Methods: We report the case of Ms. M.W., aged 51, with a history of high blood pressure stabilized under nebivolol and a neurological bladder diagnosed 10 years ago with episodic pollakiuria, admitted to the psychiatric department for repeated suicide attempts. She had never used psychoactive substances and had no family psychiatric history. The patient presented depressive symptoms evolving for 5 months. The diagnosis of a characterized depressive episode with melancholic features was made and the patient was treated with sertraline. From the first intake of the drug, the patient presented acute urinary retention (UR) requiring the placement of a permanent bladder catheter. The urinary symptoms improved upon stopping the treatment. Sertraline was changed to olanzapine and escitalopram. The patient stopped the treatment after one month because of the worsening of urinary symptoms requiring the installation of a suprapubic catheter. The urinary problem, together with the cessation of treatment, were responsible for a worsening of psychiatric symptoms leading to multiple suicide attempts. Given the advanced stage of the neurological bladder demonstrated by the urodynamic tests, our patient was treated with paroxetine, quetiapine and oxazepam along with psychotherapeutic education. The evolution was characterized by improvement in psychiatric symptoms and the urinary symptoms were stable.
Results: The lack of improvement after treatment discontinuation could be explained by an underlying neurological bladder manifesting with pollakiuria. The current literature on UR induced by psychotropic treatments is quite rare limited in case reports. This effect occurs especially when selective serotonin reuptake inhibitors (SSRIs) are prescribed in combination with other antipsychotics. Unlike first generation antipsychotics, atypical antipsychotics have muscarinic receptor antagonist properties which can induce UR. Among atypical antipsychotics, olanzapine has been shown to have the greatest antimuscarinic effects. Regarding SSRIs, they are associated with a lower risk of UR than other antidepressants and sertraline had the highest risk of UR.
Conclusions: SSRIs can induce UR particularly in combination with atypical antipsychotics. Coordination of care across multiple specialties and understanding the side effects of psychotropic medications can enable faster diagnoses and adequate management.

Disclosure of Interest: None Declared

EPV0819

False-Positive Urine Drug Screening in a Patient on Quetiapine

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Introduction: Urine drug tests are commonly used in psychiatry settings, mainly for the purpose of screening for substance abuse and excluding drug-induced psychiatric disorders. When carefully interpreted, these tests offer critical information for clinical judgement. However, certain psychotropic medications can trigger false-positive results in common urine drug screenings. For example, aripiprazole has been reported to cause false-positive urine amphetamine test results, and haloperidol has been associated with false-positive urine drug tests for lysergic acid diethylamide (LSD). It is clinically significant to recognize some false-positive urine drug results and interpret certain results cautiously in clinical settings.
Objectives: We present a case of false-positive urine drug screening for tricyclic antidepressant (TCA) in a patient on quetiapine and aim to highlight the importance of accurate result interpretation in urine drug tests.
Methods: Details of the case were described. Information was gathered based on medical records.
Results: Mr. A, a 25-year-old construction worker, first presented at our hospital's emergency room on a Saturday in January 2023. He was brought by the police because he was aggressive and mentioned his colleagues were monitoring him. Being a foreigner, he did not have any prior medical records in our hospital. Urgent blood tests were performed, and organic causes were ruled out. He was started on quetiapine and lorazepam in the emergency room and was then admitted to our hospital.
A urine drug test was ordered on the following Monday, the third day of his admission. Surprisingly his urine drug screening revealed positive results for TCA and benzodiazepines. Initially as the patient was psychotic and could not give reliable history, we considered a few differential diagnoses, such as schizoaffective disorder and major depressive disorder with psychotic features, based on the presumption that TCA had been prescribed by the psychiatrist in Mr. A's home country. After further treatment, Mr. A became less psychotic and was able to share that he had a past psychiatric history of schizophrenia, but he had stopped antipsychotic medications four months ago.
Conclusions: This case report described a false-positive urine drug test for TCA while the patient was taking quetiapine. In this case, initially other diagnoses, such as schizoaffective disorder, were considered based on the incorrect assumption that patient was taking TCA.
False positive urine drug results can be confusing and misleading for clinicians. This report underscores the possibility of such false positives arising from quetiapine and emphasizes the critical importance of careful result interpretation.

Disclosure of Interest: None Declared

EPV0820

Syndrome of Irreversible Lithium-Effectuated Neurotoxicity: Silent, but not innocent

