EPP0065

Challenges in Managing Antipsychotic-Induced Hyperprolactinemia: A Case Study and Clinical Considerations for Aripiprazole Integration

J. Garde Gonzalez*, P. Herrero Ortega, A. Oliva Lozano, M. A. Morillas Romerosa and M. N. P. Soler

Psychiatry, La Paz University Hospital, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.296

Introduction: Current guidelines for managing antipsychotic-induced hyperprolactinemia recommend the use of aripiprazole, either as a substitute or in combination with the primary antipsychotic. However, there have been reported cases of exacerbated psychotic symptoms when introducing aripiprazole after chronic treatment with another antipsychotic.
Objectives: We present a case of a patient with unspecified schizophrenia spectrum disorder receiving amisulpride, who developed worsened psychotic symptoms following the introduction of aripiprazole to treat hyperprolactinemia. We also review this phenomenon and its clinical management in the literature.
Methods: Clinical case report and brief literature review.
Results: Ms. G, a 54-year-old woman diagnosed with unspecified schizophrenia spectrum disorder, was on amisulpiride 400mg/day and had remained asymptomatic for months. During a follow-up, she complained of mastalgia and had a prolactin level of 71.7 ng/mL. Following clinical guidelines, aripiprazole was added at 10mg/day. Within a month, anxiety and sleep disturbances escalated, followed by the reappearance of psychotic symptoms. Aripiprazole was discontinued, amisulpride reinstated, achieving stability. Subsequently, hyperprolactinemia was managed using metformin.
Antipsychotic-induced hyperprolactinemia is common, especially with first-generation antipsychotics, causing various symptoms in both genders. Long-term consequences may include weight gain, reduced bone density, and potentially increased breast cancer risk, among others.
Aripiprazole is an atypical antipsychotic with a partial agonist effect on dopamine D2 and D3 receptors. This means that aripiprazole will act as a functional D2-antagonist under hyperdopaminergic conditions, but a functional D2-agonist under hypodopaminergic conditions. This property of aripiprazole may contribute to counteract 'prolactin-raising' agents, acting as a D2 agonist, potentially reducing prolactin rise.
Chronic use of presynaptic D2/D3 antagonist (amisulpiride) might create a hypodopaminergic environment and hypersensitivity to dopamine agonists, possibly explaining worsened symptoms with aripiprazole introduction.
To prevent adverse outcomes when adding or switching to aripiprazole, gradual reduction of the previous antipsychotic (amisulpride) and high-dose aripiprazole initiation (30-40 mg/day) can help.
Conclusions: Antipsychotic-induced hyperprolactinemia is a serious issue that deserves our attention. While aripiprazole is recommended by several guidelines to treat it, introducing it to patients on chronic antipsychotic treatment may lead to a worsening of psychotic symptoms. Caution is recommended when combining aripiprazole with potent D2 receptor blockers. To mitigate this effect, gradual dose reduction of the previous antipsychotic and high-dose aripiprazole initiation are crucial.

Disclosure of Interest: None Declared

EPP0067

Prescription practices for antipsychotic medication in an acute inpatient ward: Risks / benefits discussions with patients and performance of baseline investigations as per NICE guidelines

M. Elesawy, G. J. Munday and N. Lekka*

Sheffield Health and Social Care Foundation Trust, Sheffield, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.297

Introduction: Antipsychotic medications are essential for managing psychiatric disorders, offering symptom relief and improved functioning. However, their use carries potential risks. Vigilant monitoring and patient engagement are crucial when initiating antipsychotics.
Objectives: To explore whether comprehensive discussions with patients concerning the benefits and risks of antipsychotics are taking place, and whether baseline investigations are performed before initiation of antipsychotics as per NICE guidelines.
Methods: This retrospective study focused on admissions to a male acute ward between March 1 and May 31, 2023. Data from electronic patient records included demographics, Mental Health Act (MHA) status, psychiatric diagnoses, medical co-morbidities, documentation of medication benefits / side effects discussions with patients, medication information provision, as well as baseline investigations involving weight, height, waist/hip circumference, pulse, blood pressure, blood glucose, HbA1c, lipid profile, prolactin levels, movement disorder assessment, nutritional status, diet, physical activity, and ECG.
Results: Among 23 admitted patients, 15 were newly initiated or reintroduced to antipsychotics, with 14(93.3%) admitted under the MHA. Primary diagnoses included Paranoid Schizophrenia (33.33%), Unspecified Non-Organic Psychosis (20%), Bipolar Affective Disorder (20%), and others. Medical comorbidities were observed in 10(66.7%), notably type 2 diabetes (40%). Among initiates, 6(40%) were new to treatment, while in 9(60%) it was re-initiated.
Within the 15-patient group, discussions on treatment benefits engaged 11(73.3%), while 4(26.7%) lacked complete documentation. Only 6(40%) had discussions about side effects. Metabolic side effects were discussed with 3(20%), extrapyramidal effects with 2(13.33%), while 4(26.7%) had general side effect talks. Patient information leaflets were given to 5(33.3%) patients. Baseline measurements: 12(80%) had weight/height, 4(26.7%) waist/hip, and 14(93.3%) pulse/blood pressure assessed. Blood tests were declined by 4(26.7%). Baseline glucose, HbA1c, lipids, and prolactin were assessed in 8(53.3%), 10(66.7%), 9(60%), and 8(53.3%) patients respectively. Nutritional status was assessed in 13(86.7%), movement disorders in 1(6.7%), and physical activity in 1(6.7%). All 15(100%) patients were offered ECGs, although 5(33.3%) declined.
Conclusions: Adherence to NICE guidelines for baseline investigations and risk/benefit discussions prior to antipsychotic initiation was low, apart from ECGs, weight/height, pulse/blood pressure, assessment of nutritional status, and discussions about antipsychotics' benefits. Implementing effective monitoring and patient engagement to mitigate potential side effects, is crucial to facilitating the safe and efficient utilisation of antipsychotics.

Disclosure of Interest: None Declared