EPV0966

The correlation beteen lifestyle and risk of metabolic syndrome in schizophrenia

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Introduction: Patients suffering from schizophrenia have a higher risk of premature death. An unhealthy lifestyle contributes to increased risk of cardiovascular diseases, metabolic syndromes, suicides among them. In addition to the use of selected therapy with a restriction metabolic risk has become important to influence non-pharmacological factors such as proper diet, introducing the principles of a healthy lifestyle. A diet rich in fiber, the DASH diet, the Mediterranean diet may become beneficial in terms of lowering parameters metabolic, cardiovascular and immune related to premature mortality in schizophrenia.
Patients suffering from schizophrenia have a higher risk of premature death. An unhealthy lifestyle contributes to increased risk of cardiovascular diseases, metabolic syndromes, suicides among them. In addition to the use of selected therapy with a restriction metabolic risk has become important to influence non-pharmacological factors such as proper diet, introducing the principles of a healthy lifestyle. A diet rich in fiber, the DASH diet, the Mediterranean diet may become beneficial in terms of lowering parameters metabolic, cardiovascular and immune related to premature mortality in schizophrenia.
Objectives: The objective of this study was to evaluate the influence of the lifestyle on the metabolic parameters in schizophrenia
Methods: In our study, we assessed the influence of diet, nutritional knowledge and lifestyle on parameters of metabolic syndrome (cholesterol, triglicerydes, glucose) in patients with schizophrenia.
Results: In the results we have found positive co-relations between unhealthy diet and lifestyle and lack of knowledge on proper nutrition and increased parameters of metabolic syndrome.

Groups	BMI (Std. Dev)	Cholesterol HDL mg/dl	Triglicerides mg/dl	Insuline resistanece	Insuline uU/ml
Study group	30,58(4,44)	45,63(7,34)	177,32(108,76)	4,68(4,64)	19.77(17,35)
Control Group	26,00(3,39)	54,32(14,07)	111,47(57,48)	2,1(!,21)	9,01(4,97)

Conclusions: Dietary intervention may become one of the therapeutic goals in schizophrenia.

Disclosure of Interest: None Declared

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Double dystonia secondary to risperidone: acute laryngeal dystonia and oculogyric crisis.

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Introduction: Acute laryngeal dystonia due to antipsychotics is an uncommon but potentially lethal form of extrapyramidal reaction. The initial symptoms may be subtle but progressively appear difficulties in phonation, stridor and dyspnea which are often life-threatening.
Objectives: To describe a case of acute laryngeal dystonia and oculogyric crisis secondary to risperidone.
Methods: The present study is a case report of a patient admitted for schizophrenia who was presented a laryngeal dystonia and oculogyric crisis after being treated with 5mg risperidone. We also searched previously case reports, series and systematic reviews of laryngeal dystonia using a pubmed query.
Results: A 30-year-old Caucasian woman who was admitted for schizophrenia presented rhinolalia, oropharynx paresthesias, mild dyspnea without stridor, and prolonged involuntary upword desviation of the eyes. All these symptoms started within 24 hours of starting risperidone 5mg per day. A laryngoscopy showed abnormal motion of the vocal cords that suggested laryngeal dystonia. Symptoms remitted after administration of intramuscular biperiden 4mg. Risperidone was later switched to olanzapine because of better psychomotor side-effect profile.
Conclusions: Laryngeal dystonia is a medical emergency requiring early diagnosis and immediate treatment. Anticholinergic agents should be carried out, without waiting for the results of complementary tests. The route of administration can be intramuscular or intravenous. This complication should be always kept into account when a patient is taking any antipsychotic, and remembered for the antipsychotic election in following treatments.

Disclosure of Interest: None Declared

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Amantadine augmentation in electroconvulsive therapy-resistant catatonia: a case report.

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Introduction: Catatonia is a syndrome characterized by physical symptoms ranging from immobility to excessive motor activity. Besides being historically associated mainly with schizophrenia, it is widely known that it can be the expression of different psychiatric, neurological or medical conditions. The treatment of choice is benzodiazepines, indicating electroconvulsive therapy in refractory cases. Amantadine is considered a second-line therapy in setting when electroconvulsive therapy is not available.
Objectives: To describe the case of a patient with treatment-resistant catatonic schizophrenia. Not having responded to benzodiazepines or electroconvulsive therapy, potentiation with amantadine was subsequently started.
Methods: Our patient presented at a psychopathological level; psychomotor inhibition, a perplexing attitude, and mute speech. At the motor level; ambitendency, indecision, automatic obedience, motor stereotypes, and facial grimaces. He did not present other alterations at the neurological level. Regarding complementary

