Disclosure: No significant relationships.
Keywords: schizofrenie; obsessive-compulsive; suicidal ideation; clozapine

EPV1436

Family support in treatment of patients diagnosed with schizophrenia: a case report

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Introduction: Schizophrenia is often accompanied by functional deterioration which can impede a person's everyday activities. Families are an important part in providing care for their ailed member, but often lack resources to deal with different challenges included in such care. Mental health professionals treating such patients sometimes neglect the importance of including their families, or primary caretaker in the treatment plan.
Objectives: We will present two cases of patients diagnosed with schizophrenia with prominently negative symptoms and the challenges met by their caretakers and mental health professionals in the treatment.
Methods: Patient history, psychiatric evaluation, psychiatric treatment, and the role of the family will be presented.
Results: 21 years old patient came with his mother after years of not meeting the expected level of functioning. He was misdiagnosed for a couple of years. His treatment was impeded by loss in the family, which also affected both him and his mother. Inability to include her earlier in his treatment became a challenge. Second patient has been treated for schizophrenia with dominant negative symptoms, inconsistently, for ten years. Her family became more involved in her treatment only after she presented with positive symptoms. Their involvement was important as it resulted in patient's better compliance.
Conclusions: Supporting a family member diagnosed with schizophrenia can be overwhelming for the families. Including family members in the treatment early on, can be beneficial both for the patient and the family.

Disclosure: No significant relationships.
Keywords: negative symptoms; schizophrénia; Family; Treatment

EPV1437

Paliperidone palmitate-induced enuresis: a case report

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Introduction: Schizophrenia is a severe mental illness that requires long-term treatment with antipsychotics and the intramuscular (IM) long-acting injectable (LAI) formulations may enhance treatment adherence. Some antipsychotics have been associated with enuresis, including atypical antipsychotics such as risperidone (6.2%), quetiapine(6.7%), olanzapine (9.6%) and clozapine (20.7%) [1]. Although oral paliperidone has been related to urinary incontinence, there is only 1 report of urinary incontinence linked to monthly paliperidone palmitate [2]. [1] Harrison-Woolrych, M., Skegg, K., Ashton, J., Herbison, P., Skegg, D.C., 2011. Nocturnal enuresis in patients taking clozapine, risperidone, olanzapine and quetiapine: comparative cohort study. British Journal of Psychiatry 199, 140–144. doi:10.1192/bjp.bp.110.087478 [2] Karslıoğlu, E.H., Özalp, E., Çayköylü, A., 2016. Paliperidone Palmitate-induced Urinary Incontinence: A Case Report. Clinical Psychopharmacology and Neuroscience 14, 96–100. doi:10.9758/cpn.2016.14.1.96
Objectives: To establish an association between paliperidone palmitate and enuresis.
Methods: Case report and a narrative review of the literature.
Results: The patient was a 25-year-old healthy man when he was diagnosed with schizophrenia. Doctors prescribed paliperidone palmitate (LAI) 200mg monthly and he started to complain of enuresis. He was clearly suffering with this unpleasant and embarrassing adverse effect so the LAI was reduced to 150mg. Enuresis remained, so it was prescribed oxybutynin 20 mg/day and the patient improved.
Conclusions: We reported a case in which enuresis is likely to be associated with high-dose paliperidone LAI (with no clinical evidence of an organic cause). To treat it, the most effective strategy was oxybutynin 20 mg/day. This case is also important to show the impact of this symptom, which is not actively investigated.

Disclosure: No significant relationships.
Keywords: paliperidone; schizophrénia; enuresis

EPV1438

Effect of Semaglutide versus placebo on psychotic symptoms and quality of life - a pre-specified secondary analysis of HISTORI: A randomized clinical trial in people with pre-diabetes and schizophrenia

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Introduction: Life expectancy of people with schizophrenia is reduced by 10-20 years compared to the general population. The excess mortality is part due to an increased prevalence of cardiovascular disease, prediabetes and obesity, which are in part due to antipsychotic treatment. Gaining weight is associated with reduced quality of life and also among the most frequently reported reasons for the discontinuation of treatment. Lifestyle changes have a time limited effect, and therefore, interest has focused on Glucagon-Like Peptide 1 receptor agonist treatment. Semaglutide, currently used to treat type 2-diabetes in doses up to 1.0 mg once-weekly, has shown promising results regarding weight loss in doses up to 2.4 mg once-weekly. It may also be able to reduce the risk of developing diabetes and cardiovascular disease.

