- Pharmacovigilance. (1) Machine learning has connected prolactin levels and response in olanzapine-treated patients. (Zhu et al., 2022).
- Treatment-resistant schizophrenia (TRS). (1) Women with TRS have been found to receive clozapine less frequently than men (adjusted for sociodemographic, biological and clinical factors). (2) Statistical learning approach: Women have been found to respond better to clozapine than men.

Conclusions: AI, including machine learning, show promising results in the prediction of treatment response in women with schizophrenia. As of yet, digital twins have not been investigated to test specific interventions or to personalize treatment in women with schizophrenia.

Disclosure of Interest: None Declared

EPV0932

Differential diagnosis of acute psychosis after cocaine consumption: a case report

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Introduction: Psychosis is a common clinical presentation of mental disorder in many psychiatric patients, however, an etiological diagnosis is important when it occurs for the first time in a patient. Regarding a case seen in the Emergency Department recently, with major depression and acute cocaine use, a differential diagnosis was made after adequate organic screening. When presenting delusion of infestation after the consumption of the substance, the main hypothesis was what we call Ekbom syndrome. However, among other possibilities we consider a toxic psychosis or a major depression with psychotic symptoms.
Objectives: Review the different causes of acute psychosis and the importance of a good clinical history to achieve a specific diagnosis. Perform a differential diagnosis between the main causes of psychosis in a patient with depression who has recently consumed cocaine.
Methods: Presentation of the case and review of the available literature on the risk of developing psychosis after cocaine use and depression concomitantly.
Results: There is a low number of reported cases of delusional infestation after acute cocaine use, being more likely toxic psychosis or major depression with psychotic symptoms. A good anamnesis, with systematic questions about toxic habits, can lead us to a more accurate main hypothesis.
Conclusions: We mark the importance of a systematic anamnesis to achieve a better diagnosis, as well as a correct study by the clinician of the specific syndromes described in phenomenology such as Ekbom syndrome, to make a correct association of ideas in the differential diagnosis.

Disclosure of Interest: None Declared

EPV0933

Paliperidone LAI-Induced Leukocytopenia: A Case Report

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Introduction: Antipsychotics effectively manage psychotic symptoms but may have side effects. Patients with schizophrenia often lack insight into their condition, leading to nonadherence. Long-acting injectable (LAI) antipsychotics aim to overcome this, reducing relapse risks. Paliperidone LAI, a second-generation antipsychotic, has a lower side effect profile when compared to first-generation counterparts. Blood dyscrasias, like neutropenia and lymphopenia, increase infection susceptibility. This case report describes an instance of leukocytopenia arising during paliperidone LAI treatment, which quickly resolved after the discontinuation of the medication.
Objectives: This case report describes an instance of leukocytopenia arising during paliperidone LAI treatment, which quickly resolved after the discontinuation of the medication.
Methods:
Results: CASE
A 42-year-old female with schizophrenia, nonadherent to previously prescribed medication was admitted to our acute psychiatric department. She experienced positive symptoms (paranoid delusions), as well as disorganized thinking and behavior. Oral risperidone 4 mg two times a day was recommended and titrated with mild improvement in her psychotic symptoms with the idea of switching to paliperidone LAI and eventually ceasing oral medication. Oral paliperidone was unavailable for prescription due to local restrictions. At admission her routine laboratory tests showed no abnormalities, but 5 days after receiving paliperidone LAI, routine laboratory tests showed a strong decrease in her WBC and absolute neutrophilic and lymphocytic count (Lkc 2.89×10^9/L, Neut 1.57×10^9/L, Lym 0.88×10^9 /L). Antipsychotic-induced blood dyscrasia was suspected and paliperidone depot was discontinued. The patient had rapid improvement in her WBC reaching the reference range in 10 days (Lkc 4.23×10^9/L, Neut 2.51×10^9/L, Lym 0.98×10^9/L). Sertindole was introduced considering her history of a good therapeutic response to the drug, with improvement in psychotic symptoms. She is currently stable taking sertindole 16 mg/day, clonazepam 2 mg/day and alprazolam 0.5 mg/day.
DISCUSSION
The onset of neutropenia and lymphopenia post-paliperidone LAI initiation, resolving in 10 days,, indicate a direct association. Few cases report to date describe paliperidone-induced leukocytopenia, with rapid recovery post-discontinuation. Proposed mechanisms include bone marrow suppression and peripheral WBC destruction. It has been proposed that drug-induced neutropenia is often dose-dependent, which could explain why our patient exhibited tolerability to risperidone but developed cytopenia upon transitioning to depot paliperidone.

