Methods: Authors of current paper address pharmacodynamic particularities of psychopharmaca and their reasonable choice in context to RLS
Results: A clinical case of a 72 y.o. patient, known with chronic minor depressive symptomes over the past decades. Since few years he did not take any medicaion, except ropinirol for RLS. Because of the worsening of RLS symptomes, he decided on his own to increase the dose of ropinirol up to 12 mg/day. Two moths later he has been admitted to the psychiatric ward with major depression symptomes, suicidal plans, insomnia and profound edema of his both lower legs.
Conclusions: Current case demonstrates that high dose of ropinirole led to tremendous decrease of quality of life of the patient, and pushed him towards concrete suicidal plans. We advocate for careful assessing of the dose of every drug used; avoiding of polypharmacy by any means and for keeping in consideration that the majority of psychopharmaca leads to deterioration of RLS symptoms through modulation of dopamine pathways.

Disclosure: No significant relationships.
Keywords: Ropinirole; Depression; Side effects; Restless legs syndrome

EPV1183

Idiopathic serontonin syndrome. Can we prevent it?

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Introduction: Serotonin syndrome is a mild to potentially life-threatening syndrome associated with excessive serotonergic activity within the central nervous system. Serotonin syndrome is associated with medication use, drug interactions and overdose. All drugs that increase central serotonin neurotransmission at post-synaptic 5-HT1A and 5-HT 2A receptors can produce SS.
Objectives: Clinical case and literature review.
Methods: A 74-year-old female, married, diagnosed of major depressive disorder. Treated with: lithium 600 mg, quetiapine 50 mg, venlafaxine 300 mg. The doses had been maintained for the last months. Lithium levels in the normal range.
Results: In an emergency room, she received a tramadol injection because of strong backpain. After a few hours, she felt an overall worsening, sleepiness and lack of response to external stimuli. Given the persistence of the symptoms and decreased appetite along with decreased water intake, she attended to Hospital. She had a high fever, rigidity and myoclonus. Her language was incoherent. Blood tests showed high CK, and high AST and ALT.
Conclusions: SS is a potentially fatal iatrogenic complication of serotonergic polypharmacy. Considered idiopathic in presentation, it appears tipically after initiation or dose escalation of the offending agent to a regimen including other serotonergic agents. While serotonin syndrome is often associated with the use of selective serotonin inhibitors (SSRI), an increasing number of reports are being presented involving the use of tramadol. It is vital that clinicians are aware of the potential for SS when psychotropic and non-psychotropic agents are co-administered to certain patients, such as those with both depression and pain.

Disclosure: No significant relationships.
Keywords: Serotonin syndrome; iatrogenic; serotoninergic; polipharmacy

EPV1185

Risperidone induced neutropenia in a 75-year-old man

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Introduction: We discuss the case of a 75-year-old man with no psychiatric history, presenting with complex auditory hallucinations, both commentary and imperative, delusions of persecution and prejudice, severe anxiety, modified behaviour, and altered sleep patterns.
Objectives: The patient was started on oral risperidone, with favourable evolution of symptoms after reaching a daily dose of 3 mg/day. After three weeks of treatment, the laboratory results showed a low number of neutrophils. Interdisciplinary approach and examinations which included both clinical and paraclinical evaluation concluded that another cause of neutropenia was highly unlikely.
Methods: The patient was switched to olanzapine, with gradually increasing doses up to 10 mg/day. A significant improvement of the neutrophils' level was noticed, with a return to normal parameters after a few days. Nevertheless, the clinical course was unfavourable, with reoccurrence of auditory hallucinations and delusions in two weeks' time. Decision to rechallenge was made, with careful monitoring of the blood test results, particularly neutrophil levels. Risperidone was started at low doses of 0.5 mg/day and gradually increased up to 2 mg/day.
Results: Seven days after risperidone reinitiation laboratory tests showed normal absolute neutrophil count. However, another week later, neutrophils fell again out of the normal range.
Conclusions: The patient was discharged with haloperidol, with adequate control of symptoms and no adverse reactions.

Disclosure: No significant relationships.
Keywords: Antipsychotics; neutropenia; risperidone; Side effects

EPV1186

A new day, a new treatment. A case report.

