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:

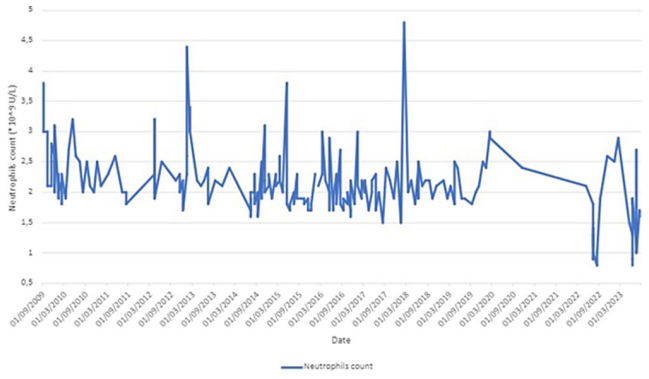
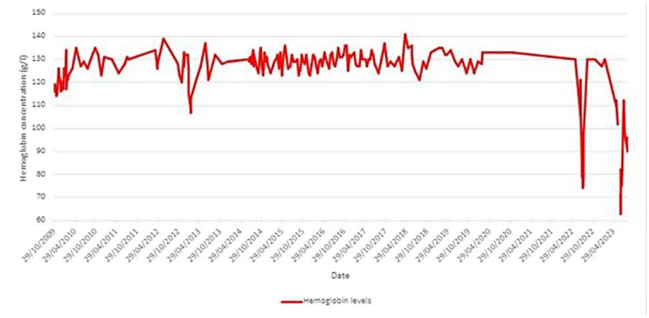


Image 2:



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