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Keywords: Cariprazine; treatment-resistant schizophrenia; clozapine

EPV0602

Leukopenia and agranulocytosis in atypical antipsychotic treatment - besides clozapine

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Introduction: Leukopenia and agranulocytosis are reported and dangerous haematological side-effects associated with the use of antipsychotics, mostly reported for clozapine administration. However, increased case reports about severe abnormalities even during treatment with second generation antipsychotics other than clozapine.

Objectives: This review aims to compare haematological abnormalities associated with clozapine vs non-clozapine antipsychotic treatment, regarding aspects such as safety levels or the need for regular blood samples monitoring.

Methods: Pubmed and Google Scholar were searched for eligible articles, through keyword search and cross-referencing.

Results: Neutropenia is common both in patients with schizophrenia on clozapine treatment and in those never on clozapine. Cases of agranulocytosis has been described with the use of olanzapine, risperidone or paliperidone, that do not have the same monitoring regulatory process as clozapine.

Conclusions: These results highlight the challenges in identifying and managing non-clozapine antipsychotic-induced leukopenia in susceptible patients. Continued research in this domain for evidence based management of antipsychotic-induced blood dyscrasias

Disclosure: No significant relationships.

Keywords: Antipsychotics; Haematological effects; Leukopenia/ agranulocytosis

EPV0603

A sound mind in a sound body? The role of cooperation between medical specialists and patients with comorbid mental and somatic disorders

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Introduction: Treatment of accompanying somatic disorders in patients with schizophrenia is a crucial issue, as those people die about 25 years earlier, compared with the general population. Moreover, premature death in this group of patients is more often

caused by comorbidities than by suicide. It is worth emphasizing that cardiovascular disease itself in people with schizophrenia accounts for as much as 23% of causes of death, followed by suicides and drug toxicity. The paper presents a description of a 65-year-old patient diagnosed with schizophrenia, alcohol addiction, metabolic syndrome, and cardiac arrhythmia.

Objectives: To determine the impact of cooperation between medical specialists and a psychiatric patient on the treatment effect.

Methods: A case of a patient treated in a day ward is described. A literature search was made in the PubMed database.

Results: A patient after exacerbations of mental illness, often preceded by a return to alcohol use, tends to discontinue both psychiatric drugs and those prescribed for somatic diseases. Due to the diagnosed atrial fibrillation, sudden discontinuation of cardiac medications significantly increases the risk of life-threatening somatic complications, including stroke.

Conclusions: Diagnostic and therapeutic management in the treatment of psychiatric and somatic diseases with concurrent addiction to psychoactive substances requires interdisciplinary cooperation of medical specialists with the patient to achieve a successful outcome. Summarizing, in treatment, we must always look at the patient as a whole. Aside from caring for the mental state, the physical condition along with the possibility of cooperation on the part of the patient remains essential.

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Keywords: schizofrenia; somatic disorders; comorbidity

EPV0604

Paraphrenia in modern times? Revisiting an elder concept

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Introduction: The concept of paraphrenia was first introduced by Kraepelin and has since been a controversial issue. However, a group of patients still represent a diagnostic problem and many remind us of the initial description of Paraphrenia: "The uncertain group between paranoia and dementia praecox".

Objectives: Revisit paraphrenia and to transpose it to modern times.

Methods: Clinical report and literature review.

Results: "M", a 68 yo women with no psychiatric history was admitted in with depressive humor, anhedonia, asthenia and structured delusional ideas of guilt and persecution and auditory hallucinations. Antidepressant therapy improved the mood, but with worsening of the psychotic symptoms. With further exploration it was clear that the mood disorder was secondary to the psychotic symptoms that arose in insidiously. The family described her as very reserved and suspicious and notice that she abandoned many of her daily tasks. MMSE was 26 points and the laboratory results and the Cranial Computed Tomography were normal. There was little response to antipsychotics and the patient is undergoing electroconvulsive therapy with positive results.

