with the most recent graduation date, used mainly ARIPIPRAZOLE, a third-generation antipsychotic, to treat disorder with FDA approval for their use. The physician with a graduation date between them, used mainly (PALIPERIDONE), a second-generation antipsychotic to treat the disorders.

Disclosure of Interest: None Declared

EPP0890

Syndrome of inappropiate antidiuretic hormone secretion (SIADH) secondary to sertraline: case report and literature review

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Introduction: Currently, in addition to their frequent use in community medicine, the use of antidepressants is a fundamental pillar of pharmacological treatments used in psychiatry. Due to this frequent use, we must be aware of the possible side effects, in particular the SIADH produced in this clinical case by SSRIs. There are already described cases of this association including other antidepressants and many different types of drugs.
Objectives: To review the current literature on the management of this pathology when it is secondary to the use of frequently used drugs such as SSRIs.
Methods: We report the case of a 64-year-old woman hospitalised in the psychiatric department for malnutrition secondary to unspecified eating disorder (ED). During admission, treatment with sertraline was started with ascending doses up to 100mg, subsequently producing slight edema with the following analytical results: plasma Na: 123 mEq/L (135-145), plasma osmolarity: 250 mOsm/kg (275-300), urinary Na: 174 mEq/L (>40), fulfilling diagnostic criteria for SIADH.
Afterwards, we reduced sertraline until discontinuation and started treatment with water restriction and urea (30 grams/24 hours) during admission and after discharge. During admission, we observed disappearance of the edema and partial improvement of the analytical values (Na:131 mEq/L), which were normalised with home treatment of daily urea.
Results: The precise prevalence of SIADH from the use of SSRIs is unknown, it is known that patients older than 65 are at higher risk of developing severe hyponatraemia in the first 5 weeks after initiation. Similarly, treatment with water and urea restriction, together with discontinuation of SSRIs, appears to be sufficient.
Conclusions: SSRIs can cause SIADH a reversible but potentially life-threatening pathology, and we need to be aware of this possibility especially in the older population and being able to handle it

Disclosure of Interest: None Declared

EPP0891

Valproate-induced severe symptomatic hyponatremia in a patient with schizoaffective disorder: a case study and literature review

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Introduction: The syndrome of inappropriate antidiuretic hormone secretion (SIADH) is a serious condition associated with persistently high ADH with water retention despite sufficient vascular volume. Sodium valproate (VPA), an antiepileptic indicated to treat bipolar disorder, blocks sodium (Na) and calcium ions. Few studies have examined the association between VPA and SIADH.
Objectives: This abstract has two interrelated objectives: (1) to describe a VPA-associated SIADH case study we encountered in our clinical setting; and (2) to review literature for other VPA-associated SIADH cases to illuminate associations and possible risk factors.
Methods: After recording a case from clinical experiences, we completed a literature review of other cases of hyponatremia associated with VPA.
We reviewed resulting artticles from searches in PubMed and in the aggregate Dartmouth Biomedical Library indices with no date or language parameters. We then searched those articles' bibliographies.
Results: Ms. A is a 63-year-old woman with schizoaffective disorder, bipolar type, hospitalized for the resurgence of visual hallucinations (VH) of "monsters" asking her to hurt herself and others. She had been adherent to VPA (500mg twice daily) and non-adherent to prescribed Olanzapine (25mg). On Day 1 (D1), her labs were concerning for serum Na 119mEq/L (n=135-145), serum osmolality (SOsm) 264mEq/L (n=275-295), and inappropriately high urine osmolality 111mOsm/kg (n <100 mosmol/kg in hyponatremia) and urine Na 34mEq/L (n <20 mosmol/kg in hypovolemic hyponatremia). Her VPA level was 73.6 mcg/mL.
She was restarted on her home psychiatric medications for VH, and her hyponatremia responded to water restriction, with serum osmolality at 292mEq/L by D4 (see Figure). She was admitted to the inpatient psychiatric unit for concerns of persistent VH. On D13, her SOsm worsened to 267mEq/L and VPA was discontinued at that time. On D19, SOsm improved to 283mEq/L. Her VH responded well to discontinuing VPA and adding Risperidone (titrated to 6mg) and on D22 she was discharged home. Given the chronological sequence of her newly developed VH, the patient's hallucinations were likely multifactorial, with contribution from hyponatremic encephalopathy-related psychosis.
Our literature review found ten articles reporting thirteen other cases of VPA-associated SIADH (see Table). Our patient shared demographics with most previously reported cases: being older in age and having polytherapy and a low baseline Na. None of the previous case reports showed specific drug interactions to be particularly likely causes of hyponatremia.