Conclusions: While cases of agranulocytosis have been reported in association with the use of other antipsychotics these antipsychotics do not require the same monitoring as clozapine. Our case emphasizes the need for vigilant blood dyscrasia monitoring during antipsychotic therapy.

Disclosure of Interest: None Declared

EPV0934

Sleep Matters: Unpacking the Link between Sleep Disorders and Clinical Characteristics in Schizophrenia.

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Introduction: Sleep disorders are a significant concern for patients with schizophrenia, and they can have a profound impact on their quality of life. Studies have shown that sleep disturbances are prevalent in patients with schizophrenia, and they may be linked to the clinical characteristics of the disorder. Despite this, the exact nature of the relationship between sleep disorders and schizophrenia remains unclear. Understanding this relationship is critical as it may lead to better diagnosis and treatment of both conditions, ultimately improving the overall health and wellbeing of patients.
Objectives: To establish the link between sleep disorders and clinical characteristics in a clinical population being treated for schizophrenia.
Methods: We conducted a cross-sectional, descriptive, and analytical study that took place over a period of one month (from 1st to 31nd March 2023) among patients consulting the post-care service of Psychiatry Department D at Razi Hospital, Tunisia. We included patients aged between 18 and 65 years, diagnosed with schizophrenia according to DSM-5, and stabilized on psychiatric treatment. We used the Pittsburgh Sleep Quality Index (PSQI) to evaluate sleep quality over a period of one month. The evaluation of the clinical characteristics of schizophrenia was carried out using the Positive and Negative Syndrome Scale (PANSS).
The interview was conducted by a single researcher, and when the questionnaire was distributed to the participants, we explained the framework and the principle of this study as well as the implications of participating in it and explained that the participant could stop participating at any time if he or she wished.
Results: We collected data from 30 male patients with a mean age of 42.5 ± 14.02. The mean overall PSQI score was 9.23 ± 4.58. The subscales evaluating the subjective quality of sleep obtained an average score of 1.42 ± 0.72, sleep latency was 1.61 ± 1.33, sleep duration was 1.01 ± 0.98, habitual sleep efficiency was 0.67 ± 0.75, sleep disturbances were 0.91 ± 0.52, sleep medication use was 1.36 ± 1.68, and daytime dysfunction was 1.12 ± 0.96. The mean scores of PANSS were: positive scale (28.26 ± 5.93), negative scale (18 ± 6.15), and general psychopathology scale (90.03 ± 16.21). We found a statistically significant association between the positive PANSS scale and sleep latency (p=0.002) and sleep medication use (p<10-3).
Conclusions: The findings highlight the importance of evaluating and addressing sleep disturbances in the overall management of patients with schizophrenia, as they may have an impact on the severity of clinical symptoms.

Disclosure of Interest: None Declared

EPV0935

An underestimated link: a study of eating disorders in patients followed for schizophrenia

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Introduction: Schizophrenia is a debilitating mental illness that can cause significant disruptions in a person's life, leading to difficulty with thinking, emotions, and behaviors. While the symptoms of schizophrenia are well-known and extensively studied, comorbidities like eating disorders are often overlooked and undertreated, despite their prevalence in patients with schizophrenia.
Objectives: determine the different eating attitudes among schizophrenic patients and establish the link between eating attitudes, age, weight status, and psychotropic medication.
Methods: This is a cross-sectional and descriptive study that took place from September to November 2022 among patients who consulted the post-care consultations of Psychiatry D service at Razi Hospital, Tunisia. We included patients who had been followed for at least one year for schizophrenia according to the diagnostic criteria of DSM-V and who had not relapsed for at least 2 months. The collection of sociodemographic and clinical data was done retrospectively by referring to the patients' clinical records. Anthropometric measurements (weight, height, waist circumference, etc.) were recorded for each participant at the end of the interview. The Three-Factor Eating Questionnaire (TFEQ) was used to analyze eating attitudes.
Results: According to our results among 30 patients followed for schizophrenia, 74% were men with a mean age of 45 years (3.8). Sixty percent of the participants had a BMI <18.5, 35% had a BMI between 18.5 and 25, and the rest had a BMI greater than 25. on the therapeutic level, 12 patients were on olanzapine, 15 patients were on risperidone and the rest were on haloperidol. The TFEQ score shows that uncontrolled eating was the most prevalent attitude in our population. A statistically positive association was found between uncontrolled eating and the use of olanzapine (p<0.05).
Conclusions: Our study contributes to draw the attention of mental health professionals to the screening of eating disorders in patients followed for long term mental disorders and insists on multidisciplinary management to ensure a better quality of life for patients.

Disclosure of Interest: None Declared