Methods: We conducted a prospective study. We included patients hospitalized for acute relapse of schizophrenia. They were all treated with Risperidone. We measured High sensitive C Reactive Protein (Hs CRP) at baseline and 8 weeks after.
Results: We included 24 patients. Mean age was 34,5 +7,32 years with 75% of female. Mean age of onset of illness was 24,63 ±4,81 years and illness duration was 10,70 +6,42 years. After 8 weeks, PANSS scores decreased significantly from 79,13 +12,07 to 47,21 +8,41 and Hs CRP levels dropped by 1,55 +3,96 mg/l.
Conclusions: These results highlighted the anti-inflammatory action of Risperidone. Clinical trial should consider the proportion of anti-inflammatory agents action.

Disclosure of Interest: None Declared

EPP0099

Improvement of tardive dyskinesia in a depressive patient treated with fluvoxamine

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doi: 10.1192/j.eurpsy.2023.437

Introduction: Depressive patients often receive antipsyhotics as ad-on treatmnent due to different reasons. Rare side effect, but with high potential for chronicity is tadrive dyskinesia. Standart treatment of this incapacitating condition includes tetrabenasine, valbenasine (not available in Bulgaria), tiapride, and strategies with adding antipsychotics. In case of lack of medication or therapeutic failure we face therapeutic dilemma. Fluvoxamine, an SSRI and σ1-receptor agonist, has been shown in case studies to be beneficial, and this confirmed in this case.
Objectives: Description of improvement of tardive dyskinesia in a patient suffering from depression after switching antidepressive therapy to fluvoxamine.
Methods: Study of a case of switching to fluvoxamine, based on review of relevant literature and own previous experience of treating other hypekinetic disorders – tics, with the same medicine.
Results: A fifty-nine year old female patient suffering from long term depression received different antidepressants but also different mood stabilizers, anxiolitics and antipsyhotics (typical and atypical) as add-on treatment due to resistance, severe insomnia and anxiety, including even clozapine. Combination of paroxetine and clozapine resulted in improvement of sleep anxiety and tension, but with marked sedation as a side effect. Medications were successfully tapered off and replaced with trazodone and pregabaline. Soon however oral dyskinesia occurred. Patient developed hypersensitivity reaction when treated with tiapride. After switching antidepressant to fluvoxamine dyskinesia improved substantially.T
Conclusions: This case demonstrates the potential of fluvoxamine in treatment of tardive dyskinesia. This effect is most probably result of σ1-receptor agonism of fluvoxamine.

Disclosure of Interest: None Declared

EPP0100

The use of long-acting injectable antipsychotics in an acute psychiatric unit

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doi: 10.1192/j.eurpsy.2023.438

Introduction: Long-acting injectable antipsychotic (LAI) are an important and arguably under-utilized therapeutic option, particularly where medication adherence is a priority (Pilon et al. Clin Ther 2017; 39 1972-1985).
In recent years, meta-analytic reviews of depot medications concluded that this route of administration produced clinical advantages in terms of overall outcome, with lower probability of relapse, readmissions, shorter hospital admission time, mortality, and thus better long- term prognosis over other oral antipsychotics (Leucht et al. Schizophr Res 2011;127 83-92). Depot treatment is associated with lower overall medical expenditure (Taipal et al. Schizophr Bull 2018;17 1381- 1387).
Objectives: To describe the evolution of people diagnosed with a psychotic disorder 6 months before and after the introduction of long-acting injectable antipsychotic (LAI) in the acute psychiatric unit of San Rafael Hospital (Spain) from January 1, 2018 to December 31, 2018.
Methods: Retrospective and prospective naturalistic study. Patients with a diagnosis of psychotic disorder who were admitted to the acute psychiatric unit in 2018 and who were introduced to LAI (paliperidone palmitate, aripiprazole, olanzapine pamoate or risperidone), are selected. Sociodemographic variables (sex, age, ethnicity, migratory status, marital status, occupation, cohabitation) and clinical variables (main and secondary diagnosis, comorbidity with drug use and history of poor adherence) are described. The number of emergency visits and hospital admissions before and after the introduction of LAI antipsychotic treatment is compared.
Results: The sample was composed of 99 subjects. The mean age was 42.46 years (SD 13.439) and 67.7% were men. The sociodemographic profile was: european caucasian ethnicity (73.7%), non- migrant status (69.7%), single (67.7%), inactive (43.4%) and residing in the home of relatives (50.5%). 53.5% have a diagnosis of schizophrenia, followed by schizoaffective disorder (24.2%). 45.5% are diagnosed with any drug use disorder, the most frequent being cannabis (30.3%). 76.8% have a history of discontinuing oral treatment. There was a statistically significant decrease ($p<0.0001$) in number of emergency visits and hospital admissions after the introduction of LAI antipsychotic.
In the general linear multivariate before-after model, there were significant differences ($p=0.002$) in the number of admissions after long-term IM antipsychotic treatment. As for the comparison of the effects between the different LAIs, there are differences between them ($p< 0.0001$). Post-hoc analysis (Bonferroni) only showed differential significance for treatment with Paliperidone Palmitate ($p<0.0001$).

