Results: Eight patients met the selection criteria with a sex ratio of 6:2 and an average age of 67.5 years (6 with a primary level). The extent of the lesions varied between 10% and 75%. Among the participants, 4 required hospitalization in intensive care: 3 with non-invasive ventilation and 1 needed intubation. The 1-month evaluation found that all the patients had good memory and execution skills with MMS scales >25 and FAB scales >14. Regarding flexibility and planification: 4 of them needed more than 78 seconds to complete the TMT-A ,3 took more than 273 seconds to complete the TMT-B and 2 needed more than 60 seconds to accomplish the maze task (deficient scores).
Conclusions: The screening of cognitive disorders in post-COVID patients is very important for a better management that may require early neurocognitive rehabilitation.

Disclosure: No significant relationships.
Keywords: cognitive impairment; sequelae; Covid-19

EPV0445

Clozapine Toxicity in the Setting of COVID-19: A case of differential diagnosis

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Introduction: Together with agranulocytosis, fever and immflamatory manifestations are clozapine side effects to be monitorized during initial treatment. In the context of COVID-19 pandemic, implied mechanisms, and symptomatology should be carefully controlled.
Objectives: To analyze the clinical analytic and inflammatory chracterisctics the resembles and differenciates clozapine immune response and SARS-CoV-2 infection. To describe a case of clozapine induced fever and pneumonitis during COVID-19 pandemic.
Methods: A case of clozapine-induced pneumonitis during COVID-19 pandemic is described.- A mini-review of clozapine inflamamtory effects, induced-pneumonitis and SARS-CoV-2 was performed.
Results: A 33 year old afrolatin male started treatment with clozapine up to 250 mg daily. He developed fever and respiratory symptoms in the 11th day of treatment. The exploration revealed pulmonary sounds decreased and 91% basal saturation, making the probable causes viral infection (local incidence of SARS-CoV-2 >800/100000hab), nosocomial bacterial infection or pulmonary thromboembolism. The patient was isolated due to probable COVID-19. Blood tests showed leucocytosis (13400/mcL), Lymphocytopenia (11.8%), high PCR (14.4mg/dL), Ferritine (506.9ng/mL), Fibrinigen (663.83 mg/dL), D-Dimer (1.61mg/dL), and Interleukin-9 /25.8pg/mL). The angioTC revealed a pleural efusion and ground glass infiltrates (figure1). Only after 2 weeks eosinophilia was discovered (88/mcL) After 2 negative consecutieve PCRs for SARS-CoV-2, no imrovement with ampirical antibiotics and all infectious pannels negative, we started decreasing clozapine with improvement of the symptoms and resolution after suspending clozapine completely.

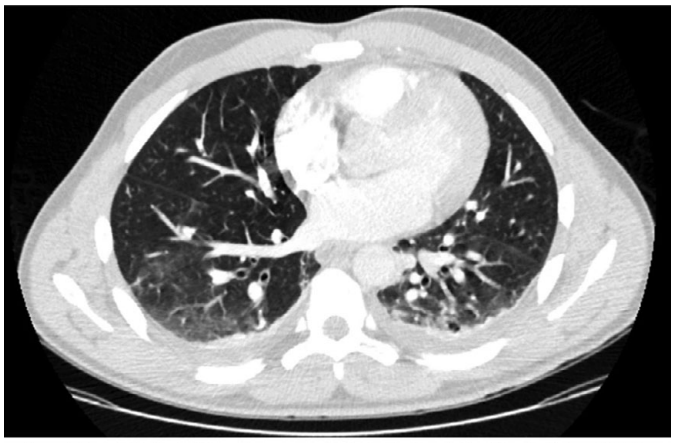

Figure 1. Angio-TC in day 2 of fever, dyspnea, cough, chest pain. Ground glass infiltrates in low right lobe.

Conclusions: Clozapine may induce a generalize inflammatory response mediated by interleukin-6. Patients treated with clozapine may exhibit fever and rarely, insterstitial lung inflammation. The expression of induced pneumonitis resembles viral infections, particularly SARS-CoV-2

Disclosure: No significant relationships.
Keywords: clozapine; Covid-19; pneumonitis; fever

EPV0446

Child psychiatric emergency visits during the COVID-19 pandemic

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Introduction: Paediatric and adult psychiatric emergency department (ED) visits decreased during the initial COVID-19 pandemic outbreak. Long-term consequences of the pandemic will include increases in mental healthcare needs especially among especially vulnerable groups such as children and adolescents.
Objectives: This study examined changes in the number of overall and diagnosis-specific mental health ED visits among patients aged <18 years following onset of the COVID-19 pandemic in Madrid, Spain.
Methods: We used electronic health records to extract the monthly numbers of total and diagnosis-specific mental health ED visits among patients aged <18 years, between October 2018 and April 2021, to La Paz University Hospital. We conducted interrupted