overweight including: physical passivity, unhealthy diet and anti-psyhotic treatment. The prevalence of anti-psychotic-related metabolic disturbances has been reported to vary from 23% to 50% and clozapine and olanzapine had the most pronounced potential to cause metabolic syndrome. We present the case of 32-year-old male who has been diagnosed with first episode schizophrenia spectrum psychosis and has been treated for 3 months in the community mental health center. He was medication–compliant and was prescribed olanazapine 10 mg a day and had initial remission of symptoms. The reason behind referral to our department of psychiatry was development of metabolic syndrome. Immediately upon admission to our department basic panel blood tests (minerals, creatinin, glucose, tryglicerides and cholesterol) as well as complete blood count were done. Patient reported gaining weight of more than 5 kilograms since the initiation of the olanzapine treatment. Results of the performed metabolic tests in addition to abnormal BMI and slightly higher blood pressure have indicated presence of metabolic syndrome. In order to try to reverse metabolic syndrome aripiprazole was commenced adjunctive to olanzapine. During the first week the dosage of aripiprazole was 2.5 mg/day, second week 5 mg/day and then increased to 10 mg a day. Three weeks after adding aripiprazole to olanzapine lab values of holesterol, triglycerides, fasting glucose as well as BMI were significantly lowered and symptoms of the metabolic syndrome were mitigated. Treatment was well tolerated.

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EV1083

Amisulpride-induced agranulocytosis: A case report

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Introduction Agranulocytosis is a potentially life-threatening haematological side effect induced by typical and atypical neuroleptic. When agranulocytosis is associated with a specific anti-psychotic, the medication should be discontinued. This severe side effect is troublesome.

Case report We report the case of a 60-year-old man, treated with amisulpride for schizophrenia, who developed an agranulocytosis. This patient had been treated with first and second generation antipsychotic drugs during his life and had already been exposed to many neuroleptics without any signs of toxicity. However, after three days of the introduction of amisulpride he presented a rapid onset agranulocytosis (leukocytes 1.2 G/L and neutrophils 0.4 G/L). After discontinuation of amisulpride, blood count returned to normal. The favorable evolution after discontinuation of treatment: the normality of biological and cytological examinations is in favor of a causal relationship between this severe neutropenia al introduction of amisulpride.

Conclusion This case report highlights the risk of amisulpride in inducing agranulocytosis, a risk underestimated in regard of the clozapine risk to induce agranulocytosis or neutropenia. For this reason, it seems reasonable to recommend performing a blood count before introduction and during the treatment by antipsychotics.

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EV1084

Hepatotoxicity related to anti-depressive psychopharmacotherapy: Implications of quantitative signal detection

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Introduction Drug-induced liver injury is a major problem of pharmacotherapy and is also frequent with anti-depressive psychopharmacotherapy.

Objectives/aims However, there are only few studies using a consistent methodologic approach to study hepatotoxicity of a larger group of antidepressants.

Methods We performed a quantitative signal detection analysis using pharmacovigilance data from the Uppsala monitoring center from the WHO that records adverse drug reaction data from worldwide sources; we calculated reporting odds ratios (ROR) as measures for disproportionality within a case-/non-case approach for several frequently prescribed anti-depressants.

Results Both positive controls, amineptine (ROR 38.4 [95% CI: 33.8–43.6]) and nefazodone (ROR 3.2 [95% CI: 3.0–3.5]), were statistically associated with hepatotoxicity. Following amineptine, agomelatine (ROR 6.4 [95% CI: 5.7–7.2]) was associated with the second highest ROR, followed by tianeptine (ROR 4.4 [95% CI: 3.6–5.3]), mianserin (ROR 3.6 [95% CI: 3.3–3.4]) and nefazodone.

Conclusions In line with previous studies our results support the hypothesis that agomelatine and several other anti-depressants may be associated with relevant hepatotoxicity. However, the used data and applied method do not allow a quantitative evaluation of hepatotoxicity or assessment of substance–specific differences regarding the extent of hepatotoxicity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1085

Trazodone in treatment of interferon-induced anxiety in persons with viral hepatitis C

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Introduction The interferon therapy is associated with numerous adverse psychiatric effects, such as tension, irritability, insomnia, etc.

Goal The goal of this study was to examine the severity and the frequency of anxiety in persons with chronic hepatitis C receiving pegylated interferon alpha combined with ribavirin. We have also tried to assess the efficiency of trazodone in treatment of symptoms of anxiety in patients receiving pegylated interferon.

Method The total of 36 patients whose diagnosis of chronic hepatitis C has been confirmed both serologically and patohistologically, receiving interferon therapy, ages 22 to 60, participated in this study. The control group consisted of 32 patients, all with same diagnosis, corresponding with those in the study group in terms of gender, age duration of the illness and the level of education. All patients received pegylated interferon alpha 2a, administered subcutaneously once per week, along with oral ribavirin. The research used the following instruments of clinical