EPV0814

Successful treatment of Premenstrual dysphoric disorder with irritable bowel syndrome using sulpiride

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Introduction: Premenstrual dysphoric disorder (PMDD) is prevalent, more severe than premenstrual syndrome(PMS), and a challenging disorder. The first line of treatment is pharmacotherapy. Non-pharmacological therapy includes aerobic exercise, consumption of complex carbohydrates and frequent meals, relaxation training, light therapy, sleep deprivation, and cognitive-behavioral therapy could be helpful
Objectives: To our knowledge, there have not yet been any studies on this treatment option for PMDD with IBS
Methods: a case report
Results: A lady suffering from PMDD and irritable bowel syndrome (IBS) did not respond to antidepressants, painkillers, and melatonin. She used to sit at home and in her room these days, waiting for the PMDD severity to decrease. Her condition reached remission after taking a small dosage of sulpiride and stopped on the last day of the period. The patient is satisfied with the result since concerns about antidepressants are addressed and avoided. This case provides a new approach to using low-dosage sulpiride temporarily every month in patients with both PMDD and IBS
Conclusions: Premenstrual dysphoric disorder is a challenging condition. The symptoms of PMDD are not continuous, and somatic symptoms are a significant component of both the diagnosis and the patient's suffering. Choosing a suitable medication based on pros and cons contributes to successful treatment and patient satisfaction. This case provides a new approach to using low-dosage sulpiride in patients with both PMDD and IBS, but more studies are needed to confirm its efficacy and safety.

Disclosure of Interest: None Declared

EPV0813

Neuroscience-based Nomenclature (NbN) and Early Career Psychiatrists: A Cross-Sectional Study on Views, Attainment and Needs

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Introduction: Anatomical Therapeutic Chemical (ATC) indication-based classification system is the World Health Organization (WHO) drug classification system and it is widely used in clinical and researh practice, however there has been questions around the scientific base of this (1, 2). Neuroscience-based Nomenclature (NbN) has been developed by representatives from 5 international organizations, with specific expertise in psychopharmacology, to address the issues around neuropsychopharmacological drug classification and improve the focus on pharmacological domains and mode of action:
ECNP – European College of Neuropsychopharmacology
ACNP – American College of Neuropsychopharmacology
AsCNP – Asian College of Neuropsychopharmacology
CINP – International College of Neuropsychopharmacology
IUPHAR – International Union of Basic and Clinical Pharmacology
References:
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2. Zohar J, Stahl S, Moller HJ, et al. A review of the current nomenclature for psychotropic agents and an introduction to the Neuroscience-based Nomenclature. *Eur Neuropsychopharmacol.* 2015;25(12):2318-2325. doi:10.1016/j.euroneuro.2015.08.019
Objectives: As NbN is a novel classification system that can be used as a teaching tool as well as for other purposes, we aimed to understand the experience, views and needs of the psychiatric trainees and early career psychiatrists who will shape the future of psychiatry, around drug classification systems.
Methods: The ethical clearance of the study was obtained from King's College London. We prepared an online survey (https://forms.gle/FCSdVTFH4U5QNn5t8) with a multinational group of early career pscyhiatrists who met through the CINP and EFPT, and test-run the survey with a small group of psychiatric trainees. The online survey was then disseminated via emailing lists and groups of early careers psychiatrists as well as through social media.
Results: At the time of this abstract submission, the data collection is ongoing. Results will include analyses of the experience with different drug classifcations systems, awareness, views and attainment of NbN, stratified according to the demographic data (country, careers status, main work setting).
Conclusions: The findings from this study will shed light on the views and needs of early career psychiatrists on the topic from clinical and academic aspects, a previously unexplored perspective on drug classification systems. The findings can inform the planning of various strategies to address areas to improve the use and teaching of these tools.

Disclosure of Interest: None Declared

EPV0814

Haematological alterations in the context of olanzapine treatment

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Introduction: Haematological alterations, especially in the red blood cell series, are a rare adverse effect of olanzapine treatment. A 64-year-old female patient with a diagnosis of long-standing schizophrenia was admitted to the psychiatric room for psychotic decompensation and leukopenia in control laboratory tests. She had a history of mild psoriasis, allergy to sulphonamides and infectious bursitis nine years earlier secondary to neutropenia due to clozapine. On previous admission, episodes of anaemia and neutropenia related to increased doses of olanzapine were observed. On current admission, a new episode of anaemia and neutropenia occurred with doses of up to 20 mg/day of olanzapine, hemoglobin levels of 63g/L ann neutrophil count of 0,8*10^9 neutrophils/l were detected.
Objectives: Report a very rare but serious adverse effect in patients treated with olanzapine.
Methods: Haematological analysis were periodically carried out from 2009 to 2023.
A complete study was carried out with parameters of haemolysis, autoimmunity, a pharmacogenetic study and a myelogram.
Results: The autoimmunity and haemolysis study excluded an autoimmune or haematological illness that could justify the haematological alterations.
The myelogram showed normal cellularity.
The pharmacogenetic study showed no relevant alterations.
Image:

