identifiable cause. Afterwards, neither Olanzapine nor Amisulpride showed significant response to this adverse effect. Finally, the administration of Risperidone led to a positive outcome on the WBC and the ANC.
Conclusions: Awareness regarding the hematological side effects of antipsychotics should increase and clinical management of this type of adverse event should be a subject of interest among psychiatrists.

Disclosure of Interest: None Declared

EPV0836

Drug Induced Bullous Lesion Caused By Valproic Acid in Bipolar Affective Disorder:A Case Report

H. D. Polat* and D. Göverti
[1]ERENKOY MENTAL AND NERVOUS DISEASES TRAINING AND RESEARCH HOSPITAL, İstanbul, Türkiye
*Corresponding author.
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Introduction: Bipolar Affective Disorder(BAPD) is characterized by variations in mood from elation and/or irritability to depression. Valproic acid(VPA) is indicated for the treatment of acute manic episodes in BPAD.The use of VPA can be limited by either loss or lack of efficacy or by adverse drug reactions. Stevens-Johnson syndrome(SJS) toxic epidermal necrolysis(TEN) are the rare but fatal cutaneous adverse drug reactions for VPA.
Objectives: We wanted to draw attention that drug induced bullous lesions which has been seen rarely in the literature caused by valproic acid in bipolar disorder.
Methods: We examined the side effects of valproic acid in one of our patients with bipolar affective disorder using our observations and laboratory tests.
Results: A 41 year old man was admitted to the our hospital with complaints of decreased amount of sleep, increased amount of speech, skepticism,irritability and dysphoric mood.The patient who was followed up with a diagnosis of BPAD for about 10 months,attempted suicide by taking lithium 2 days before his hospitalization.Considering that it was a mixed episode and the prophylactic effect of lithium was insufficient,VPA 1000 mg/day and Risperidone 2 mg/day treatment were started.Risperidone was increased to 4 mg/day because psychotic symptoms persisted.Valproic acid dose was increased to 1000 to 1500mg/day after the Valproic acid blood level reached 55.28 in the follow-ups.After 5 days 2 bullous lesions developed on the lower extremity of the patient.Routine laboratory investigations were within normal limits.When we consult the patient with the dermatologist;the dermatologist recommended that the lesion be fixed drug eruption and that valproic acid should be discontinued if possible.It was thought that the lesions of the patient who did not have dermatological disorders and did not describe insect bites,might be due to valproic acid. In addition to all these,the patient's mother had pemphigus vulgaris.The patient's valproic acid drug was discontinued and lithium was started.Risperidone treatment was continued.In the follow-ups,the patient's bullous lesions regressed and no new lesion formation was observed.

Image:

Conclusions: The differential diagnosis of bullous lesions at first may appear overwhelming.In this case traumatic bulla,Pemphigus vulgaris,drug induced bulla,Fixed drug eruption,Steven Johnson Syndrome were among our prediagnosis.Cutaneous drug eruptions associated with VPA can range from maculopapular eruption to severe Stevens-Johnson syndrome or toxic epidermal necrolysis. We were worried that the patient had SJS, but it remained only bullous lesions.We could not biopsy the patient lesions to understand the underlying cause but development of bullous lesions with the initiation of valproate and subsequent remission of the lesions with the discontinuation of the drug and subsequent course clearly suggests a causal relation between valproate and skin lesions.

Disclosure of Interest: None Declared

EPV0837

Persistent hiccup as an adverse effect of amisulpride in a patient with first episode of psychosis.

I. Retsou[1]* and D. Antoniadis[2]
[1]4th PICU, Mental Health Hospital of Thessaloniki and [2]School of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece
*Corresponding author.
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Introduction: A 28-year old male patient was admitted involuntarily to the 4th PICU of the Mental Health Hospital of Thessaloniki, due to severe psychotic symptoms and disorganised behaviour. Upon mental health examination the symptoms included auditory hallucinations, tangible speech, delusional ideas of somatic and persecutory type and significant neglect of his personal hygiene. The onset of his psychotic illness was 3 years prior, with two hospitalizations in the UK, and several unsuccessful attempts of outpatient monitoring.

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Objectives: The study of persistent hiccup as an adverse effect of antipsychotic medication.
Methods: Monitoring for adverse effects during admission.
Results: On the 8th day of admission, oral olanzapine 10 mg was commenced at night. On the 9th day, olanzapine was increased to 20 mg per day. Discontinuation of intramuscular medication occurred on the 16th day. After presenting no clinical improvement for 27 days with the administration of olanzapine as monotherapy, amisulpride at 2ml per day was initiated alongside the Olanzapine. In the context of medication titration, amisulpride reached 8ml per day, equivalent to 800mg per day after 2 months of hospitalisation.
Conclusions: Apart from minor constipation, no other gastrointestinal health problems were reported in his records. The onset of the hiccups occurred along the dosages of 800mg/day of amisulpride and 20mg/day of olanzapine.
There was a satisfactory response to treatment evidenced by a 30% reduction on the Positive scale of the PANSS, however, the hiccups did not recede.