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Introduction: Lithium is one of the main drugs used in Bipolar Affective Disorder. However, it has a narrow therapeutic window, which requires close monitoring and progressive dose adjustment, according to serum levels, clinical response and the appearance of side effects. The term 'SILENT' explains descriptively persistent neurological sequelae related to lithium salt intoxication when symptoms persist for more than 2 months after stopping treatment. SILENT Syndrome is more common in females, at ages ranging

from 21 to 77 years and is characterized mainly by avermian-type cerebellar disorder, persistent extrapyramidal syndrome, brainstem dysfunction and dementia of varying severity. It can also result in apraxia of the body, changes in the coordination and balance, dysarthria, as well as intentional and kinetic cerebellar tremor, involuntary movements of orofacial dyskinesias or resting tremor.
Objectives: The authors intend to review the relevant and current literature in order to extend the knowledge about this condition and find the best conducts for clinical practice.
Methods: Non-systematic literature review.
Results: Complications from the use of lithium known in the medical literature include mainly nephrotoxicity, endocrine alterations and neurotoxicity. The neurotoxic effects of lithium usually occur at high serum concentrations. However, they can also occur with lithium in the therapeutic range, and memory, attention and ataxia impairment may be some of the permanent sequelae. The etiopathogenesis is unclear, but demyelination has been detected in multiple brain regions, mainly in the cerebellum. The mechanism of lithium-induced cerebellar injury is believed to be mediated by the entry of calcium into the cells of this organ. The main factors that predispose to greater side effects and risk of toxicity are patients with decreased renal function, advanced age, use of diuretics, dementia, pregnancy, low sodium intake and physical illness with vomiting and/or diarrhea.
Conclusions: Lithium is a drug used mostly in affective disorders and given the narrow therapeutic window, it requires close monitoring in order to avoid side effects that can be permanent. In this way, it is important to review the factors that increase the lithium toxicity and make recommendations about it.

Disclosure of Interest: None Declared

EPV0821

Abilify Maintena 400 mg (aripiprazole once-monthly), two-injection start (TIS) regimen: the experience of the Psychiatric Unit (SPDC) of Rimini

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Introduction: The single-injection start regimen for aripiprazole once-monthly 400 mg (AOM 400) in patients with schizofrenia requires a single intramuscular injection in the gluteal or deltoid site and 14 days of concurrent oral therapy. Based on a population-pharmacokinetic model, the European Medicines Agency and Canada has recently approved a simplified starting strayegy of aripiprazole once a month with single-day regimen of two injections at separate gluteal and deltoid injection sites, together with a single 20 mg dose of oral aripiprazole on the 1st day.
Objectives: The aim of the study is to evaluate the two injection start (TIS) regimen in inpatients in the Psichiatric Unit (SPDC) of the Hospital of Rimini.
Methods: We retrospectively reviewed medical records of patients, from February 2021 to April 2023, that have more than 18 years, who received the newly approved 2-injection start regimen as part of their standard care, evaluating if exist changes in clinical indicators, safety and tolerability of this regimen.
We valuated retrospectively the days of hospitalization after the aripiprazole 400 mg TIS and the number of emergency room access, analyzing the "repository of AUSL della Romagna" and discharge letters and the "CURE" program of the Psychiatric Service of Rimini.
Results: We evaluated 24 patients from February 2021 to April 2023, 11 male (45,8%), 13 female (54,2%); average age 37,95, average lenght of stay in hospital was 11,75 days. 10 patients with diagnosis of psychosis/schizophrenia (41,7%), 6 patients with bipolar disorder (25%), 4 patients with personality disorder (16,6%), 2 patients with substance induced psychosi (8,3%), 1 patients with delusional disorder (4,2%), 1 patient with schizoaffective disorder (4,2%). 6 patients had the two-injection start regimen in 2021 (25%), 13 patients in 2022 (54,2), 5 patients in 2023 (20,8%); 20 patients did not have admission in hospital after the TIS (83,3%), 4 patients had 1 or more admission after the injection (16,7%). 3 patients (12,5%) had accesses in emergency-room after Abilify Maintena. 15 patients (62,5%) continue therapy; 9 patients (37,5%) had suspended the injection for drop-out or because of change of therapy not correlated at adverse effects (1 female patient had suspended treatment after the two-injections due to pregnancy). Just 1 patient that continue Abilify Maintena 400 mg had 2 accesses in the emergency-room.
Conclusions: The coadministration of 2 injections of 400 mg aripiprazole was not associated with safety concerns beyond those expected with a single-injection start regimen. From the study it appears that the long-acting therapy with Alibify Maintena 400 mg once-monthly helps to stabilize the patient to prevent hospitalization and accesses in emergency-room.

Disclosure of Interest: None Declared

EPV0822

Evaluating the Efficacy of Prucalopride, a 5-HT4 Agonist, in Managing Antipsychotic-Induced Constipation: A Prospective Randomized Controlled Trial Conducted at Chronic Psychiatric Rehabilitation Facilities on Corfu Island

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Introduction: Achieving successful stabilization in patients with mental disorders often requires the administration of multiple antipsychotic medications, with the increasing prevalence of clozapine in cases resistant to other treatments. Constipation emerges as a particularly troublesome side effect, gradually progressing into a chronic state of gastrointestinal dysfunction, often accompanied by recurrent episodes of paralytic ileus of varying severity. Prucalopride, a 5-HT4 agonist, selectively targets receptors within the intestinal system.This interaction induces muscular contractions and promotes chloride secretion. Literature suggest its potential efficacy in managing constipation induced by clozapine. In light of these observations, we designed and will conduct a randomized controlled trial to evaluate the effectiveness of prucalopride in alleviating constipation in patients who had

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