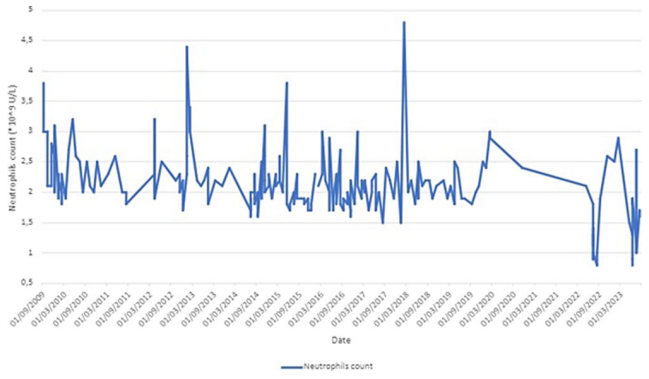
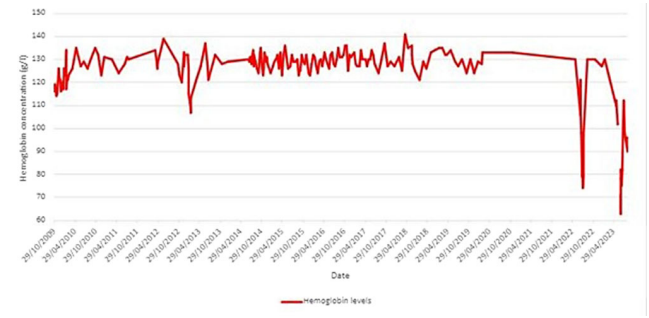


Image 2:



Conclusions: The case was classified as a non-immune haemolytic anaemia secondary to olanzapine and improved with withdrawal of the drug.

Disclosure of Interest: None Declared

EPV0815

Intranasal esketamine efficacy as a treatment for treatment-resistant depression, case series

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Introduction: Intranasal esketamine has been approved as a treatment for patients with treatment-resistant depression. We analyzed the results of its efficacy in 15 patients.
Objectives: To evaluate the efficacy of intranasal Esketamine as a treatment in patients with treatment-resistant depression
Methods: Case series
Results: For the last 8 months, since the treatment with intranasal esketamine was approved for resistant depression, we have treated 14 patients with this drug. Through this process, we followed a standardized method consisting in the following steps:
On the first esketamine session (DAY 1) the patient has to fill a CGI and a MADRS scale.
On the second esketamine session (DAY 7) the patient has to fill a CGI, a MADRS scale, a form about the level of satisfaction with the drug and a last form in which they can include the secondary effects.
On week 6 since the start of the treatment, the patient has to fill again a CGI, a MADRS scale, a form about the level of satisfaction with the drug and a last form in which they can include the secondary effects.
In the 6th month since the start of the treatment, the patient has to fill again a CGI, a MADRS scale, a form about the level of satisfaction with the drug and a last form in which they can include the secondary effects they have perceived.
We analyzed and compared all of the previous data and obtained the following results:
At day 7: 64% of the patients had a response in the form of improvement, of which 66% were feeling “slightly better” and 33% were feeling “better”.
At week 6: 71% of the patients had a response in the form of improvement, of which 50% were feeling “slightly better” and the other 50% were feeling “better”.
At month 6: only 28% of the patients completed the treatment; of which 100% had a response in the form of improvement: 50% were feeling “slightly better”, 25% were feeling “better” and 25% were feeling “far better”.
Conclusions: Although our data suggests that intranasal esketamine has been effective in short term depressive symptoms, we have yet no information about its medium and long-term efficacy or secondary effects. Nevertheless, other potential factors should be evaluated as they could affect the results in the long-term such as the difficulty in maintaining the treatment for more than 6 weeks. In addition, the patients who experienced the most improvement according to our data were patients with a TAB diagnosis, so this could be an interesting research focus.

Disclosure of Interest: None Declared