clozapine while olanzapine removed. Two weeks later she developed Acute Pharmacologic Hepatitis with mild liver failure.
Methods: Physical examination was normal. Mental exam revealed presence of delusion. Blood tests showed: hyperbilirubinemia and mil coagulopathy. Clozapine dose was reduced and valproate was suspended.
Results: The patient showed a substantial improvement of hepatic damage. Delusions are active after 12 weeks of treatment with clozapine.
Conclusions: Psychiatric disorders and liver illnesses are entangled in multiple ways. Screening for liver diseases is essential in order to prevent liver complications in patients receiving psychotropic medications. Further investigation of combinations of agents such as mood stabilizers and atypical antipsychotics may yield valuable insights into the potential of combination therapies to enhance clinical outcomes in patients with Severe Mental Disease.

Disclosure: No significant relationships.
Keywords: neuroleptic side effects; clozapine; psychopharmacology; hepatitis

EPV1178

Aripiprazol and Hypersexuality: when partial is to much.

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Introduction: A growing number of published cases has showed that hypersexual behavior may arise with treatment with second-generation antipsychotics, including aripiprazole and olanzapine. Aripiprazole is a second-generation antipsychotic commonly used to treat schizophrenia and bipolar disorder. It has a unique pharmacologic profile acting as a partial agonist of the dopamine D2 receptor, as a partial agonist at the 5-HT1A receptor, and as an antagonist at the 5-HT2A receptor. Literature shows that medication with partial dopaminergic agonistic activity can cause compulsive behaviors, such as pathological gambling, compulsive eating, compulsive shopping, and hypersexuality. Although it is difficult to predict who would develop these behaviors, the literature suggests that patients at a higher risk of developing impulsive behaviors include those with a personal or family history of obsessive-compulsive disorder, impulse control disorder, bipolar disorder, impulsive personality, alcoholism, drug abuse, or other addictive behaviors.
Objectives: Here, we present a case of a 32-year-old male who developed hypersexuality symptoms after receiving aripiprazole as treatment for bipolar disorder.
Methods: We have done a literature review using the MeSH terms Aripiprazole and hypersexuality in the "PubMed".
Results: After switching Aripiprazole to Risperidone the hypersexuality symptoms started to decrease and got almost complete relief after 2 weeks.
Conclusions: This case highlights the rare hypersexuality side effect that can arise in patients receiving aripiprazole for bipolar disorder treatment. Clinicians should be aware of the increased risk of hypersexuality and other impulsive behaviors as they can significantly impair a patient's daily functioning.

Disclosure: No significant relationships.
Keywords: Aripiprazol; hypersexuality

EPV1179

Alternative starting regimen with aripiprazole long-acting treatments, a case report

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Introduction: Aripiprazole long-acting treatments can significantly control symptom, improve adherence and reduce the risk of relapse compared to oral drugs. An alternative start-up guideline has recently been approved in several countries that simplifies its administration.
Objectives: To present a case report of a patient with schizophrenia treated with alternative starting regimen of aripiprazole long-acting treatment.
Methods: Presentation of a clinical case supported by a non-systematic review of literature.
Results: We present the case of a 22-year-old patient diagnosed with schizophrenia, whose symptoms started after the birth of her son, 2 years ago. She has presented a poor clinical evolution, requiring several admissions to our inpatient service after discontinuation of her medication. The patient has taken different antipsychotics, including olanzapine and paliperidone long-acting treatment, which were suspended due to side effects (weight gain and increased prolactin levels). A switch to oral aripiprazole 20mg was made, which showed good response and tolerance. Given the persistence of irregular intake, it was decided to switch to aripiprazole long-acting treatment, applying an alternative initial regime consisting of two doses of aripiprazole long-acting treatments 400mg and one oral aripiprazole 20mg. The patient has since had no delusions or hallucinations and is living independently at home.
Conclusions: The administration of a simplified initial regime with aripiprazole long-acting treatments could improve therapeutic adherence while maintaining the same effectiveness and similar side effects.

