed in frontal and paralimbic structures involved in mood and emotion regulation, introspection, interoception and self-consciousness. Stimulation of 5-HT_{2A}R increases 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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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 conducted.

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 be 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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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