Conclusions: The use of LAI antipsychotic can reduce the number of emergency room visits and hospital admissions, in line with literature.

Disclosure of Interest: None Declared

EPP0101

Peripheral Edema associated with Olanzapine: case report

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doi: 10.1192/j.eurpsy.2023.439

Introduction: Olanzapine is a second generation antipsychotic. Sedation and weight gain are common treatment side effects. However, other rare side effects such as peripheral edema are yet to be documented.
Objectives: Our study aimed to describe the clinical presentation of edema in a patient taking Olanzapine.
Methods: Case report
Results: We present the case of a 42 male patient hospitalized for a manic episode. He was put on Olanzapine at 10 mg a day. During the hospitalization, the patient exhibited profuse pitting edema on his lower limbs and a rapid weight gain. He presented no other physical sign such as a fever, cutaneous lesions or trouble walking. Thrombophlebitis and erysipelas were eliminated after an extensive physical exam, complete blood work and doppler ultrasound exam of both legs.
Olanzapine was discontinued and the patient was prescribed a 4-day course of loop diuretics. Complete resolution of symptoms was noted 5 days later.
Conclusions: Further research regarding the mechanism behind edema in patients taking second generation antipsychotics are needed. We recommend monitoring for edema with initiation and titration of Olanzapine treatment.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders 01

EPP0102

The Role of Social Defeat in Neurological differences in Psychotic Patients

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doi: 10.1192/j.eurpsy.2023.440

Introduction: The social defeat hypothesis (SDH) suggests that a chronic experience of social defeat increases the likelihood of the development of psychosis. The SDH indicates that a negative experience of exclusion leads to an increase in the baseline activity of the mesolimbic dopamine system (MDS), which in turn leads to the onset of psychosis. Social defeat models have previously been produced using animal models and preclinical literature; however, these theories have not fully been tested in human clinical samples. There have been studies implying changes in brain structure due to social defeat interactions; however, research evidence is varied.
Objectives: This study aims to uncover whether exposure to SoDe has an impact on brain structure. Furthermore, we hope to understand if these changes are relevant to other mental health disorders.
Methods: 698 (506 no SoDe, 191 SoDe) participants between the ages of 15-41 were recruited from the PRONIA-FP7 study. SoDe was measured from the self-reported questionnaires' Bullying Scale' and 'The Everyday Discrimination Scale'. T1-weighted structural MRI data were processed; five 2 sample t-test analyses were carried out to compare the GMV differences in the entire sample and between the four groups.
Results: The VBM analysis showed significant group interactions in the right thalamus proper when comparing participants who had experience SoDe to participants who had not experienced SoDe including all 4 groups along with left cerebral white matter differences. In the ROP subgroup, significant group interactions in the left cerebellum white matter were found along with right cerebral white matter, left cerebral white matter and right Thalamus proper.
Conclusions: The findings suggest that there are significant group interactions in thalamus and cerebral white matter. This is in keeping with some previous research suggesting volumetric changes in the thalamus due to stress and psychosis. Similarly for white matter there is some evidence suggesting differences due to SoDe and psychosis. However, there is a scarcity of research in this area with different research suggesting distinctive findings and therefore the evidence is inconclusive. In the ROP group analysis significant group interactions were present in the cerebellum due to SoDe experience. There is research suggesting the cerebellum's role in multiple different aspects like social interaction, higher-order cognition, working memory, cognitive flexibility, and psychotic symptoms, with every research suggesting multiple different things the role of the cerebellum in SoDe in the ROP population is in question. Nonetheless this large-scale research presents some interesting novel finding and leads the way to a new area of research. Further analysis will explore the relationship between groups on markers of stress (CRP) and neuroinflammation as potential mediation of the environmental effects of SoDe.

Disclosure of Interest: None Declared