Disclosure: No significant relationships.
Keywords: Aripiprazole; long-acting treatments

EPV1182

Clinical difficulties in the treatment of restless legs syndrome: it is the dose that makes poison

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Introduction: Polyfarmacy and unjustified use of high dosages of medicaments represent an unmet need in modern psychiatry. Therefore, tidal medication review of hospitalized geriatric patients is an essential step of the disease management as it can be often of vital importance and, as illustrated by current case, can exhibit a tremendeus impact on their quality of life.
Objectives: A case rapport on geriatric patient with iatrogenic damage due to ultra high dosage of ropinirole as a treatment for restless legs syndrome

Methods: Authors of current paper address pharmacodynamic particularities of psychopharmaca and their reasonable choice in context to RLS
Results: A clinical case of a 72 y.o. patient, known with chronic minor depressive symptomes over the past decades. Since few years he did not take any medicaion, except ropinirol for RLS. Because of the worsening of RLS symptomes, he decided on his own to increase the dose of ropinirol up to 12 mg/day. Two moths later he has been admitted to the psychiatric ward with major depression symptomes, suicidal plans, insomnia and profound edema of his both lower legs.
Conclusions: Current case demonstrates that high dose of ropinirole led to tremendous decrease of quality of life of the patient, and pushed him towards concrete suicidal plans. We advocate for careful assessing of the dose of every drug used; avoiding of polypharmacy by any means and for keeping in consideration that the majority of psychopharmaca leads to deterioration of RLS symptoms through modulation of dopamine pathways.

Disclosure: No significant relationships.
Keywords: Ropinirole; Depression; Side effects; Restless legs syndrome

EPV1183

Idiopathic serontonin syndrome. Can we prevent it?

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Introduction: Serotonin syndrome is a mild to potentially life-threatening syndrome associated with excessive serotonergic activity within the central nervous system. Serotonin syndrome is associated with medication use, drug interactions and overdose. All drugs that increase central serotonin neurotransmission at post-synaptic 5-HT1A and 5-HT 2A receptors can produce SS.
Objectives: Clinical case and literature review.
Methods: A 74-year-old female, married, diagnosed of major depressive disorder. Treated with: lithium 600 mg, quetiapine 50 mg, venlafaxine 300 mg. The doses had been maintained for the last months. Lithium levels in the normal range.
Results: In an emergency room, she received a tramadol injection because of strong backpain. After a few hours, she felt an overall worsening, sleepiness and lack of response to external stimuli. Given the persistence of the symptoms and decreased appetite along with decreased water intake, she attended to Hospital. She had a high fever, rigidity and myoclonus. Her language was incoherent. Blood tests showed high CK, and high AST and ALT.
Conclusions: SS is a potentially fatal iatrogenic complication of serotonergic polypharmacy. Considered idiopathic in presentation, it appears tipically after initiation or dose escalation of the offending agent to a regimen including other serotonergic agents. While serotonin syndrome is often associated with the use of selective serotonin inhibitors (SSRI), an increasing number of reports are being presented involving the use of tramadol. It is vital that clinicians are aware of the potential for SS when psychotropic and non-psychotropic agents are co-administered to certain patients, such as those with both depression and pain.

Disclosure: No significant relationships.
Keywords: Serotonin syndrome; iatrogenic; serotoninergic; polipharmacy

EPV1185

Risperidone induced neutropenia in a 75-year-old man

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Introduction: We discuss the case of a 75-year-old man with no psychiatric history, presenting with complex auditory hallucinations, both commentary and imperative, delusions of persecution and prejudice, severe anxiety, modified behaviour, and altered sleep patterns.
Objectives: The patient was started on oral risperidone, with favourable evolution of symptoms after reaching a daily dose of 3 mg/day. After three weeks of treatment, the laboratory results showed a low number of neutrophils. Interdisciplinary approach and examinations which included both clinical and paraclinical evaluation concluded that another cause of neutropenia was highly unlikely.
Methods: The patient was switched to olanzapine, with gradually increasing doses up to 10 mg/day. A significant improvement of the neutrophils' level was noticed, with a return to normal parameters after a few days. Nevertheless, the clinical course was unfavourable, with reoccurrence of auditory hallucinations and delusions in two weeks' time. Decision to rechallenge was made, with careful monitoring of the blood test results, particularly neutrophil levels. Risperidone was started at low doses of 0.5 mg/day and gradually increased up to 2 mg/day.
Results: Seven days after risperidone reinitiation laboratory tests showed normal absolute neutrophil count. However, another week later, neutrophils fell again out of the normal range.
Conclusions: The patient was discharged with haloperidol, with adequate control of symptoms and no adverse reactions.

Disclosure: No significant relationships.
Keywords: Antipsychotics; neutropenia; risperidone; Side effects

EPV1186

A new day, a new treatment. A case report.

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Introduction: We present the case of a 21 year-old male, with history of a psychotic episode, currently with monthly follow-up in