Recordati; and declares no support related to the subject of this article.

**Keywords:** bipolar disorder; neutropenia; valproic acid; adverse effect

**EPV1208**

**Levetirazetam: antiepileptic-induced psychosis**

C. Vilella Martín*, P. García Vázquez, Y. Barrera García, P. Fernández Perea, A. Serrano García, M.A. Alonso De La Torre López, R. Gómez Martínez and C. Franch Pato

Complejo Asistencial Universitario de León, Psychiatry, LEON, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1890

**Introduction:** Levetirazetam is an antiepileptic drug with psychiatric adverse reactions. It includes psychosis, paranoia or hallucinations. The frequency is less than 1%.

**Objectives:** To describe a case of Psychiatry produced by Levetirazetam.

**Methods:** Retrospective review of clinical records and complementary test, including psychiatry, electrophysiology and neurology. Diagnosis scales such as Salamanca Questionnaire were used as support.

**Results:** A 42-year-old woman diagnosed with tuberculous sclerosis and undergoing treatment with levetirazetam acudes to the emergency department for behavioral disorders. She has presented an episode of aggression against a relative threatening him with a kitchen knife. The family reports that since the change in antiepilepticus 1 month ago, the patient has presented strange behaviors. The patient is conscious, uncooperative. Barely Approachable. Suspicious of her surroundings, with psychomotor restlessness, self-reference ideas and sparse speech. Auditory hallucinations seem to be present, as well as depressed and irritable mood. Psychic and somatic anxiety is found.

Levetirazetam is discontinued, being replaced by valproic acid. Risperidone is started at a 3 mg dose. Treatment is well tolerated, and clinical stability is achieved. Cluster A personality traits are found. Complementary test Blood and Urine simples, Imaging tests (CT and MRI), electroencephalogram and Electrocardiogram show no alterations.

**Conclusions:** Levetirazetam can cause psychiatric adverse effects. It is important to make a proper diagnosis before a first psychotic outbreak in later life. Drugs that can produce psychiatric side effects should be identified and patients should be inform.

**Disclosure:** No significant relationships.

**Keywords:** Psychosis; levetirazetam; antiepileptic

**EPV1209**

**Clozapine-induced myocarditis: a case report and literature review**

I. Angélico Ferreira*, M.A. González Fé, M.D.M. Marqués Pastor, C. Roset and L. Torres

Hospital Universitario Son Espases, Psychiatry, Palma de Mallorca, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1891

**Introduction:** We present the case of a male patient, 47 years old, diagnosed with schizophrenia, that was admitted at our hospital presenting a confusional state, with agitation, motor discoordination and difficulty breathing. At the blood analyses there was evidence of an increase in cardiac enzymes. The clinical manifestations had begun 5 days before, with slight leucocytosis showing in a routine blood test made after initiating clozapine, followed by fever, vomiting and progressive impairment of general clinical state.

**Objectives:** To describe a case of clozapine-induced myocarditis, which is a known, but rare, side effect of clozapine and to do a brief review of the existing knowledge on this matter.

**Methods:** The authors undertook an article review using PubMed database and a thorough analysis of the clinical case.

**Results:** The hypothesis of clozapine-induced myocarditis was the main diagnosis considered since the beginning, nevertheless, a thorough clinical examination and complementary tests were made and all the previous psychopharmacological treatment was suspended. The final diagnosis was based on the clinical presentation (fever, vomiting, shortness of breath, confusion and impairment of general state), the elevation of CRP, PCT and TnI and findings on echocardiogram that suggested myocarditis (moderate systolic dysfunction of the left ventricle due to global hypokinesia and a non dilated left ventricle).

**Conclusions:** The clinical manifestations observed, the results of the complementary diagnostic tests and the review of the existing literature, allowed to make the diagnosis of clozapine-induced myocarditis. We find of considerable importance to continue to publish and study this matter as it is still insufficiently known.

**Disclosure:** No significant relationships.

**Keywords:** myocarditis; clozapine; clozapine-induced

**Psychophysiology**

**EPV1211**

**Altered interpersonal distance regulation in autism spectrum disorder**

K. Farkas¹*, O. Pesthy², A. Guttengeber², S. Weigl³, E. Komoróczy¹, B. Szuromi³, J. Réthelyi¹ and D. Németh²,³

¹Semmelweis University, Department Of Psychiatry And Psychotherapy, Budapest, Hungary; ²ELTE Eötvös Loránd University, Institute Of Psychology, Budapest, Hungary and ³Université de Lyon, Lyon Neuroscience Research Center (crnL), Lyon, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1892

**Introduction:** Interpersonal distance regulation is an essential element of social communication. Its impairment in autism spectrum disorder (ASD) is widely acknowledged among practitioners, but only a handful of studies reported empirical research. However, these studies did not measure the alterations of vegetative functions related to interpersonal distance.

**Objectives:** We introduced a new experimental design to systematically measure interpersonal distance along with heart rate variability (HRV) in adults with ASD and tested the modulatory effect of intentionality, eye contact, moving activity, and attribution.

**Methods:** Twenty-two adults diagnosed with ASD and 21 matched neurotypical controls participated in our study from 2019 October to 2020 February. Our new experimental design combined the