Objectives: The HISTORI Trial aims to reduce risk of developing diabetes and cardiovascular disease in people with schizophrenia, prediabetes and overweight and to investigate for an indirect effect of Semaglutide on psychotic symptoms and quality of life through a weight loss.
Methods: A 30 weeks randomized, placebo-controlled, double-blinded study with once-weekly injections of Semaglutide 1.0 mg. Primary inclusion criteria are age 18-40 years, schizophrenia, prediabetes, overweight and treatment with antipsychotics. Questionnaires and interviews regarding psychotic symptoms, quality of life, medication adherence and physical activity will be applied either monthly or every third month.
Results: will not be ready for the congress. A poster outlining the feasibility challenges will be presented.
Conclusions: Perspective: Through weight loss, Semaglutide may indirectly be able to improve quality of life, medication adherence and psychotic symptoms.

Disclosure: No significant relationships.
Keywords: schizophrénia; Prediabetes; Glucagon-Like Peptide 1; Positive and negative symptoms (PANSS)

EPV1440

Successful Treatment with Lurasidone of First-Episode Psychosis in Down Syndrome: Case Report and Literature Review

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Introduction: Co-morbid psychiatric disorders are common in Down syndrome (DS). Evidence is limited for pharmacotherapy, specifically antipsychotics, for psychiatric co-morbidity in DS.
Objectives: To describe a case of a patient with DS who developed a first-episode psychosis (FEP) and who responded to lurasidone in monotherapy and to review recent literature on the treatment of psychosis in patients with DS.
Methods: (1) Case report: FEP in DS patient treated with lurasidone 37 mg/day. (2) Narrative review on the treatment of psychosis in DS patients through PubMed database (1990-2020). Key terms: "psychosis", "Down Syndrome", "pharmacological treatment", "antipsychotic drugs".
Results: A 21-year-old woman with DS, without psychiatric history, presenting with behavioural anomalies, aggressiveness, soliloquies, and unmotivated laughs was referred to our outpatient clinic by her general practitioner. Symptoms began one year prior and progressively worsened, impairing her daily functionality. Previous blood workup was normal. She was diagnosed with FEP and began treatment with lurasidone 37 mg. At 4-week follow-up, she showed total remission of the psychotic symptoms, had no tolerability complaints, and returned to baseline functionality levels. Discussion: No reports of lurasidone use in psychosis in DS have been published. To treat psychotic symptoms in DS, most literature reports describe the use of typical antipsychotics, which are usually effective, but often poorly tolerated; atypical antipsychotics such as risperidone and aripiprazole have also been used.
Conclusions: Lurasidone may be a useful option in patients with FEP in DS. Further research is warranted on treatment of psychosis in this population.

Disclosure: No significant relationships.
Keywords: antipsychotic drugs; Down syndrome; Psychosis; pharmacological treatment

EPV1443

Pharmacogenetic testing in schizophrenia in real clinical practice: before or after antipsychotic -induced adverse drug reactions development?

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Introduction: Schizophrenia is socially significant mental disorder characterized by early onset and high time and financial expenditure on treatment. Antipsychotics (APs) are highly effective against positive and negative symptoms, but at same time have a wide range of adverse drug reactions (ADRs). APs efficiency and safety are variable and depend on characteristics of genetically determined mechanisms (transportation, biotransformation, and elimination).
Objectives: Investigation role of pharmacogenetic testing (PhGT) on example of clinical case of severe ADRs in 47-year-old woman with schizophrenia.
Methods: Patient's medical history analysis; clinical observation; biochemical serum analysis; therapeutic drug monitoring; PhGT.
Results: The clinical case of a woman with schizophrenia who has been noted to be unresponsive to APs for some years after schizophrenia onset. She was found to be homozygous for nonfunctional SNVs CYP2D6*4 and CYP2C9*2, heterozygous for CYP1A1*2A, which was reason for complete shutdown of isoenzymes 2D6, 2C9 and 1A1 activity and development of ADRs in use of initial doses of several APs, as well as for an increase in severity of ADRs with schizophrenia positive symptoms aggravation with an even slower titration of APs daily dose not only with polytherapy, but also with monotherapy. So, not recommented APs for patient: aripiprazole, haloperidol, zuclopenthixol, cariprazine, quetiapine, paliperidone, risperidone, thioridazine, sertindole, asenapine, alimemazine, chlorpromazine, etc. (CYP2D6); haloperidol, clozapine, olanzapine, perphenazine, promazine (CYP2C9); carefully: haloperidol, olanzapine, perospirone (CYP1A1).
Conclusions: This rare case demonstrates PhGT importance before APs therapy, because the patient had very high risk AP – induced ADRs. She needed PhGt before APs use, but not after severe ADRs during 12 years.

Disclosure: No significant relationships.
Keywords: schizophrénia; pharmacogenetic testing; Adverse reactions; therapeutic resistance