Introduction: Valproic acid is a psychotropic drug used for several years, due to its properties as a mood stabilizer, being considered as first-line treatment for bipolar disorder. In addition to its teratogenic potential, which prevents its recommendation for the treatment of bipolar disorder in women of childbearing age, valproic acid is associated with some side effects, such as gastrointestinal symptoms, alopecia, weight gain, tremor or hepatotoxicity. Hyperammonemia is a side effect that is little described, but relatively frequent, and may progress to variable encephalopathy.
Objectives: The authors describe a clinical case of a 48-year-old female patient, hospitalized due to a manic episode, who was prescribed valproic acid, in association with lorazepam and olanzapine.
Methods: After three days on a dose of 1000mg of valproic acid, the patient began an acute condition of confusion, psychomotor retardation, temporal-spatial disorientation and ataxia. Infection, electrolyte disturbance and acute cerebral event were excluded. Noteworthy only hyperammonemia. Valproic acid was withdrawn and replaced by lithium, with the patient recovering from the confusional state two days later.
Results: Hyperamonemic encephalopathy secondary to valproic acid was concluded. The mechanisms of valproic acid-linked hyperammonemia are not clear, although it appears to be independent of hepatotoxicity. The most studied hypotheses are related to glutamine reabsorption and serum levels carnitine in patients medicated with valproic acid.
Conclusions: It is essential that there is a high level of suspicion in clinicians for this secondary effect of valproic acid, in order to adequately treat the patient who presents with acute confusional conditions, not explained by other complications.

Disclosure: No significant relationships.
Keywords: hyperammonemia; encephalopathy; valproic acid

EPV1199

When less is more: deprescription in a long-stay hospital. A case report.

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Introduction: We present the case of a 54-year-old man diagnosed with mixed histrionic / obssesive personality disorder admitted in a long-stay hospital. Symptoms began at 40 years of age, predominantly anxiety and agoraphobia alongside somatic complaints. During his admission, the symptoms markedly fluctuated. The patient alternated periods in which he presented confusion with others of irritability, disinhibition, and stereotyped movements. Moreover the patient spent long periods of time in bed with little or no communication with other patients or staff.
The different pharmacological approaches which were carried out and their consequences are analyzed.
Objectives: It is a common practice to increase the number of prescribed drugs or their doses when symptoms worsen. The result is polymedication and higher doses above maximum levels in the technical sheet. Reducing medication is rarely considered as a strategy.
Methods: A case report is presented alongside a review of the relevant literature regarding different long-term pharmacological treatments and their side effects.
Results: The suspension of the antipsychotic treatment which had been administered for years represented a significant improvement. Withdrawal of Olanzapine resulted in a significant improvement.
Conclusions: It is important to review the prescription of each medication in time, as well as to consider their possible side effects.

Disclosure: No significant relationships.
Keywords: Side effects; deprescription; polymedication

EPV1200

Clinical experience with the new double aripiprazole depot regime in a psychiatric hospitalization unit

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Introduction: Nowadays, relapses are typical in patients with schizophrenia and may have serious implications due to most of them are caused by a lack of adherence to treatment.Therefore, numerous long-acting injectable antipsychotics (LAI) have been developed as aripiprazole depot who need a proper oral supplementation. Since November 2020, FDA approved a new treatment indication with a double injection start and a single dose of 20mg of oral aripiprazole, with the aim of avoiding oral supplementation during the next 14 days.
Objectives: The purpose of our study is to expose our experience with the new double injection start with aripiprazole LAI, regarding the rehospitalization rate.
Methods: A prospective study (n=17 patients) has been developed between November 2020 and October 2021 with the purpose of studying the rehospitalization and antipsychotic adherence after the new guideline of aripiprazole
Results: After an 11-month-follow-up, it is noticed a 65% non-rehospitalization rate and a 76% proper treatment persistence rate. The 94% did not present any kind of side effects, only one patient had a case report of bullous pemphigoid. Regarding the concomitant use of other antipsychotics, 82% of the patients remained in monotherapia. The average stay time was shortened (11 days) regarding the standard dose (14 days).
Conclusions: The new LAI regimen is well tolerated in our patients obtaining a high treatment persistence after several months of hospital discharge. It was already possible to shorten the time of rehospitalization, not having to add oral aripiprazole for 14 days. Most patients were discharged are on antipsychotic monotherapy and have not been rehospitalized in the short term.

Disclosure: No significant relationships.
Keywords: relapse; schizophrenia; aripiprazole; LAI