Results: The case was coordinated between the out-patient psychiatry department and the patient's Family Medicine specialist. The patient underwent a complete panel of tests including blood and stool test, and colonoscopy. The biopsy showed results compatible with the aforementioned diagnosis. Since the only pharmacological treatment which could cause or trigger lymphocytic colitis was sertraline, it was removed and treatment with oral budesonide was started with good results.
Conclusions: Lymphocytic colitis in the context of the treatment with SSRIs, particularly sertraline, is a side-effect which is more prevalent than what was thought in the past. A close coordination between psychiatrists and GP is of vital importance for the adequate treatment of mental health problems and treatment's side-effects. It is important to bear in mind this possible side-effect to increase patient's safety.

Disclosure: No significant relationships.
Keywords: lymphocytic colitis; side-effect; sertraline

EPV1157

A Phase 1, Dose-Ranging Study to Assess Safety and Psychoactive Effects of a Vaporized 5-Methoxy-N,N-Dimethyltryptamine Formulation (GH001) in Healthy Volunteers

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Introduction: 5-Methoxy-N,N-Dimethyltryptamine (5-MeO-DMT) is a tryptamine with ultra-rapid onset and short duration of psychedelic effects. Prospective studies for other tryptamines have suggested beneficial effects on mental health outcomes.
Objectives: In preparation for a study in patients with depression, the present study GH001-HV-101 aimed to assess the impact of four different dose levels of a novel vaporized 5-MeO-DMT formulation (GH001) administered via inhalation as single doses, and in an individualized dose escalation regimen on the safety, tolerability, and the dose-related psychoactive effects in healthy volunteers (n=22). Further, we aimed to assess the impact on cognitive functioning, mood, and well-being.
Methods: The psychedelic experience was assessed with a novel Peak Experience Scale (PES), the Mystical Experience Questionnaire (MEQ), the Ego Dissolution Inventory (EDI), the Challenging Experience Questionnaire (CEQ), and the 5-Dimensional Altered States of Consciousness Questionnaire (5D-ASC).
Results: 5-MeO-DMT produced dose-related increments in the intensity of the psychedelic experience ratings on all questionnaires, except the CEQ. Prominent effects were observed following single doses of 6, 12, and 18 mg on PES and MEQ ratings, while maximal effects on PES, MEQ, EDI, and 5D-ASC ratings were observed following individualized dose escalation of 5-MeO-DMT. Measures of cognition, mood, and well-being were not affected. Vital signs at 1 and 3 h after administration were not affected and adverse events were generally mild and resolved spontaneously.
Conclusions: Individualized dose escalation of 5-MeO-DMT may be preferable over single dose administration for clinical applications that aim to enhance the short-term psychoactive effects to elicit a strong therapeutic response.

Disclosure: This study was funded by GH Research PLC, Dublin, Ireland.
Keywords: GH001; 5-MeO-DMT; Phase 1; Safety

EPV1159

Nitrous Oxide in Treatment Resistant Major Depression: Should We Laugh About It?

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Introduction: Nitrous oxide (NO), also known as "laughing gas" is a colorless gas used as an anesthetic, a propellant in some foods, an engine performance enhancer and a recreational drug. When inhaled, it is known to provoke a rapid feeling of euphoria or excitement for a short period of time, dissociative phenomena and sometimes laughter. As its fellow anesthetic agent and NMDA-receptor antagonist, ketamine, NO is being studied for its possible therapeutic profile in treatment resistant major depression (TRMD).
Objectives: TRMD is a serious illness, that urges for effective alternative treatments. In that regard, we explored the recent studies conducted in these patients, using NO in different dosages when compared to placebo.
Methods: The authors revised the published literature about this topic, selecting relevant articles with the topic words: "Depression", "Treatment Resistant Major Depression" and "Nitrous Oxide" in scientific data base.
Results: Since 2018, at least two randomized clinical trials have demonstrated that NO has considerable antidepressant effects in TRMD, when compared to placebo. Investigators noted that these positive effects where maintained at least for two weeks after a single 1-hour inhalation. In a more recent study, scientists compared different NO concentrations (25% vs. 50%) concluding that the 25% concentration had similar efficacy with a lower risk of adverse effects.
Conclusions: There appears to be encouraging results when treating patients with TRMD with NO in a 25% concentration. Nonetheless, there is need for further investigation, namely through studies that compare NO with other valid TRMD treatments and not only versus placebo.

