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EV1060

Comparison of efficacy between risperidone and aripiprazole in combination with sodium valproate in patients with acute manic or mixed episodes

N. Amanat[1,*], A. Nazeri Astane[2], B. Dieji[2], O. Rezaie[2], A. Biglarian[3]
[1] *University of Social Welfare and Rehabilitation Sciences, Health in Emergency and Disaster, Tehran, Iran*
[2] *University of Social Welfare and Rehabilitation Sciences, Psychiatry Department, Tehran, Iran*
[3] *University of Social Welfare and Rehabilitation Sciences, Biostatistics Department, Tehran, Iran*
[*] *Corresponding author.*

Today, despite of the improvement in the psychological therapeutic approach, mania still remains as a challenging problem for health system. The aim of this study is comparison efficacy of risperidone and aripiprazole in combination with sodium valproate in bipolar patients with acute manic or mixed episodes who hospitalized in Razi psychiatric hospital in Tehran. This study was conducted as a double blind randomized clinical trial in two groups of bipolar disorder patients with manic or mixed episodes (18–65 age). Patients randomly set in two groups who received valproate with aripiprazole or risperidone. Clinical response was assessed with young mania rating scale (YMRS) and weight gain at 3 and 6 weeks. Data was analyzed with Chi^2 test, paired *t*-test and analysis of covariance and repeated measurement. Evaluation of treatment response after 3 and 6 weeks (50% reduction in Young's scale) in both groups did not show any significant difference between the two therapeutic combinations. The combination of sodium valproate and risperidone showed higher weight gain in comparison with the combination of valproate and aripiprazole at the end of week 6 ($P < 0.001$). The mentioned combination in bipolar I disorder with manic or mixed episode has similar therapeutic effect, so that both of them are effective and usable. There was no difference in their efficacy, and both treatments can be used. Due to the less weight gain, the combination of valproate and aripiprazole in patients who prone to weight gain, this approach is recommended as more safe and effective therapy.

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Bupropion induced hyponatremia: A review of literature

M. Arts[1,*], S. Petrykiv[2], J. Fennema[3], L. De Jonge[4]
[1] *University of Groningen, University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands*
[2] *University of Groningen, University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands*
[3] *GGZ Friesland, Geriatric Psychiatry, Leeuwarden, The Netherlands*
[4] *Leonardo Scientific Research Institute, Geriatric Psychiatry, Groningen, The Netherlands*
[*] *Corresponding author.*

Introduction For over 20 years, bupropion has been used as an antidepressant by inhibiting the norepinephrine-dopamine reuptake. Hyponatremia is a relatively rare condition that has been associated with the use of antidepressants including selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), and tricyclic antidepressants (TCAs). However, a few case studies have reported that bupropion was associated with hyponatremia.

Objectives and aims To review available literature on bupropion-induced hyponatremia and its possible underlying mechanisms.

Methods Case studies are presented and discussed followed by a literature review.

Results Hyponatremia has been reported with the use of many antidepressants, however, studies on bupropion induced hyponatremia has been limited. In literature only four case reports have been presented. Typically, this condition is only seen in frail or elderly patients. Possible mechanism is that bupropion may cause hyponatremia by the noradrenergic stimulation of vasopressin release.

Conclusion Clinicians should be aware of increased risk of hyponatremia associated with antidepressants, including bupropion. Especially in the elderly, clinical symptoms of hyponatremia can be misinterpreted and may lead to a life-threatening condition.

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Off-label prescriptions of quetiapine for sleep disturbances

M. Arts[1,*], S. Petrykiv[2], J. Fennema[3], L. De Jonge[4]
[1] *University of Groningen, University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands*
[2] *University of Groningen, University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands*
[3] *GGZ Friesland, Geriatric Psychiatry, Leeuwarden, The Netherlands*
[4] *Leonardo Scientific Research Institute, Geriatric Psychiatry, Groningen, The Netherlands*
[*] *Corresponding author.*

Introduction Quetiapine, a short-acting atypical anti-psychotic drug for the treatment of bipolar I disorder and schizophrenia, is increasingly used off-label for the treatment of sleep disturbances or insomnia. However, data supporting this off-label prescription of quetiapine are limited.

Objectives and aims To report and discuss the effects of "off-label" use of quetiapine for the treatment of sleep disturbances.

Methods An English-language literature search was conducted using Pubmed, EMBASE and Cochrane library (December 1980–December 2015) using the search terms quetiapine, insomnia, sleep disorders, sleep disturbances, and sleeplessness.

Results During the last decade, there is an enormous increase in prescribing quetiapine. This anti-psychotic drug is among the best selling drugs worldwide. For the approved indications, the usual therapeutic dose range is 400–800 mg/day. However, off-label use of quetiapine was most evident for the 25 mg/day to 100 mg/day. In some countries, off-label uses are promoted to non-psychiatrists for the treatment of insomnia, dementia, agitation, and aggression. Inappropriate anti-psychotic use may lead to serious health problems, including metabolic effects, increased sudden cardiac death, and age-related side effects with increased risk for orthostatic hypotension, fractures, pneumonia, cognitive impairment, and stroke.

Conclusion There is growing concern regarding the potential harm from off-label prescription of anti-psychotics, particularly quetiapine. There is little evidence supporting the enormous off-label uses of quetiapine. In addition, prescribing quetiapine for indications that are not evidence based has ethical, financial, and safety implications, especially in the older population.