

to standard treatments. When the clinical suspicion of drug withdrawal is high, restarting the discontinued medication, even an antipsychotic agent, may be indicated.

Disclosure: No significant relationships.

Keywords: Catatonia; clozapine; withdrawal

EPV1142

Lithium-Renal and brain induced toxicity

M. Zrelli^{1*}, E. Bergaoui², N. Staali², K. Souabni¹ and W. Melki¹

¹Razi Hospital, Psychiatry D, Manouba, Tunisia and ²Razi Hospital, Psychiatry D, Tunis, Tunisia

*Corresponding author.

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Introduction: Lithium can induce renal and neurotoxic effects, particularly if it is combined with a neuroleptic or if there is an intercurrent condition. The neurological sequelae may be irreversible.

Objectives: To show the renal and neurotoxic effects of lithium and the risk of its association with haloperidol.

Methods: A case of irreversible lithium neurotoxicity with renal sequelae.

Results: This case report is about a 57-year-old patient with a bipolar disorder type 1. She was well stabilized on lithium. On December 2020, the patient had an increased level of creatinine, therefore her medication was stopped. She developed a manic episode then she was switched on Haldol 25mg and lithium. After 4 days, she had a neuroleptic malignant syndrome with renal and neurological sequelae. She was referred to us after her discharge from intensive care. The patient was agitated, anxious, sad with a superficial contact and a well-structured speech. She had delusional ideas of prejudice about her husband. On physical examination, she had a parkinsonian syndrome, moderate organic renal failure with a clearance of 45.93 ml/min. On the cerebral MRI, she had a diffuse cortico-subcortical atrophy with bilateral frontal predominance and vascular leukopathy. The most probable cause was the iatrogenic effects of the association of lithium and haloperidol. We decided to stop all medications and the patient got better.

Conclusions: Recognizing the neurotoxic effect of lithium and making an early diagnosis is a crucial determinant in the evolution of the disease and its irreversibility. Polypharmacy and comorbidities appear to be important precipitating factors for lithium toxicity.

Disclosure: No significant relationships.

Keywords: Polypharmacy-lithium toxicity; renal toxicity; neurotoxic effect

EPV1143

Misdiagnosis and therapeutic impasse in psychiatry

M. Zrelli^{1*}, E. Bergaoui², N. Staali², M. Moalla¹ and W. Melki¹

¹Razi Hospital, Psychiatry D, Manouba, Tunisia and ²Razi Hospital, Psychiatry D, Tunis, Tunisia

*Corresponding author.

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Introduction: We frequently receive patients with atypical psychiatric symptoms admitted in our department after consulting other psychiatrists and trying several treatments.

Objectives: To highlight the factors of misdiagnosis in patients of our department.

Methods: We recruited 70 patients during their appointment or during their hospital admission in our department between March and April 2021. We collected the patients' socio-demographic and clinical data using a pre-designed questionnaire.

Results: Patients were aged between 17 and 68 years with a sex ratio (M/F) of 1. Mood disorders accounted for 24.6% of disorders (N=17) whereas schizophrenia 66.7% (N=46). Patients resided in urban areas in 88.6% of cases (N=69). The average number of hospitalizations was 2.7 with extremes ranging from 0 to 14. The average time between the onset of the symptoms and the first consultation was 1 year. The mean time from onset to hospitalization was 4.37 years. The rate of consulting a psychiatrist prior to admission was 42.8%. The diagnosis was corrected during the follow-up of the patients in 24.3% of cases. Conventional neuroleptics were prescribed as first-line treatment in 42.85% of cases. Due to poor tolerance or ineffectiveness of the treatment, 31.42% of patients had to change treatment.

Conclusions: Patients, who were desperate to find an adequate treatment for their disorders, put a lot of hope in the Razi psychiatric hospital. But after several years of evolution of their disease, we are faced with a therapeutic impasse. Raising awareness of mental illnesses is necessary for an early and adequate treatment.

Disclosure: No significant relationships.

Keywords: factors of misdiagnosis; therapeutic impasse

EPV1144

Patterns of clozapine use, misuse and disuse in a mental health area in southern Spain.

L.I. Muñoz-Manchado^{1*}, J.M. Mongil-Sanjuan¹, J.M. Pascual Paño¹, C. Rodríguez-Gómez¹, R. Torrecilla-Olavarrieta¹, J.I. Pérez-Revuelta¹, F. González-Saiz¹ and J.M. Villagrán-Moreno²

¹UGC North of Cadiz, Mental Health Inpatient Unit, General Hospital, Jerez de la Frontera, Spain and ²UGC North of Cadiz, Mental Health Inpatient Unit, General Hospital, Jerez De La Frontera, Spain

*Corresponding author.

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Introduction: Evidence supports clozapine as the best treatment in terms of efficacy, effectiveness and well-being, and as the gold standard in treatment-resistant psychotic disorders. Clozapine remains still underused, suffering initiation delays from 1.1 to 9.7 years. Furthermore, there is a scarcity of data about patterns of use, showing high variability worldwide (0.6-189.2/100.000 inhabitants).

Objectives: The main objective of this work is to carry out an analysis of the use of clozapine in our mental health catchment area. Thus, off-label use, the percentage of patients with clozapine depending on diagnosis, age and sex, and its use in mono and polytherapy are established. Besides, dosage and time between the first contact and the start of treatment with clozapine are recorded.