Disclosure of Interest: None Declared

EPV0838

Lithium: Managing Cognitive Impairment and Sexual Problems

J. Petta*, A. L. Falcão, G. Soares and A. Lourenço
[1]Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal
*Corresponding author.
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Introduction: Patients taking lithium complain of cognitive impairment. This was assumed to be real by expert clinicians for years until relatively recent objective neuropsychological studies have failed to verify much impairment.
Second and perhaps underemphasized side effect from lithium is sexual dysfunction.
Objectives: The objective of this review is to highlight for the cognitive and sexual problems, which are two very important areas for discussion with patients. It should be brought up right when beginning to prescribe.
Methods: Data was obtained through an internet-based literature review, using the research platform PubMed and the World Health Organization website. Eight articles from the last five years were included.
Results: Due to the lack of evidence in neuropsychological studies, what was considered to be impaired cognitive function in the past has been recently considered a loss of sharp thinking in manic states or mild persisting depressions.
About sexual dysfunction it is important eliminating other possible causes, lowering lithium dose, timing sex, and taking sildenafil and 240 mg/day of aspirin may help.
Conclusions: Cognitive impairment and sexual problems are two important subjects that involve the issues of dosing, of managing and dealing with people's willingness to take lithium.
Providing psychoeducation about these possible effects can head off abrupt discontinuation impulses.

Disclosure of Interest: None Declared

EPV0839

Aripriprazole induced severe oculogyric dystonia treated with electroconvulsive therapy(ECT)

K. Bhat Shah[1]*, T. S. Bhat[2], J. S. Pawar[3] and N. Pande[4]
[1]Ophthalmology, JMF'S ACPM Medical College Dhule; [2]Psychiatry, JMF'S ACPM Medical College; [3]Psychiatry, Shri Bhausaheb Hire Medical College, Dhule and [4]Psychiatry, Orange City Hospital, Nagpur, India
*Corresponding author.
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Introduction: Aripiprazole is the third generation Antipsychotic, and Dopamine serotonin system stabiliser.It is partial agonist at D2 and 5 HT1 A and antagonist at 5 HT2.Most commonly seen adverse effects are Akathesia, fatugue,insomnia and headache the major advanatage is less propensity for extrapyramidal side effects and lmetabolic side eefects.
Objectives: To report a case of Schizophrenia treated with Aripiprazole 15mg/day developiing occular gyric crisis which was tratment resistant.
Methods: We administered Electroconvulsvive therapy, bidirectional brief pulse constant current 8 ECTS, under General anesthesia with medical fitness .
Results: Patient Showed complete resolution of Dystonia after second ECTs and Showed improvment in Pyschosis Parameterd. Assessment using Naranjo Protocol made.
Conclusions: Electroconvulsive therapy therapy is viable alternative to manage Dystonia when medical treatment fails

Disclosure of Interest: None Declared

EPV0840

ARIPIPRAZOLE-INDUCED OCULOGYRIC CRISIS (ACUTE DYSTONIA)

L. Rodriguez Andres[1]*, C. Vallecillo[2], L. Gallardo Borge[3], C. M. Capella Meseguer[4], G. Guerra Valera[5] and C. Noval Canga[6]
[1]Psychiatry; [2]Hospital Clinico Universitario de Valladolid, Valladolid; [3]Complejo Asistencial de Segovia, Segovia; [4]Hospital Universitario de Zamora, Zamora; [5]Hospital Clínico Universitario de Valladolid, Valladolid and [6]Hospital Universitario Central de Asturias, Oviedo, Spain
*Corresponding author.
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Introduction: Aripiprazole is a third generation atypical antipsychotic and a dopamine serotonin system stabilizer, effective against positive and negative symptoms of schizophrenia. Within the group of atypical antipsychotics, aripiprazole shows a relatively benign safety profile (e.g. lower metabolic impact, mild effect on cardiovascular parameters), although the reported rate of extrapyramidal side effects is measurable.
Oculogyric crisis (OGC) is a rare movement disorder characterized by a prolongued involuntary upward deviation of the eyes, lasting minutes to hours. In most cases, OCG is a drug-induced adverse event with acute or tardive onset often attributable to a functional impairment of dopaminergic neurotransmission.

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