explorations, we performed neuroimaging and blood tests, which resulted all anodyne. With an alternative diagnosis, we considered that sequelae of a neuroleptic malignant syndrome could have produced the symptoms that he had suffered. Due to the persistence of the symptoms and their typical characteristics, catatonia was our first diagnostical impression. As treatment with benzodiazepines was ineffective, electroconvulsive therapy was started. No clinical improvement was observed. Given the refractoriness of the case, a review of the existing literature was carried out. We found reports of a good response to amantadine in similar cases. Amantadine was introduced up to a dose of 200mg.
Results: After four weeks of treatment with amantadine at a dose of 200mg, the patient showed meager improvement at both psychopathological and motor level.
Conclusions: We find the case of a patient with long-term schizophrenia who is nowadays dependent on all daily living activities and requires sustained care.

Disclosure of Interest: None Declared

EPV0968

Review of a sample of episodes of forced medication in an area of southern Spain

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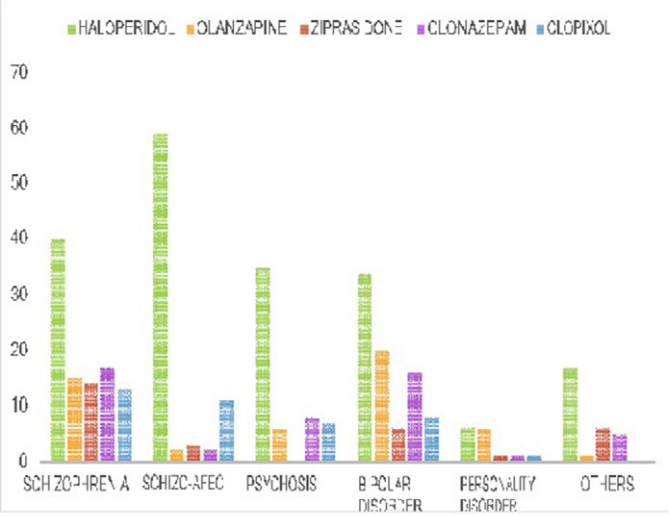
Introduction: Forced medication is one of the most frequently used coercive measures in acute mental health units. It is a practice that can lead to physical, psychological and psychopathological consequences. Therefore, it is necessary to implement measures to reduce its use. In this sense, it is interesting to study the variables that can be associated with its use, and thus take measures accordingly.
Objectives: This study attempts to identify the number of forced medication episodes between July 2017 and December 2018 treated in the catchment area of the Mental Health Service at Jerez Hospital. As a secondary objective, it pursues to identify the factors that conducted to the use of forced medication with the intention of being able to reduce the use of these measures.
Methods: A descriptive and retrospective study has been developed reviewing the total number of episodes of forced medication. Patients admitted and discharged from hospital between July 2017 and December 2018 treated in the Mental Health Service at Jerez Hospital. Data were extracted from medical records.
Results: The total number of episodes of forced medication identified was 330. In these episodes, the average age was 41 years, with a predominance of 74% of the male gender. The most used route in the episodes was intramuscular (94.8%), in addition, more than 50% needed the association of two drugs, the most used were haloperidol and olanzapine. The 32.7% of the episodes also required the use of mechanical restraint and 44.2% required the presence of security service.

Image:



Conclusions: We present the descriptive analysis of a further study currently been conducted in hour hospital which means to stablish predictive factors for the use of forced medication. We therefore intend to create patient profile, as well as new measures specifically directed to these factors with which to diminish the use of forced medication.

Disclosure of Interest: None Declared

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The relation between electroconvulsive therapy and dopamine

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Introduction: The use of electroconvulsive therapy (ECT) as a treatment for psychotic disorders is well-documented and effective. Despite the fact that ECT is often used, the precise neurobiological mechanisms supporting its effectiveness are still incompletely understood. Over the pastyears, extensive research on primates, rodents, and humans has begun to clarify the effects of electroconvulsive seizures (ECS) and ECT on neurotransmission systems such the dopaminergic system.
Objectives: The aim of this paper is to search evidence in the literature regarding the effects of ECT on the dopamine system.
Methods: In order to write this article, we searched for information in the most important scientific articles from the Google Scholar and Pubmed databases regarding the effects of ECT on the dopaminergic system.