Methods: A descriptive study has been developed on the patients with clozapine who consulted in the catchment area of the Jerez Mental Health Service between 2018 and 2019. Data were extracted from medical records.

Results: From our population of 456.752 inhabitants, 449 patients received clozapine. 278 (61.9%) had a schizophrenia diagnosis;

33 (7.3%) delusional disorder and 34 (7.6%) schizoaffective disorder. The off-label use of clozapine was 19.1 %. The average mean dose used was 246.2 mg/day and 59% of the patients on clozapine were on polytherapy. Only 14.7% of these patients had a previous trial with clozapine on monotherapy.

Conclusions: Rates of polytherapy, previous trials of clozapine monotherapy, off label use, rates of discontinuation and other variables are to be considered to precisely map the adequate use of clozapine in clinical settings.

Disclosure: No significant relationships.

Keywords: clozapine; Patterns of use; PSYCHOTIC DISORDERS

EPV1145

Amisulpride-induced late-onset rabbit syndrome: Case report and literature review

I. Gundogmus¹, S. Tekin^{2*}, A. Tasdelen Kul², Ö. Uzun² and K.N. Ozmenler²

¹Kırıkkale Yuksek İhtisas Hospital, Psychiatry, Kırıkkale, Turkey and

²Gulhane Research and Training Hospital, Psychiatry, Ankara, Turkey

*Corresponding author.

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Introduction: Amisulpride is an atypical antipsychotic. Rabbit syndrome (RS) may be seen after antipsychotics use a few days or long-term application. RS occurs after more frequent typical antipsychotics and also in rare cases atypical antipsychotics. Its characterized by the involuntary rhythmic movements of the lips however involves no tongue movements.

Objectives: Case report and reflection on its etiology

Methods: Case report and literature review

Results: A 28-year-old female with a diagnosis of schizophrenia applied with the complaints and symptoms of withdrawal, do not want to leave the house, physical anergy and avolition that started after stopped taking her medications. She was admitted to the psychiatry service and amisulpride treatment was started and was gradually increased to 800 mg/day. After 30 days of hospitalization, the patient was discharged with mild recovery. 14 days after the discharge, because of the abnormal involuntary movements in mouth, the patient applied. In clinical examination without tongue involvement, rhythmic motions were observed in the lips and jaw. Neurological examination, laboratory tests and cranial screening were all normal. She was evaluated by a private psychiatrist and was diagnosed with RS. Amisulpride treatment changed to olanzapine treatment with 15 mg/day. After two months, RS spontaneously regressed.

Conclusions: The resolution of the involuntary movements following discontinuation of amisulpride in our case, supported the diagnosis of RS. Although the mechanism by which RS emerges as a side-effect of amisulpride is not fully understood, the drug's high affinity for and selective binding to dopaminergic D2 and D3 receptors are thought to be responsible for this involuntary motion disorder.

Disclosure: No significant relationships.

Keywords: Antipsychotics side-effects; amisulpride; rabbit syndrome,

EPV1146

Management of antipsychotic-related sexual dysfunction

C. Rodrigues

Centro Hospitalar Psiquiátrico de Lisboa, Serviço De Reabilitação, Lisboa, Portugal

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Introduction: Sexual dysfunction (SD) can often be a side-effect of treatment with antipsychotics (APS). It often jeopardizes long-term adherence to treatment, while deeply affecting the patient's quality of life. The pathogenic mechanisms may be associated with post-synaptic dopamine antagonism, α_1 -antagonism and prolactin elevation. APS-induced hyperprolactinemia has been linked to the occurrence of galactorrhea, gynecomastia, amenorrhea and SD.

Objectives: To synthesize the available evidence on the management of APS-related sexual dysfunction, with a main focus on the second-generation antipsychotics.

Methods: A search for randomized controlled trials (RCT) published between 2021 and 2011 on PubMed was made using the keywords "sexual"; "dysfunction"; "antipsychotic" and "treatment", from which resulted sixteen articles. Only six of those were considered relevant for the study's objectives.

Results: Three studies focused on the comparison between different APS and prolactin levels and SD occurrence, showing that treatment with aripiprazole is mostly related to prolactin levels with the normal range and a lower incidence of sexual dysfunction. Addition of aripiprazole to previous APS may be associated with normalization of sexual function and pose as a possible management option. Adjunctive treatment with tadalafil showed no significant effect on its primary outcome.

Conclusions: There seems to be a general consensus that patients treated with first-generation antipsychotics (FGA), along with risperidone, paliperidone and amisulpride show higher prolactin levels and incidence of SD. Whether there is a causal relationship between these two variables still remains a question. Larger and more prolonged trials are still needed to evaluate APS-related sexual dysfunction and its management.

Disclosure: No significant relationships.

Keywords: sexual; Treatment; dysfunction; antipsychotic

EPV1147

A case report of eosinophilia associated with risperidone withdrawal in a patient with schizophrenia

E. Giourou*, A. Theodoropoulou, P. Batzikosta, O. Prodromaki, E. Georgila and P. Gourzis

General University Hospital of Patras, Greece, Department Of Psychiatry, Patras, Greece

*Corresponding author.

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Introduction: Risperidone, a second generation antipsychotic, shows high affinity with serotonergic and dopaminergic D2 receptors, but also adrenergic and H1 histaminergic receptors. Previous studies have shown an increase in eosinophile count associated with the second-generation antipsychotics through the histaminergic path.