

**Introduction:** The aim of this study is to investigate mobbing in the Hospitals of Etoloakarnania, Greece. Additionally, this research aims to find out which coping strategies are used by health care professionals who have suffered mobbing and how their quality of life has been affected.

**Objectives:** This research aims to depict mobbing phenomenon's extent and investigate the coping strategies and quality of life of working staff, victims of mobbing.

**Methods:** The research methodology was based on two questionnaires: LIPT scale and the scale of assessing bullying management strategies, as well as demographic data, which were answered by 130 people. A sufficient sample for the needs of this study to produce comparable results with the existing literature.

**Results:** Mobbing is observed to a large extent of 83.8% , which, however, seems to be at lower levels in relation to corresponding researches abroad. In addition, the majority of respondents who appear to have been harassed at work are mostly women (78.5%), which seems to be in line with global studies. The consultants and the supervisors take advantage of their position of power and impose or change duties on other staff (45.3%), in order to punish their subordinates, exacerbating the phenomenon of mobbing, also. Finally, the participants recognize the phenomenon and look for the majority of positive ways of action (65%), while they do not resort to non-constructive ways of solving the problem.

**Conclusions:** Mobbing is a serious phenomenon that affects working staff's mental health and quality of life. Policies should address effectively this deleterious aggressive behaviour.

**Disclosure:** No significant relationships.

**Keywords:** mobbing; Healthcare professionals; coping strategies

## EPV1732

### Clozapine and myopathic dysfunction: is creatinine kinase an important parameter to measure?

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**Introduction:** There have been reports of myopathic dysfunction with creatinine kinase (CK) elevation associated with neuroleptics, particularly, in clozapine-treated patients. The patients in these reports did not have any other clinical symptoms or signs indicative of neuroleptic malignant syndrome. Myopathic dysfunction was supported by the presence of CK elevations and either proximal limb weakness or fatigue, characteristic electrophysiologic abnormalities, or both. It has also been reported that CK elevation is neither dose nor treatment-duration dependent. The underlying mechanism is still unknown although it has been postulated that it is associated with cytochrome P450 interactions and/or calmodulin antagonism.

**Objectives:** To report a case of elevation of CK during treatment with clozapine.

**Methods:** The authors report a case of elevation of CK during treatment with clozapine. A non-systematic review was conducted by searching the PubMed database, using the terms "clozapine", "myotoxicity".

**Results:** A 36-year-old man was admitted after abandoning treatment with clozapine. During the titration of the medication, he developed complaints of muscle fatigue in conjunction with an elevation of CK. CK levels normalized after intravenous hydration and with dose reduction. Furthermore, CK levels would increase with clozapine re-titration.

**Conclusions:** Clozapine has numerous side effects. Myopathic dysfunction with CK elevation is a possible side effect which could have serious consequences such as renal impairment. In such cases, appropriate treatment should be implemented. Therefore, clinicians should be aware of this potential side effect.

**Disclosure:** No significant relationships.

**Keywords:** Myopathic Dysfunction; clozapine; CK elevation

## EPV1734

### Psychosis as alzheimer disease debut: a case report

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**Introduction:** Psychosis in Alzheimer's disease has an incidence of ~ 10% per year. Recent work has focused on the presence of psychosis in people with mild cognitive impairment, as a risk factor for the development of Alzheimer's disease.

**Objectives:** To Study a case of Alzheimer's disease presenting psychotic symptoms

**Methods:** Retrospective review of clinical records and complementary test, including psychiatry, electrophysiology and neurology.

**Results:** A 40-year-old goes to the emergency room due to hetero-aggression at home. He says that his father steals his money and prostitutes have been hired in his house. The patient is oriented, partially collaborative and approachable. Psychomotor restlessness is observed. He has self-referral delusions, auditory hallucinations and insomnia. Provisional diagnosis of acute psychotic episode made and low dose risperidone was prescribed. During his stay on the hospital Ward, sedation, recent memory alterations, spatio-temporal disorientation lack of initiative and disorganized behaviors appear. Risperidone is withdrawn and complementary test are performed. Imaging tests show temporal and frontal atrophy. Increased TAU protein and low levels of amyloid in CSF are found. Brain biopsy is +. His mother died of Alzheimer's disease with 36 years-old and another affected brother with 42 yeras-old. The definitive diagnosis is Alzheimer's disease and genetic studies are currently being carried out.

**Conclusions:** Alzheimer's disease can debut with psychosis. It is important to investigate family history of patients who begin with memory loss in the context of psychosis

**Disclosure:** No significant relationships.

**Keywords:** Alzheimer's disease; Psychosis