diminishing pleasure from various activities. Secondly, rapid changes in gut microbiota may lead to gut-brain axis dysregulation, contributing to depressive symptoms. Thirdly, GLP-1 RAs have been linked to reduced absorption of vitamin B-12 and other essential nutrients, impacting brain function and mood. Social media data and individual case reports reveal mixed mental health outcomes, with some users reporting improved mood and others experiencing mood deterioration.

Conclusions: The evidence on GLP-1 RAs and depression is mixed. While some studies suggest negative mood effects, others, including the FDA's large-scale evaluations, have not established a causal link. Notably, semaglutide may be associated with a lower risk of suicidal thoughts. These findings emphasize the complexity of this issue and the necessity for ongoing monitoring and personalized patient care. Regular mental health screenings for patients on GLP-1 RAs, especially those with a history of depression, are recommended. Addressing potential nutrient deficiencies through dietary adjustments or supplements is crucial. Patients should be informed about potential mood changes and encouraged to report any adverse effects. Further research, particularly more longitudinal and large-scale studies, is needed to clarify the relationship between GLP-1 RAs and mental health outcomes.

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Psychopharmacology and Pharmacoeconomics

EPP056

Examining the Discontinuation of Clozapine Due to Serious Side Effects Over A Decade at a University Hospital Inpatient Clinic

D. Koçyiğit[1], R. Aktaş[1], S. Çoşkun[1], E. Özçelik Eroğlu[1], E. Mutlu[1] and A. E. Anıl Yağcıoğlu[1,*]

[1]Department of Psychiatry, Hacettepe University, Ankara, Türkiye
*Corresponding author.
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Introduction: Clozapine stands out among all other antipsychotics due to its superior efficacy in treatment resistant schizophrenia. Despite its proven superiority, it is not the first antipsyhotic choice on grounds of serious side effects. Clozapine remains underutilized, primarily due to its troubled safety profile.Lower prescription rates may be related with physicians' hesitation because of side effects rather than patients' unwillingness to use the drug.

Objectives: To elaborate on the life-threatening side effects and discontinuation of clozapine, we retrospectively reviewed the medical records of all patients admitted to the inpatient psychiatry unit at the Hospital of Hacettepe University Faculty of Medicine, Ankara, Türkiye between January 2010 and April 2022.

Methods: Hospital records of inpatients with psychotic disorders, identified by ICD-10 codes (F20.X, F25.X, F.22, F28, F29), and patients with bipolar affective disorder, identified by ICD-10 code (F31.X) who discontinued clozapine during their hospitalization due to serious side effects were thoroughly investigated.

Results: Among a total of 2298 patients hospitalized during the specified period, 178 patients with psychotic disorders and 21 patients with bipolar affective disorder were clozapine users. In this sample, 14 patients with psychotic and 3 patients with bipolar affective disorders had a serious side effect due to clozapine which led to discontinuation in 15 patients (7.53%). The median age of the cases was 32-years (min-max:18-62), the median duration of illness was 10-years (min-max:2-30), and the mean clozapine dose at onset of the serious side effect was 245±149.95 mg/day. The observed serious side effecs associated with clozapine included myocarditis (n=10, 58.8%), agranulocytosis (n=3, 17.6%), neutropenia (n= 1, % 5.88), pancreatitis and myocarditis (n=1, 5.88%), refractory increase in level of C-reactive protein (n=1, 5.88%), refractory constipation, weight gain and worsening in obsessive-compulsive symptoms (n=1, 5.88%), and suspicion of neurotoxicity of clozapine in a patient with mutation in multi-drug resistance-1 gene (n=1, 5.88%). There was no report of sudden death, cardiac arrest or need for intensive care unit. The majority of serious side effects (88.2%) occurred within the first 6 months of clozapine initiation. Two patients (11.7%) were able to continue clozapine with clinical management. Among patients who discontinued clozapine, 3 (20%) were rechallenged with clozapine in which 2 attempts (66,6%) were successful.

Conclusions: An examination of 12 years of inpatient clozapine treatment at a University Hospital clinic revealed that even life-threatening side effects of clozapine can be managed successfully with close clinical care. Physicians' concern about serious side effects should not lead to underutilization of clozapine in patients who could benefit from its trial.

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EPP057

Torsade de Pointes: How Much Do Psychotropics Really Contribute?

J. Brouillette[1,*], S. Cyr[1], C. Fiset[1], R. Tadros[1], L. Abdelaziz[1], A. Minichiello[1], M. Bouvier[1], S. Levesque[1], C. Daval[1], V. Lavigne[1], P. Khairy[1] and S. Nattel[1]

[1]Montreal Heart Institute, Montreal, Canada
*Corresponding author.
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Introduction: Based on potential risk of torsade de pointes (TdeP; a rare arrhythmia), regulatory agencies have issue warning for two specific antidepressants. This has translated in clinic as a class effect in that every antidepressant monography or guideline warns against this side effect. Current data suggest that excessive caution in the face of this undesirable effect could have a deleterious effect on mortality. Most research on antidepressant/antipsychotic drugs and TdeP is based on its intermediate marker, the corrected QT interval (QTc) on the electrocardiogram, or case reports.

Objectives: Our objective is to measure the contribution of psychotropic drugs (antidepressants and antipsychotics) to the arrhythmia itself, and measure its weight among all other risk factors.

Methods: We completed a retrospective case-control study at the Montreal Heart Institute, with a 1:3 ratio (n=440). We performed