(ADHD) combined with open-label placebos could be as effective as standard medication to reduce ADHD symptoms.
Objectives: To estimate the health economic advantages of harnessing the combination of open-label placebos with standard medication in ADHD.
Methods: For preliminary estimation of the mean treatment costs, the 12-months prevalence of ADHD in children and adolescents aged 5 to 14 years as well as the percentage of medication treatments were extracted from the literature. Mean treatment costs per patient and year were calculated for four treatment plans (different drugs and dosages) with both treatment with standard medication and half of drugs in combination with placebos.
Results: A 12-months prevalence of 4.3% equals around 260,000 children and adolescents with a compulsory health insurance in Germany. Of those, around 40-50% are equally treated with two standard drugs and two different dosages. Full standard drug treatments cost around 119 million EUR, and treatment with half of drugs in combination with placebos cost around 66 million EUR.
Conclusions: The combination of open-label placebos with half of standard medication could considerably reduce health costs. Reduction of side effects still must be considered. However, current studies are of experimental nature and lasted for no longer than two weeks.

Keywords: Placebo effect; health economics; ADHD

EPP1046

Quetiapine-induced bicytopenia. Case report and literature review

T. Gutiérrez Higueras*, S. Vicent Forés,
S. Sainz De La Cuesta Alonso and F. Calera Cortés

Clinical Unit Of Mental Health., Reina Sofia University Hospital., Córdoba., Spain

*Corresponding author.
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Introduction: Low white blood cell counts and agranulocytosis are a relatively rare side effect of atypical antipsychotic treatment. Like most atypical antipsychotics, quetiapine only has a 1%-4% risk of low blood cell count. The mechanism by which quetiapine causes these adverse effects is still unclear, some authors have proposed that this drug acts directly as a cytotoxic agent on immune cells and produces cell death, or the products of these drug could induce apoptosis by oxidative stress. Other authors have suggested a bone marrow depression, which could be produced by an inhibitory effect on leukopoiesis.
Objectives: Presentation of a case of a bycitopenia after initiation of Quetiapine Prolong treatment to bipolar disorder and a literature review.
Methods: We carried out a literature review in Pubmed electing those articles focused on cases of patients being treated with quetiapine and cytopenia as a side effect.
Results: A 43-year-old woman with type I bipolar disorder is being treated with quetiapine prolong (50mg). After 6 years bicytopenia (anemia + leukopenia) was discovered in a routine analysis. In the Haematology Unit, long-term treatment with Quetiapine Prolong was found to be the cause of bicytopenia, having ruled out other ethological causes. This drug was suspended and switched to Aripiprazol. Eventually, the remission of symptoms and normalization of analytical parameters were achieved.
Conclusions: In this case highlights the importance of understanding antipsychotic medications and their effects on the haematological system. Quetiapine Prolong produced bycitpoenia (anemia and thrombocytopenia), especially in long treatments. Therefore, clinical practitioners should be aware of this adverse effect.

Keywords: Quetiapine; bycitopenia; antipsychotic; adverse reaction

EPP1047

Use of botulinum toxin type a in psychiatry - new perspectives and future potential

F. Gonçalves Viegas[1]*, I. Figueiredo[2], F. Ferreira[3] and A. Lourenço[2]

[1]Departamento De Saúde Mental, Hospital Prof Dr Fernando Fonseca, Amadora, Portugal; [2]Mental Health Department, Hospital Professor Doutor Fernando Fonseca, Lisboa (Amadora), Portugal and [3]Psychiatry, Hospital Professor Doutor Fernando Fonseca, Lisboa (Amadora), Portugal

*Corresponding author.
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Introduction: For almost three decades, botulinum toxin type A (BT-A) has been used for medical purposes. Evidence of the potential use of BT-A is emerging for psychiatric disorders, like unipolar and bipolar depression, borderline personality disorder (BPD), late dyskinesia, amongst others. This may represent a new role of BT-A treatment and could expand the therapeutic arsenal in psychiatry.
Objectives: The goal is to review current evidence regarding BT-A and psychiatry disorders.
Methods: Literature review of BT-A use in psychiatric conditions using Medline database.
Results: There's evidence supporting the use of BT-A in resistant unipolar depression, with studies showing an 8 and 4 times higher response and remission rates comparing with placebo. Beneficial effects were also found in bipolar depression. Preliminary data suggest that BT-A therapy may also be effective in the treatment of mental disorders characterized by an excess of negative emotions, such as BPD. The underlying mechanism might be the "facial feedback hypothesis". Hyperhidrosis is a common comorbidity in social anxiety disorder and may itself give rise to depressive or anxiety symptoms. BT-A has proved to be a safe and effective treatment for hyperhidrosis. BT-A can also be safely used for dystonia secondary to the use of psychiatric medication, when there's an inadequate response to anticholinergic medication. Also, BT-A injections in the salivary glands have been investigated for treating clozapine-induced sialorrhea and studies reported successful reduction in hypersalivation.
Conclusions: Although more studies are needed to evaluate the potential of BT-A in psychiatry, there is growing evidence of its potential use for some psychiatric conditions.

Keywords: emerging psychiatric indications; Depression; botox; botulinum toxin

EPP1049

Angioedema with haloperidol - case report

A. Costa*, S. Jesus and J. Alcafache

Psiquiatria E Saúde Mental, Centro Hospitalar do Baixo Vouga, Aveiro, Portugal

*Corresponding author.
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