Methods: The patient was closely observed and given oral paliperidone, after 5 days long-acting paliperidone was introduced. He was discharged with mild improvement of his psychiatric symptoms. While being in treatment with Paliperidone 525mg, he kept vivid delusions and hallucinations. The patient still refused to take any oral medications. Long-acting aripiprazole 300mg was added to the treatment.
Results: He showed clinical improvement after a month. He has been stabilized for one year.
Conclusions: Treating resistant schizophrenia is among the most challenging clinical endeavors. A very helpful approach to improve adherence in schizophrenia is the use of long-acting injectable (LAI) antipsychotics. A major effort on scientific research of combination of LAI is needed.

Disclosure: No significant relationships.
Keywords: paliperidone; Aripiprazol; Long-acting injectable antipsychotics; schizophrénia

EPV1193

Time of onset of hematological side effects with Clozapine

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Introduction: Clozapine use is not deprived of serious complications that can condition treatment strategies, particularly hematological. Recognizing the time it takes for these effects to set, can therefore help to better screen their appearance, improving healthcare.
Objectives: To study the time of onset of hematological adverse reactions in patients treated with Clozapine.
Methods: A longitudinal, retrospective and descriptive study on a period of 20 years starting from the first of January 2000, at the psychiatry department A of the Razi hospital in Tunisia. This study was conducted on patients treated by Clozapine. The data was collected from patients' medical files using a pre-established sheet.
Results: The studied sample included 64 patient. Hematological disorders were found in 21 patients (32.8%). The mean time of onset of hematological adverse reactions was 119.71±126.56 days. Indeed, some patients had presented more than one hematological disorder and this at different times. Mild to moderate neutropenia had a mean time of onset of 502.57±908.32 days. The time of onset of eosinophilia was 937.75±1725.87 days, 297.67 ± 444.93 days for thrombocytopenia, 741±1268.85 days for leukopenia, 69.25 ± 48.19 days for hyperleukocytosis and 183. 33±231.80 days for anemia. Two cases of agranulocytosis were noted: one case occurred 10 years and three months from treatment beginning and the second case occurred after 7 months of treatment onset.
Conclusions: The time of onset of hematological side effects with clozapine varies widely and cannot be predicted with precision. Early, more frequent and regular surveillance is therefore necessary in this population.

Disclosure: No significant relationships.

EPV1194

Hypertriglyceridemia induced by aripiprazol: about a clinical case

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Introduction: 41 years-old man diagnosed of schizophrenia and peripheral spondyloarthropathy HLA-B27 (-) in treatment with methotrexate. Psychiatric background: First psychotic episode at 18, with no further medical monitoring. In 2018 he underwent a new episode consisting in auditory hallucinations, delusional ideas and clinophilia of months of evolution. He was sent to a Psychiatric Rehabilitation Unit and prescribed aripiprazole 20mg. The routine blood analysis revealed triglycerides level of 414mg/dL, with previous normal levels (123 mg/dL), without no other cause to justify it.
Objectives: To study the relationship between aripiprazole treatment and acute hypertriglyceridemia.
Methods: A clinical case is presented and available bibliography about the relation between aripiprazole and acute hypertriglyceridemia is reviewed.
Results: Hypertriglyceridemia was confirmed in the second analysis, so we concluded it was due to the start of aripiprazole, after rejecting other potential causes. Aripiprazole was replaced by cariprazine 3mg because of its similar profile. The analysis was repeated after a month and the normalization of the triglyceridemia (159mg/dL) was verified, while cholesterol levels remain stable. Moreover, the patient experienced an improvement in akathisia and sedation.
Conclusions: Although metabolic impact is not expected with aripiprazole, after reviewing the bibliography we have found a clinical trial and a case series that described this adverse effect. Our case highlights the importance of closely monitoring of patients in whom an antipsychotic treatment is started due to the high mortality and morbidity related to cardiovascular diseases.

Disclosure: No significant relationships.
Keywords: metabolic syndrome; Hypertriglyceridemia; Aripiprazol

EPV1195

Mydriasis caused by ESCITALOPRAM: Case report

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Introduction: Serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants thanks to the overall safety and tolerability spectrum. However, they can cause different side effects that not all of them are well identified.
Objectives: We intend to clarify the clinical presentation of mydriasis caused by Escitalopram.