COVID (Johnston et al. Neuropsychopharmacology. 2024; 49(1): 23-40).
Objectives: Our objective was to examine two patient cases to identify patterns, explore potential treatment options, and contribute insights to clinical practice in psychiatry.
Methods: This case series reports the clinical histories, demographic information, diagnostic findings, and treatment details of two long COVID patients who were treated in analogy to the well-established guideline for treatment-resistant depression.
Results: A 33-year-old female patient, who failed to respond to phytotherapy and conventional psychopharmacological treatments, including two trials of antidepressants and augmentation with an atypical antipsychotic agent received 10 intravenous esketamine treatments, administered at doses of up to 50 mg (0,86 mg/kg/hour). She experienced substantial clinical improvement without any adverse effects within 8 weeks. A 34-year-old non-responding female patient received 9 sessions of intranasal esketamine, targeting a dosage of 84 mg, resulting in complete remission without significant adverse effects within 6 weeks.
Conclusions: There is an urgent need for effective and sustainable treatment options that address the debilitating neuropsychiatric symptoms of long COVID. This condition disproportionately affects young women, a group that is frequently underrepresented in research and insufficiently recognized in clinical practice. In this case series, we report on two female patients with severe physical and social impairment from long COVID, who showed significant clinical improvement following add-on esketamine administration.

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EPV1566

Is there enough evidence to stop using available and accessible antipsychotics such as haloperidol and promote the use of newer and more expensive drugs? What is the hope for populations that cannot afford them

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Introduction: Doctors Without Borders works in humanitarian settings. In these settings, we have observed a notable movement away from first generation medications such as haloperidol towards second-generation antipsychotics, where these medications are available. We began to question whether the evidence clearly justified this and decided to contribute to the evidence.
Objectives: To assess the clinical benefits and harms of haloperidol compared to olanzapine for people with schizophrenia and schizophreniaspectrum disorders.
Methods: Searched the Cochrane Schizophrenia study-based register of trials, screened the references of all included studies. We contacted relevant authors of trials for additional information where clarification was required or where data were incomplete. The register was last searched on 14 January 2023.
Results: We didn't find a statistically significant difference between haloperidol and olanzapine in global state (RR 0.84, 95% CI 0.69 to 1.02), nor in relapse (RR 1.42, 95% CI 1.00 to 2.02). Haloperidol resulted in an increase of extrapyramidal side effects compared to olanzapine (RR 3.38, 95% CI 2.28 to 5.02). For weight gain, there may be a large reduction in the risk with haloperidol compared to olanzapine (RR 0.47, 95% CI 0.35 to 0.61). Haloperidol may result in an increase of leaving the study early compared to olanzapine (RR 1.99, 95% CI 1.60 to 2.47).
Conclusions: Overall, the certainty of the evidence was low to very low for the main outcomes in this review, making it difficult to draw reliable conclusions. There is no clear difference between haloperidol and olanzapine in terms of global state and relapse. Different side effect profiles were noted. These findings should contribute to continue using haloperidol and olanzapine.
Many studies did not use equivalent doses of the two medications when they were compared. Most studies used comparatively higher doses of haloperidol compared to olanzapine.

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EPV1568

Depression and Fitness: The Role of Psychopharmacology

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Introduction: The use of antidepressants is becoming more prevalent among athletes due to the growing awareness of mental health issues in sports. However, the impact of these medications, especially selective serotonin reuptake inhibitors (SSRIs), on physical performance remains uncertain. Studies on psychotropic drugs' effects on athletic capabilities raises concerns about their use in sports, particularly under anti-doping regulations.
Objectives: This review aims to assess the impact of antidepressants on physical exercise performance and muscle metabolism, in order to clarify how they influence physical capabilities.
Methods: A literature search was conducted on PubMed in September 2024 using search terms such as "sports" AND "antidepressants," "physical activity" AND "antidepressants," "exercise" AND "selective serotonin reuptake inhibitors," among others. Only systematic reviews and meta-analyses were included, without restrictions on language or year. Three articles met the scope of this work.