Combination of clozapine, cariprazine and fluoxetine in treatment-resistant schizophrenia patient with prominent negative symptoms: A Case report

I. Everte1, A. Pamše-Romāne2 and M. Taube3
1Strenci Psychoneurological hospital, 4th Department Of Psychiatry, Strenci, Latvia and 2Riga Centre of Psychiatry and narcology, Department Of Depression And Crisis Situations (20th), Riga, Latvia
*Corresponding author.

Introduction: Despite pharmacological advances in the treatment of schizophrenia, significant number of patients are still treatment-resistant. Clozapine is recommended as first-line treatment for treatment-resistant schizophrenia (TRS) in guidelines. Despite the greater efficacy of clozapine over other antipsychotics in the management of TRS, a significant number of patients fail to attain adequate response or develop adverse effects, and more interventions are needed.

Objectives: To describe a clinical case of treatment-resistant schizophrenia patient with prominent negative symptoms treated with combination of clozapine, cariprazine and fluoxetine, and to review the literature.

Methods: Clinical case presentation through review of the clinical file and non-systematic review on PubMed and ResearchGate.

Results: A 41 year old female patient presented to inpatient clinic with low mood, occasional commanding and commenting verbal hallucinations, occasional suicidal thoughts, blunt affect, anhedonia, asociality, she was apathetic, lacked motivation to get up from bed, had night’s sleep disturbance. Patient was diagnosed with Schizophrenia in 2009, she has been hospitalized in Psychiatric wards for 16 times. She has received treatment with combinations of several antipsychotic drugs and antidepressants, had side-effects and have not reached full remission. During treatment with clozapine (up to 175mg per day) in combination with cariprazine (up to 4.5mg per day) and fluoxetine (up to 20mg per day), gradually negative symptoms decreased, patient became more active, showed interest in daily and rehabilitation activities, night’s sleep improved.

Conclusions: Patient with treatment-resistant schizophrenia benefited from combination of clozapine, cariprazine and fluoxetine. Further research is necessary on treatment combination strategies for TRS.

Disclosure: No significant relationships.

Keywords: A case report; psychiatry; schizophrénia; heavy metals; PSYCHOTIC DISORDERS; argyria
**EPV1379**

**Ultra-treatment-resistant Schizophrenia. A case report**

A. Osca Oliver¹*, M. Palomo Monge², M. Pérez Fominaya², M.V. López Rodrigo¹ and M.F. Tascón Guerra²

¹Hospital Nuestra Señora del Prado, Psiquiatría, Talavera de la Reina, Spain and ²Hospital Nuestra Señora del Prado, Psiquiatría, Talavera de la Reina, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2020

**Introduction:** Despite the efficacy of antipsychotics, up to about 30% of schizophrenia patients do not respond adequately to treatment and are called treatment-resistant schizophrenia (TRS) patients. The treatment of choice in these patients is clozapine, which is used last due to the adverse effects it can cause. However, it has been shown that half of TRSs are also resistant to clozapine, leading to ultra-resistant schizophrenia.

**Methods:** As of 2015, he began to make autolytic attempts, the last being this year, 2021. Moment in which he manifests for the first time presenting imperative, sporadic auditory pseudo-hallucinations, which incite self-harm. These sensory-perceptual alterations appeared from 2015, together with the worsening of the negative symptoms.

**Objectives:** We present a clinical case corresponding to a 33-year-old man, single, residing in a community residence, undergoing psychiatric follow-up from the age of 7, receiving during this period the diagnoses of schizotypal personality disorder and paranoid schizophrenia.

**Results:** The patient has been treated with numerous antipsychotics, without complete remission, so since 2019 treatment with Clozapine 200mg was started. As the symptoms did not subside, the dose was increased to 400mg, at which point some of its side effects began to appear; urinary incontinence, sedation, sexual impotence … so the patient abandoned the treatment, suffering a relapse of his mental pathology.

**Conclusions:** Despite the arrival of atypical antipsychotics, it remains a challenge that there is a complete remission of symptoms in some patients with schizophrenia, for which we consider that psychopharmacological research in this group of patients is of the utmost importance.

**Disclosure:** No significant relationships.

**Keywords:** antipsychotic; schizophrenia; prolactin; iatrogenic

---

**EPV1382**

**Hormonal alterations due to antipsychotic-related hyperprolactinemia**

A.L. Montejo¹*, B. Buch¹, M.J. López³, M.T. Arias³, M.D. Corrales³, E. Dominguez³, C. Matos³, B. Cortés³, Y. Santana³, I. Valrriberas³, J. Matias³, T. Prieto³ and J.M. Acosta³

¹University of Salamanca, Psychiatry, Salamanca, Spain; ²IBSAL, Neurociencias, Salamanca, Spain and ³Hospital Universitario, Psiquiatría, Salamanca, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2020

**Introduction:** The use of antipsychotics (APS) is essential. Despite their great efficacy, some of them are associated with an increase in prolactin levels that can lead to hormonal changes needing to be identified and managed [1,2,3]. Hormonal changes use to have clinical implications including hypogonadism, infertility and sexual dysfunction.

**Objectives:** To evaluate possible hormonal alterations and some clinical implications produced by hyperprolactinemia (HPRL) derived from the use of some antipsychotic compounds.

**Methods:** A complete fasting blood test was performed on a sample of 113 subjects (69 men and 44 women). 54% (n = 61) showed a normal prolactin level and 46% (n = 52) showed hyperprolactinemia ( >50ng / ml). On the global sample, 39.8% (n = 45) was treated with some hyperprolactinemic drug , mostly risperidone and paliperidone.

**Results:** Some differences were found depending on the gender of the subjects. A highly significant inverse relationship between the values of prolactin and testosterone was found in males (p=0.020, r=-0.285). In females, increased prolactin level was significantly related to decreased cortisol values.

**Conclusions:** Antipsychotic-related Hyperprolactinaemia (mainly risperidone and paliperidone) is related with a decrease in testosterone levels in males and with an increase in cortisol levels in females.

**Disclosure:** No significant relationships.

**Keywords:** antipsychotic; schizophrenia; prolactin; iatrogenic

---

**EPV1384**

**Electroconvulsive therapy in treatment resistant schizophrenia: Old beacon of hope when nothing else works**

C. Adão¹*, A.A. Quintão¹, A. Velosa¹, P. Trindade¹ and C. Almeida¹,²

¹Centro Hospitalar de Lisboa Ocidental, Psychiatry Department, Lisboa, Portugal and ²NOVA Medical School, Psychiatry And Mental Health, Lisboa, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2020

**Introduction:** Electroconvulsive therapy (ECT) is one of the oldest psychiatric treatments used to this day. It is particularly useful in cases of schizophrenia resistant to treatment with antipsychotics. 49% of patients with schizophrenia experience little or no response with one trial of antipsychotics, 71% do not achieve remission and up to 20% of patients are also resistant to clozapine.

**Objectives:** Description of a clinical case where ECT is used in the treatment of resistant schizophrenia and review of the literature.

**Methods:** Description of a clinical case. Non systematic review of the literature, searching the terms “ECT” in the databases Pubmed, Medline, Cochrane and Uptodate.

**Results:** Male, 38-year-old patient, diagnosed with schizophrenia for 20 years, with history of multiple hospitalizations, institutionalized for 9 years. Treated with risperidone 50 mg intramuscular fortnightly, clozapine 750 mg daily, aripiprazol 30 mg daily and