Conclusions: Initially thought to be a depressive episode, the psychotic symptoms were the primary manifestation. Although the insidious installation, structured delusional ideas and the

preservation of the affects pointed to a delusional disorder, the presence of auditory hallucinations and gradual loss of functionality are characteristic of schizophrenia. Some authors rejected the classic definition of Paraphrenia, but accepted that schizophrenia in the elderly could assume a paraphrenic form. In this case, the clinical picture and evolution are close to the classical description of the disorder.

Disclosure: No significant relationships.

Keywords: Paraphrenia; psychosis; elderly schizophrenia

EPV0605

Folie a deux. On the subject of a case identified during confinement

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Introduction: Shared psychotic disorder or Folie a deux is an unusual mental disorder characterized by the transfer of delusions between two or more people who have a close relationship. An individual (inductor or primary) who suffers from a psychotic disorder, influences one or more individuals (induced or secondary). Delusional disorders or schizophrenia are the most commonly diagnosed disorders in the inductor individual.

Objectives: The objective of this study is to describe the clinical characteristics of an unusual entity such as shared psychotic disorder.

Methods: Description of a clinical case of shared psychotic disorder of a family treated in the emergency room during confinement.

Results: 47-year-old woman, goes to the emergency room with her husband. No psychiatric history. Both the patient and her husband verbalize delusions of harm and surveillance from neighbors. They also report that two of their children hold this belief. The mother, unlike the rest of the cohabitants, presents disqualifying auditory hallucinations. Her husband decides to take her to the emergency room because he finds her distressed, “between two realities” and aggressive when she is confronted about hallucinations. We start treatment with oral paliperidone in the mother and a subsequent follow-up, and a total remission of symptoms in all cohabitants.

Conclusions: As in other mental disorders, the correct diagnosis and subsequent referral are essential. The separation of the inductor individual from the induced one is useful for the correct management of this disorder. With timely intervention and a regular follow-up, the Folie a deux has a good prognosis.

Disclosure: No significant relationships.

Keywords: confinement; Folie a deux; Shared psychotic disorder

EPV0606

Pisa syndrome – a case report

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Introduction: Pisa Syndrome or pleurothotonus is a form of dystonia and often can arise as a side effect of antipsychotic treatment conditioning high morbidity and limiting management options. Despite the fact that the precise mechanism remains unclear, a neurochemical imbalance in dopaminergic and cholinergic transmission but also in serotonergic and noradrenergic transmission can be a possible pathophysiologic mechanism, which can lead to changes in the axial axis with abnormal posture and marked lateral trunk flexion and abnormal gait.

Objectives: Regarding a clinical case, the authors intend to review the relevant and current literature on the relationship between psychotropic drugs and Pisa Syndrome.

Methods: Description of a clinical case by consulting databases of current and scientifically relevant articles.

Results: The clinical case reports a 48-year-old woman with a history of HIV and Substance Use Disorder, hospitalized for unspecific behavioral changes, characterized by mood changes, self-referential, persecutory and somatic delusional ideas, and delusions of the control of thought. She was medicated with antipsychotics and mood stabilizers, with subsequent development of an acute-onset dystonic condition, characterizing the Pisa Syndrome. In this context, the dose of antipsychotics was lowered and anticholinergics were introduced, with progressive improvement of the clinical picture.

Conclusions: Pisa Syndrome, previously seen as a rare adverse effect, can occur as a dystonic reaction related to the use of psychotropic drugs, so its use should be judicious. Further studies are needed to understand the extent of this association and its pathophysiological mechanisms in order to guide more rigorous therapeutic lines.

Disclosure: No significant relationships.

Keywords: Pisa Syndrome; Antipsychotics; dystonia; abnormal posture

EPV0607

Cotard syndrome in a patient with multiple sclerosis: A case report

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Introduction: “Cotard syndrome” is a rare condition characterized by a constellation of clinical features, including hypochondriac and nihilistic delusions, the most characteristic of which are the ideas that one is dead or that their organs do not exist. It is more commonly associated with psychotic depression and schizophrenia but can also be found in several neurological disorders. In the clinical practice it generally appears as an “incomplete Cotard”, reduced to hypochondriac delusions attributed to the malfunction or occlusion of the organs, usually the digestive tract and abdominal viscera. Consequently it is common for these patients to reject food