

obtained through medical records and clinical interviews with the patient.

**Results** A 50-year-old Brazilian woman, with a previous episode of postpartum depression, presented with paranoid psychosis six months after initiating HCV antiviral therapy. Psychotic symptoms consisted of persecutory delusions and auditory hallucinations and developed together with agitation and aggressive behavior. Psychiatric hospitalization was required and psychosis resolved with discontinuation of therapy and initiation of risperidone. Laboratory tests and brain images were of no help in the etiologic investigation.

**Conclusions** There are many drugs known to possibly cause neuropsychiatric symptoms. It is the job of every physician to be aware of this hypothesis especially in cases with acute onset and atypical presentations.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1051

### Use of cannabis components in the treatment of mental disorders

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**Introduction** There is evidence that supports the increased risk of developing psychosis or psychotic like symptoms in vulnerable populations after use of cannabis. Cannabis' main psychoactive component,  $\Delta$ 9-tetrahydrocannabinol (THC), induces acute psychotic effects and cognitive impairment. But there is also evidence to suggest that molecules in the cannabis plant could have an antipsychotic affect.

**Aims** In this review we are trying to explore the possibilities of cannabis use as a therapeutic agent in mental disorders.

**Methods** Thorough research of the main databases, and web search engines for relevant studies, using appropriate keywords. We scrutinize them independently, before reaching consensus about appropriateness.

**Results** In animal models repeated treatment with cannabis constituent cannabidiol CBD or the atypical antipsychotic clozapine attenuates or reverses the schizophrenia-like behavioral disruption.

In humans there are data that CBD counteracts psychotic symptoms and cognitive impairment associated with cannabis use. Also CBD may lower the risk for developing cannabis use associated psychosis. There are opposite effects of CBD and THC on brain activity patterns in key regions implicated in the pathophysiology of schizophrenia, such as the striatum, hippocampus and prefrontal cortex.

**Conclusions** The possible mechanism of action of CBD is not fully clarified, as it may involve anti-inflammatory or neuroprotective properties. These initial clinical studies with CBD treatment of psychotic symptoms argument the potential of CBD as an effective antipsychotic compound. Mechanisms responsible for these effects need to be further investigated.

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## EV1052

### Nicotine as therapeutic agent in treatment of mood disorders

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**Introduction** The plant that has as active ingredient nicotine was chewed or smoked for many years from American natives, for its therapeutic properties. Nowadays after the extensive negative attitude towards smoking, the main provider of nicotine, researchers are now pointing out the therapeutic possibilities of nicotine in mood disorders, as a substance that is acting in the acetylcholine receptors in the brain.

**Aims** In this review we are trying to explore the possibilities of nicotine use as a therapeutic agent.

**Methods** We did a detailed research of the main medical databases, and web search engines for relevant studies. We scrutinize them independently, before reaching consensus about appropriateness for inclusion in the study.

**Results** Diadermal administration of nicotine has a positive effect in depressive disorder in 3–8 days, an effect that in one study was reversed after cessation of nicotine. Patients with depression and/or healthy subjects show improvement of attention and working memory after diadermal use of nicotine. Research is not conclusive in the sustainability of these positive affects as other researchers emphasize their short effect in mood.

**Conclusion** Nicotine presents as part of novel and promising therapeutic agents with complex interactions with other neurotransmitters in the brain. Before condemning nicotine along with smoking we should acknowledge the potential use of nicotine as a therapeutic compound since research shows that some of these positive effects appear not only to smokers after abstinence but also to non-smokers.

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## EV1053

### Awkward movements: Extrapyramidal symptoms in a group of patients treated with aripiprazole long acting injectable

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**Introduction** Extrapyramidal symptoms are well known as side effects in therapy with antipsychotics. Explore this side effects is mandatory because they normally are a cause of treatment discontinuation or assess a change in medication. Some studies notice how long acting injectable antipsychotic cause less extrapyramidal symptoms than oral treatment, others does not find differences.

**Objective** The aim of this study is to analyze the extrapyramidal symptoms presented on a group of patients treated with aripiprazole long acting injectable (ALAI) follow-up in a mental health care center.

**Methods** Descriptive study of a group of patients treated with ALAI. To assess the possible extrapyramidal symptoms due to treatment we have used the Simpson-Angus Scale (SAS). The follow up was 3 months after initiation of treatment.

**Results** Six patients were included in the study, 2 women (33.3%) and 4 men (66.7%). The mean age of the sample was 37 years old. The different diagnoses of the group were 4 patients with psychotic disorder (66.7%; 2 schizophrenia, 1 schizoaffective disorder and 1 delusional chronic disorder) and the other 2 had an affective disorder (33.3%; both bipolar disorder). The average score for the SAS was 1.2 meaning normal results and therefore no significant extrapyramidal symptoms.