Image:

Figure: Case's Calculated Serum Osmolality, Medications, and Visual Hallucinations

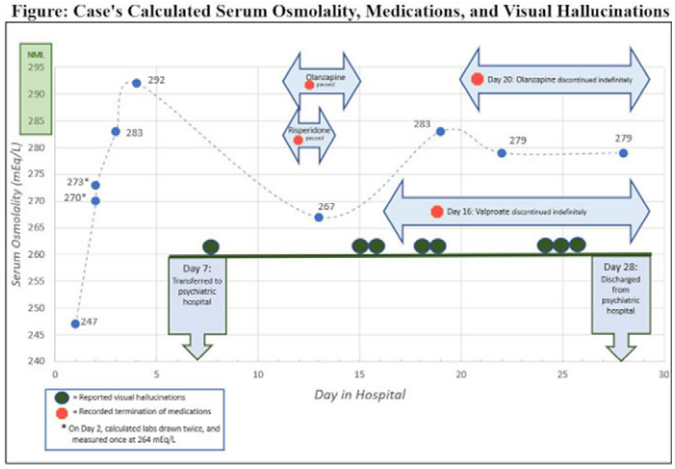

Image 2:

Table: Case Reports Available at Time of Submission

Age	Sex	Author/Year	Serum Na+	VPA Indication	Other Psychotropic Drugs
22	M	Bavbek et al 2007	118	Epilepsy	No
46	M	Beve et al 2010	126	Bipolar	No
50	M	Branten et al 1998	128	Epilepsy	No
54	F	Gupta et al 2015	99	Bipolar	No – but 7500mg overdose
54	M	Patel et al 2010	139→126 (then 140 after VPA stopped)	Schizoaffective	No – but dose response: VPA titrated over 2 weeks from 500mg daily → 2000mg daily, then stopped
57	F	Beers et al 2010 "Patient D"	116	Epilepsy	Yes – lamotrigine 200mg daily
62	**F**	**Our patient**	**119**	**Schizoaffective**	**Yes – intermittent use of Risperidone and Olanzapine**
62	M	Miyaoka 1999	117-127	Epilepsy	No
67	F	Beers et al 2010 "patient A"	120	Epilepsy	No – but low PO hydration
71	F	Beers et al 2010 "patient B"	125	Epilepsy	Yes – phenobarbital 50mg daily
78	F	Herment et al 2006	110	Charles Bonnet syndrome	No
82	M	Ikeda et al 1994	128	Epilepsy	No – restarted VPA and hyponatremia redeveloped
82	M	Franco Hildago et al, 2009 (Spanish language) and Reactions Weekly NA, 2009	129	Bipolar	No – but 1 week of fluconazole 3 months prior for candida esophagitis

Conclusions: Although VPA-associated SIADH is a rare phenomenon, caution is warranted when evaluating patients with VPA use presenting acutely with psychosis and hyponatremia. These symptoms could be the manifestation of hyponatremic encephalopathy-related psychosis.

Disclosure of Interest: None Declared

EPP0893

A proof-of concept randomized controlled trial to show that the antidepressant effect of psilocybin does not require a psychedelic experience: study protocol

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Introduction: During the last decade there has been a resurgence of interest on the use of psychedelics as novel treatments for mental disorders, including treatment-resistant depression (TRD). Psilocybin, the chemical component of "magic mushrooms", has been administered with psychotherapy in randomized clinical trials (RCTs) showing large and sustained antidepressant effects. As the use of psilocybin expands, it is becoming more important to understand whether psilocybin's psychedelic effects are required for psilocybin's antidepressant effects. Psilocybin's psychedelic effects are known to be dependent on serotonin 2A receptor (5-HT2AR) activation. Given the safety concerns associated with psilocybin's psychedelic effects, all studies have used it in conjunction with at least 12 hours of intensive psychotherapy. This makes psilocybin-assisted psychotherapy (PAP) highly resource intensive and impedes scalability given limited resources and access to trained therapists in most jurisdictions. Studies in healthy volunteers have shown that psilocybin's psychedelic effects are blocked by 5-HT2AR antagonists like risperidone and ketanserin. In a preclinical study using a mouse model of depression, administration of ketanserin followed by psilocybin had the same antidepressant effect as psilocybin alone. We propose to conduct the first study to test in humans whether the antidepressant effects of psilocybin are attenuated by 5-HT2AR blockade from risperidone.
Objectives: Aim 1: To evaluate the feasibility and tolerability of administering psilocybin with risperidone in adults with TRD by evaluating recruitment, retention, tolerability, and safety.
Aim 2: To evaluate psychedelic effects (measured with the 5-Dimensional Altered States of Consciousness Rating Scale) in the three groups.
Aim 3: To evaluate antidepressant effects (measured with the Montgomery Asberg Depression Rating Scale; MADRS) in the three groups. .
Methods: A three-arm, 4-week, double blind, proof-of-concept RCT for patients with a DSM-5 major depressive episode that has failed to respond to at least two adequate trials of antidepressants. Participants will be randomized to: 1) psilocybin 25 mg plus risperidone 1 mg; 2) psilocybin 25 mg plus placebo; 3) placebo plus risperidone 1 mg. All participants will receive 12 hours of manualized psychotherapy.
Results: Ethics approval for the proposed study has been obtained. We will present preliminary feasibility data at the meeting in March.
Conclusions: If the study demonstrates that psilocybin's psychedelic effects are not necessary for psilocybin's antidepressant effects, the combination of psilocybin and a 5-HT2AR antagonist, such as risperidone, could increase acceptability and access to the use of psilocybin to treat MDD and related conditions.

Disclosure of Interest: None Declared

EPP0894

Acute Paralytic Ileus Induced by Quetiapine: A case Report

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