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Introduction: We present the case of a 21 year-old male, with history of a psychotic episode, currently with monthly follow-up in

an outpatient facility, with a favorable clinical evolution after one year of intensive follow-up. In the context of abandonment of his medication and a problematic family situation, the patient starts to show suspicious, with insomnia and a progressive social isolation. Despite an attempt of ambulatory treatment with oral aripiprazole, showing good tolerance, the patient refuses such treatment, showing active clinical psychotic with great distress and behavioral repercussion, finally requiring hospital admission.
Objectives: To perform a literature review about the treatment initiation with two vials of aripiprazole long-acting injection.
Methods: Literature review of scientific articles using Pubmed as search engine. We considered articles published both in English and Spanish.
Results: During hospital stay, treatment with 2 intramuscular injections of 400mg of aripiprazole is started, combined with a single dose of oral aripiprazole 20mg on day 1, assuring correct dosing, with good tolerance and favoring therapeutic adherence. Progressively, the patient starts to feel calmer, adequate, collaborative and emotionally stable, recuperating chronobiological rhythms, with remission of the hallucinations and appearing more distant from delusions.
Conclusions: According to the currently available studies, the use of this posology could avoid the potential impact that lack of adherence to oral treatment could have in the therapeutic outcome, assuring a correct dosing and favoring adherence from day 1. Furthermore, this would help simplify the medication regiment for patients, physicians and caregivers.

Disclosure: No significant relationships.
Keywords: Aripiprazole; Psychosis

EPV1187

Dealing With Clozapine-Induced Sialorrhea

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Introduction: Clozapine is the first atypical antipsychotic. It is used in refractory schizophrenia. It has a heavy side effect burden, including weight gain, dizziness, blurred vision, and sialorrhea. Not only is sialorrhea bothersome, but it can also have with serious consequences, such us aspiration pneumonia, neutropenia, agranulocytosis, myocarditis, and may be responsible for low self-esteem, leading to low treatment compliance and discontinuation.
Objectives: Identifying the mechanism behind clozapine-induced sialorrhea. Finding how frequent clozapine-induced sialorrhea is compared to other antipsychotics. Finding effective ways to prevent clozapine-induced sialorrhea.
Methods: *PubMed* database search, with *"clozapine sialorrhea"* keyword expression. 12 Articles published in the last ten years were selected among the 112 best matches. Reference lists of articles were reviewed to identify additional articles.
Results: Clozapine is a muscarinic M1-5 receptor antagonist, explaining its anticholinergic effects. Due to its strong anticholinergic action, sialorrhea is a paradoxical side effect. To prevent it, several drugs can be used, such us scopolamine, pirenzepine, sublingual atropine solutions, clonidine, botulinum neurotoxin, and others. Sialorrhea was relatively more frequently reported in clozapine (1.1%) compared with other antipsychotics (0.31%). Mubaslat and Lambert (2020) found that drops of atropine reduce the rate of saliva secretion significantly better than placebo. Uzun, et al. (2019) observed the adjunction of N-acetylcysteine allowed a significant decrease of the severity of sialorrhea and was well tolerated.
Conclusions: Although effective in refractory schizophrenia, clozapine side effects, namely sialorrhea, can be bothersome and may affect treatment adherence. Fortunately, we have tools at our disposal to help patients better handle it.

Disclosure: No significant relationships.
Keywords: Sialorrhea; schizophrénia; clozapine

EPV1188

What is the Pisa Syndrome? A review

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Introduction: Pisa syndrome (PS) is a type of dystonia of rare occurrence, first described in 1972 as an adverse effect of neuroleptic agents. It is used to describe a postural abnormality that includes trunk flexion in the coronal plane and axial rotation, which improves in the supine position.
Objectives: In this work, we aim to conduct a brief review of Pisa Syndrome aetiology, pathophysiology and treatment.
Methods: A non-systematic search was conducted through the PubMed database for "pisa syndrome". Articles were screened for relevant information on PS aetiology, pathophysiology and treatment.
Results: Pisa syndrome has been associated as an adverse effect of multiple drugs from different classes, mainly antipsychotics, dopaminergic agents and cholinesterase inhibitors. The underlying mechanisms are not yet fully understood. Nevertheless, one of the most consensual hypothesis considers PS as a consequence of a cholinergic-dopaminergic imbalance that can be caused by antipsychotic treatment. Some factors have been associated with increased risk for developing PS such as old age and polypharmacy. PS appears to be better treated with the reduction or interruption of the agent(s) associated with its onset.
Conclusions: Despite its low incidence, Pisa syndrome can occur as a side effect of a number of different medications and the identification of the trigger-drug is fundamental so it can be reduced or interrupted in order to treat this condition.

Disclosure: No significant relationships.
Keywords: Pisa Syndrome; review