**Conclusions** In our sample the average of the results obtained by applying the SAS is considered within normal limits. In our case as to extrapyramidal effects ALAI treatment has been well tolerated. A larger sample would be needed to obtain more reliable results.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1055

### Indication of depot antipsychotic treatment in the view of slovak psychiatrists

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With the increasing number of atypical antipsychotics in depot form, there emerges question about plus and cons of their use in schizophrenia patients. We focused on the opinion of Slovak psychiatrists about use of this treatment in some specific situations of schizophrenia treatment. Research was realized via questionnaire on psychiatrists ( $n=47$ ) from ambulant and hospital care, during one conference in June 2015. First part of the questionnaire was focused on the preference of oral or depot form of antipsychotic treatment. Depot form would be indicated by psychiatrists (in more than 89%) when low compliance, anosognosia or frequent episodes. On the contrary, oral antipsychotic treatment is preferred in young patients or employed patients. The type of symptoms (e.g. positive, negative) has relatively small impact on the preference of treatment, where the preferences of each type were the lowest (fewer than 36%). According to the opinion of psychiatrists, depot antipsychotic treatment is not suitable in first episode of disorder (according to 81% of respondents), otherwise in second or third episode it would not be chosen by 6% of asked psychiatrists.

From the aspects of the choice between atypical or typical depot, atypical antipsychotics in depot form were favored when presence of adverse reactions (80%), occurrence of negative symptoms (65%) and short duration of disorder (58%). Typical depot was preferred by psychiatrists in patients with chronic states.

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#### EV1056

### Asenapine modulates nitric oxide release and calcium movements in cardiomyoblasts

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**Objective** To examine the effects of asenapine on NO release and  $Ca^{2+}$  transients in  $H_9C_2$ , which were either subjected to peroxidation or not.

**Materials and methods**  $H_9C_2$  were treated with asenapine alone or in presence of intracellular kinases blockers, serotonergic and dopaminergic antagonists, and voltage  $Ca^{2+}$  channels inhibitors. Experiments were also performed in  $H_9C_2$  treated with hydrogen peroxide. NO release and intracellular  $Ca^{2+}$  were measured through specific probes.

**Results** In  $H_9C_2$ , asenapine differently modulated NO release and  $Ca^{2+}$  movements depending on the peroxidative condition. The  $Ca^{2+}$  pool mobilized by asenapine mainly originated from the extracellular space and was slightly affected by thapsigargin. Moreover, the effects of asenapine were reduced or prevented by kinases blockers,

dopaminergic and serotonergic receptors inhibitors and voltage  $Ca^{2+}$  channels blockers.

**Conclusions** On the basis of our findings we can conclude that asenapine by interacting with its specific receptors, exerts dual effects on NO release and  $Ca^{2+}$  homeostasis in  $H_9C_2$ ; this would be of particular clinical relevance, when considering their role in cardiac function modulation.

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### Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)

#### EV1057

### A tribute to Johann Gottlieb Burckhardt-Heussler (1836–1907), the pioneer of psychosurgery

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**Introduction** Johann Gottlieb Burckhardt-Heussler was a Swiss psychiatrist, who pioneered controversial psychosurgical procedures. Burckhardt-Heussler extirpated various brain regions from six chronic psychiatric patients under his care. By removing cortical tissue he aimed to relieve the patients of symptoms, including agitation, rather than effect a cure.

**Objectives** To present the scientific papers of Johann Gottlieb Burckhardt-Heussler on psychosurgery.

**Aims** To review available literature and to show evidence that Burckhardt-Heussler made a significant contribution to the development of psychosurgery.

**Methods** A biography and private papers are presented and discussed, followed by a literature review.

**Results** The theoretical basis of Burckhardt-Heussler's psychosurgical procedure was influenced by the zeitgeist and based on his belief that psychiatric illnesses were the result of specific brain lesions. His findings were ignored by scientists to make them disappear into the mists of time, while the details of his experiments became murky. Decades later, it was the American neurologist Walter Freeman II, performing prefrontal lobotomies since 1936, who found it inconceivable that the medical community had forgotten Burckhardt-Heussler and who conceded that he was familiar with, and probably even influenced by, Burckhardt's work.

**Conclusion** It is partly thanks to Burckhardt-Heussler's pioneering work that modern psychosurgery has gradually evolved from irreversible ablation to reversible stimulation techniques, including deep brain stimulation.

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#### EV1059

### Electroconvulsive therapy outpatient program recently established in a psychiatric day hospital

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