

an outpatient facility, with a favorable clinical evolution after one year of intensive follow-up. In the context of abandonment of his medication and a problematic family situation, the patient starts to show suspicious, with insomnia and a progressive social isolation. Despite an attempt of ambulatory treatment with oral aripiprazole, showing good tolerance, the patient refuses such treatment, showing active clinical psychotic with great distress and behavioral repercussion, finally requiring hospital admission.

**Objectives:** To perform a literature review about the treatment initiation with two vials of aripiprazole long-acting injection.

**Methods:** Literature review of scientific articles using Pubmed as search engine. We considered articles published both in English and Spanish.

**Results:** During hospital stay, treatment with 2 intramuscular injections of 400mg of aripiprazole is started, combined with a single dose of oral aripiprazole 20mg on day 1, assuring correct dosing, with good tolerance and favoring therapeutic adherence. Progressively, the patient starts to feel calmer, adequate, collaborative and emotionally stable, recuperating chronobiological rhythms, with remission of the hallucinations and appearing more distant from delusions.

**Conclusions:** According to the currently available studies, the use of this posology could avoid the potential impact that lack of adherence to oral treatment could have in the therapeutic outcome, assuring a correct dosing and favoring adherence from day 1. Furthermore, this would help simplify the medication regimen for patients, physicians and caregivers.

**Disclosure:** No significant relationships.

**Keywords:** Aripiprazole; Psychosis

## EPV1187

### Dealing With Clozapine-Induced Sialorrhea

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**Introduction:** Clozapine is the first atypical antipsychotic. It is used in refractory schizophrenia. It has a heavy side effect burden, including weight gain, dizziness, blurred vision, and sialorrhea. Not only is sialorrhea bothersome, but it can also have with serious consequences, such as aspiration pneumonia, neutropenia, agranulocytosis, myocarditis, and may be responsible for low self-esteem, leading to low treatment compliance and discontinuation.

**Objectives:** Identifying the mechanism behind clozapine-induced sialorrhea. Finding how frequent clozapine-induced sialorrhea is compared to other antipsychotics. Finding effective ways to prevent clozapine-induced sialorrhea.

**Methods:** PubMed database search, with “clozapine sialorrhea” keyword expression. 12 Articles published in the last ten years were selected among the 112 best matches. Reference lists of articles were reviewed to identify additional articles.

**Results:** Clozapine is a muscarinic M1-5 receptor antagonist, explaining its anticholinergic effects. Due to its strong anticholin-

ergic action, sialorrhea is a paradoxical side effect. To prevent it, several drugs can be used, such as scopolamine, pirenzepine, sublingual atropine solutions, clonidine, botulinum neurotoxin, and others. Sialorrhea was relatively more frequently reported in clozapine (1.1%) compared with other antipsychotics (0.31%). Mubaslat and Lambert (2020) found that drops of atropine reduce the rate of saliva secretion significantly better than placebo. Uzun, et al. (2019) observed the adjunction of N-acetylcysteine allowed a significant decrease of the severity of sialorrhea and was well tolerated.

**Conclusions:** Although effective in refractory schizophrenia, clozapine side effects, namely sialorrhea, can be bothersome and may affect treatment adherence. Fortunately, we have tools at our disposal to help patients better handle it.

**Disclosure:** No significant relationships.

**Keywords:** Sialorrhea; schizofrénia; clozapine

## EPV1188

### What is the Pisa Syndrome? A review

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**Introduction:** Pisa syndrome (PS) is a type of dystonia of rare occurrence, first described in 1972 as an adverse effect of neuroleptic agents. It is used to describe a postural abnormality that includes trunk flexion in the coronal plane and axial rotation, which improves in the supine position.

**Objectives:** In this work, we aim to conduct a brief review of Pisa Syndrome aetiology, pathophysiology and treatment.

**Methods:** A non-systematic search was conducted through the PubMed database for “pisa syndrome”. Articles were screened for relevant information on PS aetiology, pathophysiology and treatment.

**Results:** Pisa syndrome has been associated as an adverse effect of multiple drugs from different classes, mainly antipsychotics, dopaminergic agents and cholinesterase inhibitors. The underlying mechanisms are not yet fully understood. Nevertheless, one of the most consensual hypothesis considers PS as a consequence of a cholinergic-dopaminergic imbalance that can be caused by antipsychotic treatment. Some factors have been associated with increased risk for developing PS such as old age and polypharmacy. PS appears to be better treated with the reduction or interruption of the agent(s) associated with its onset.

**Conclusions:** Despite its low incidence, Pisa syndrome can occur as a side effect of a number of different medications and the identification of the trigger-drug is fundamental so it can be reduced or interrupted in order to treat this condition.

**Disclosure:** No significant relationships.

**Keywords:** Pisa Syndrome; review