Disclosure: No significant relationships.
Keywords: Depression; Treatment Resistant Major Depression; Nitrous Oxide

EPV1160

Rare occurence of amennorrhea associated with olanzapine : a case report

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Introduction: Amenorrhea secondary to hyperprolactinemia is one of the frequent adverse effects associated with the use of atypical antipyschotics. It is often neglected but can interrupt the compliance of treatment. Several studies indicate that olanzapine does not significantly affect serum prolactin levels in the long term, although contrary has been observed in few case reports.
Objectives: To report a case of olanzapine-induced amenorrhea due to hyperprolactinemia.
Methods: A 27-year-old woman with history of stillbirth 5 months prior, presented to OPD with hallucinatory behaviour and socio-occupational dysfunction for 5 months. She was on tianeptine 12.5 mg, escitalopram 10 mg and alprazolam 0.5 mg at presentation and was having regular menses. On assessment, she was diagnosed with unspecified psychosis. Her ongoing medications were stopped and she was started on Olanzapine (optimized to 20 mg/day) after which she reported significant improvement however developed amenorrhea within next 2 months hence advised to consult Obgyn. Urine pregnancy test came out negative and prolactin level was found to be 64.2 ng/ml. Other investigations including MRI were within normal limit. Olanzapine was cross tapered with Aripiprazole (maintained at 10 mg/day). Clonazepam was advised SOS for anxiety.
Results: After 1 month of aripiprazole treatment, monthly menses resumed and prolactin level returned to normal range. No biological dysfunction or other side effects were reported by the patient.
Conclusions: Olanzapine-induced amennorhea secondary to hyperprolactinemia, is a rare but possible event. We report a case in which olanzapine induced amenorrhea normalized after switching to aripiprazole. Baseline prolactin level should be obtained as they help in the management of patients with neuroleptic-induced hyperprolactinemia.

Disclosure: No significant relationships.
Keywords: Olanzapine; Hyperprolactinemia; Amenorrhea; Aripiprazole

EPV1161

Hipersexuality in aripiprazole treatment : A case report

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Introduction: Aripiprazole is an antipsychotic that differs from the group in that it is a partial agonist of the D2 receptor, being also a partial agonist of 5HT1A and an antagonist of 5HT2A.Most antipsychotics cause a decrease in libido, affecting both sexual desire and function. According to the literature, D2 partial agonists can cause the appearance of compulsive behaviors as an adverse effect in 6-24% of patients. Among these behaviors you can find hypersexuality. In most cases, it subsides when treatment is stopped. We describe the case of a patient with bipolar disorder who develops hypersexual behaviors following the aripiprazole treatment. This is a 61-year-old bipolar patient receiving valproate and risperidone. It requires hospital admission due to manic symptoms where dysfunctional tremor is observed. Change from risperidone to aripiprazole. Subsequently, hypersexual behaviors appear, increased libido, obsession with sexual activities (compulsive masturbation with TV programs, mobile applications, cartoons) as well as delusional ideas about "receiving sexual gazes" with no other maniac symptomps.
Objectives: To determine the possibility that hypersexuality was induced by treatment with aripiprazole.
Methods: The appearance in the time line of hypersexuality after the change of treatment would be indicative of causality.
Results: After switching back to risperidone, compulsive sexual behaviors disappear but not the delusional idea of being the focus of sexual gazes by everyone.
Conclusions: Although it is not a common adverse effect, hypersexuality is listed in the literature as a rare adverse effect.

Disclosure: No significant relationships.
Keywords: hipersexuality; D2partialagonist

EPV1162

Syndrome of Irreversible Lithium-Effectuated Neurotoxicity (SILENT): A Review

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Introduction: Lithium has a narrow therapeutic window. Frequent monitoring of both serum levels and clinical signs of toxicity is warranted because toxicity may be present even when concentrations are within the therapeutic range. Persistent neurological signs and symptoms of lithium intoxication gained clinical attention in the 1980s and were named Syndrome of Irreversible Lithium-Effectuated Neurotoxicity (SILENT).
Objectives: To review the long-term neurological sequelae of lithium intoxication (SILENT) to highlight their clinical presentation, assessment, management and preventive measures.
Methods: Non-systematic review of literature through search on *PubMed/MEDLINE* for publications up to 2021, following the terms *syndrome of irreversible lithium-effectuated neurotoxicity*.
Results: Neurological manifestations of lithium poisoning may persist, even after effective removal of the drug – SILENT. The most frequent sequelae are cerebellum and brain stem dysfunction, extrapyramidal symptoms and dementia. They may last for weeks, months or years. Infection, dehydration, deteriorating renal function or the addition of other drugs may precipitate acute toxicity. Irreversible damage is difficult to treat. Some cases show spontaneous recovery that may be total, but in others, sequelae persist. Helpful measures include the avoidance of acute intoxications with lithium, long-term and continuous dose adjustment and serum level monitoring, stricter exclusion criteria for starting lithium, and aggressive treatment of acute neurotoxicity. Once the long-term neurologic sequelae have set in, the patient should be managed according to the impediment (physical rehabilitation, speech, cognitive training).
Conclusions: It is important to raise the awareness of SILENT so that clinicians are able to avoid it. There should be a low threshold for suspecting the existence of toxicity.

Disclosure: No significant relationships.
Keywords: Lithium; psychopharmacology; toxicity; psychotropics