or PP3M), which could reflect influence of severity in treatment. Future research is needed in order to better elucidate this association.

Disclosure: No significant relationships.
Keywords: Paliperidone palmitate; severity; Long-acting inyectable; Treatment

EPV1205

Effects of psychotropic switches on weight change: a prospective cohort study.

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Introduction: Many psychotropic drugs can induce weight gain with differences in their metabolic risk profiles (i.e. high, medium or low-risk).
Objectives: To compare the weight evolution of patients switching versus patients keeping their psychotropic drugs with different risk-profiles.
Methods: Data for patients switching or keeping the same drug were obtained from the Psyclin (from 2007 to 2015) and Psymetab (2007-2019) cohort studies, conducted at the Lausanne University Hospital, Switzerland. Patients either switched from a high to a low-risk, a high to a medium-risk, a medium to a low-risk drug, or for a drug with the same risk category. Patients not switching either kept a high, medium or low-risk drug. The evolution of weight is currently being analyzed using a linear mixed-effect model.
Results: Preliminary results showed that switching from a high to low-risk molecule had the strongest impact on weight changes. The analysis being ongoing, the quantitative results will be presented at the congress.
Conclusions: Switching from a high-risk to a low-risk molecule is likely to have the strongest impact on weight changes.

Disclosure: No significant relationships.
Keywords: psychopharmacology; Weight gain

EPV1206

Clozapine induced myocarditis: a case report.

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Introduction: Clozapine is one of the most effective antipsychotic drugs. On the other hand, it can cause serious side effects which have to be monitored. An adverse effect is myocarditis, a type B Clozapine reaction that can be fatal if it is not early diagnosed.
Objectives: To report a case of a patient with Clozapine induced myocarditis.
Methods: A 48 years old women with a schizoaffective disorder was admitted to our Hospital due to a clinical decompensation. She had a manic episode with psychotic symptoms (persecutory delusions and auditive hallucinations). Clozapine was introduced after there were no improvement with Olanzapine, Risperidone and Valproic Acid. A dose increase was made reaching 100 mg/day the first week and 200 mg/day the second week. The third week she started with a 39ºC fever, decreased oxygen saturation, leukocytosis (9560 10^3/mm^3), elevated PCR (210 mg/l) and elevated troponins (52,88 ng/l). EKG and other medical tests did not show alterations. There was not found a clear etiology, so Clozapine was retired as a cautionary measure. The differential diagnosis for etiology included viral infections, Clozapine induced myocarditis or idiopathic.
Results: A few days after the withdrawal of Clozapine, cardiac symptoms improved, suggesting it was the most probable etiology.
Conclusions: Although it is not very likely to occur, it is important to consider myocarditis as a sever Clozapine side effect.

Disclosure: No significant relationships.
Keywords: clozapine; schizoaffectivedisorder; Psychofarmacology; myocarditis

EPV1207

Neutropenia induced by Valproic Acid: A case report

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Introduction: Valproic acid (VPA) is considered a well-tolerated antiepileptic drug used in Bipolar Disorder as a mood stabilizer. Nevertheless, VPA has been related to several adverse effects. Neutropenia is included as a potential adverse effect, although in clinical practice it is not often measured with regularity.
Objectives: To report a case of a patient with Bipolar Disorder type 2 and Personality Disorder Cluster B treated with VPA with a neutropenia caused by VPA.
Methods: A 61-year-old woman assists to the outpatient psychiatric unit in order to a pharmacological treatment adjustment. A blood test is performed showing a decrease in the levels of neutrophiles in comparison with previous tests. Psychiatric history is revised finding and association between the prescription of VPA and the reduction of neutrophile levels. When this drug was removed, neutrophile levels had increased again up to normal levels.
Results: Due to the relationship between neutropenia and VPA treatment, we decided to discontinue this drug. At the beginning the patient doesn't agree with the withdrawal of VPA treatment due to its effectiveness in her mood stabilization. Psychoeducation sessions are performed in order to explain risk and benefits of potentials treatment alternatives versus maintaining the same prescription. Finally the patient accepts the switch of the mood stabilizer treatment to oxcarbazepine with a good tolerability and effectiveness.
Conclusions: Periodical blood test monitoring is needed in order to study adverse effects as neutropenia in patients with VPA treatment.

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