(12,000/μL), neutrophilia, and eosinophilia but normal liver and kidney function. Dermatological evaluation confirmed AGEP. Olanzapine was discontinued, and cetirizine, an H1 antagonist, was administered. Symptoms improved within 24 hours, and the rash resolved within a week.

Table 1: Summary of Olanzapine-Induced AGEP Cases

Study	Age	Gender	Dosage (mg)	Symptom onset (days)
Christen et al. Acta Medica (Hradec Kralove) 2006; 49:75-6.	56	Male	10	5
Patel et al. Crit Care Med 2018; 46:469.	38	Male	10	3
Jakhar et al. Indian J Psychiatry 2021; 63:411-3.	57	Female	20	2
OUR CASE	19	Male	2.5	2

Conclusions: This case underscores the need to recognize rare hypersensitivity reactions like AGEP, even at low doses of olanzapine. Early detection and discontinuation of the drug are essential to avoid complications. Literature shows AGEP can occur across various dosages, with symptom onset typically within days. Clinicians should be cautious when prescribing olanzapine, regardless of dose, and closely monitor patients for signs of AGEP to prevent severe outcomes.

Disclosure of Interest: None Declared

EPV1590

Rare but elevated incidence of hematological malignancy after clozapine use in schizophrenia: a population cohort study

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Introduction: Clozapine is widely regarded as a safe and highly efficacious psychotropic drug that is largely underused worldwide. Recent disproportionality analyses and nationwide case-control studies suggested a potential association between clozapine use and hematological malignancy (HM). Nevertheless, the absolute rate difference is not well-established due to the absence of analytic cohort studies. The clinical significance of such a potential risk remains unclear.

Objectives: We aim to estimate the rate ratio and rate difference of HM associated with clozapine use.

Methods: We extracted data from a territory-wide public healthcare database from January 2001 to August 2022 in Hong Kong to conduct a retrospective cohort study of anonymized patients aged 18+ with a diagnosis of schizophrenia who used clozapine or olanzapine (drug comparator with highly similar chemical structure and pharmacological mechanisms) for 90^{+} days, with at least two prior other antipsychotic use records within both groups. Weighted by inverse probability of treatment based on propensity scores, Poisson regression was used to estimate the incidence rate ratio (IRR) of HM between clozapine and olanzapine users. The absolute rate difference was also estimated.

Results: In total, 9,965 patients were included, with 834 clozapine users. Both groups were followed up for an average of more than seven years. Clozapine users had a significant IRR of 2.22 (95% CI [1.52, 3.34]; $p<0.001$) for HM compared to olanzapine users. Absolute rate difference was estimated to be 57.40 (95% CI [33.24, 81.55]) per 100,000 person-years. Findings were consistent across sub-groups by age and sex in terms of effect size, although the IRR was non-significant for those aged 65 or older. Sensitivity analyses all supported the robustness of the results and showed good specificity to HM but no other cancers.

Conclusions: Absolute rate difference in HM incidence associated with clozapine is small despite a twofold elevated rate. Given the rarity of HM and existing blood monitoring requirements, more restrictive indication for clozapine or special warnings may not be necessary.

Disclosure of Interest: None Declared

EPV1591

Long-Acting Injectable Antipsychotics: Are They the Missing Link in Early Psychosis Treatment?

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Introduction: Research into early interventions following a first episode of psychosis (FEP) has enabled a focused approach on prognostic-modifying factors. Among these, poor medication adherence contributes to relapse, as well as cognitive and functional deterioration. Several studies report discontinuation rates of oral antipsychotics (OAPs) after FEP at 70%, regardless of the prescribed OAP. The early introduction of long-acting injectable antipsychotics (LAIAs) could present an alternative.

Objectives: This study aims to review the efficacy of LAIAs in the early stages of psychosis and compare the most relevant international guidelines on this topic.

Methods: Methodology: A non-systematic literature review using the keywords "long-acting injectable" and "first episode psychosis," limited to articles published in English and Portuguese in the last 10 years from the PubMed®/MEDLINE® database, and clinical practice guidelines on psychosis, schizophrenia, and FEP from NICE, APA, and RANZCP.

Results: Despite frequent selection biases (such as reserving LAIAs for patients with worse prognostic factors), significant benefits of LAIAs over OAPs in preventing hospitalization and relapse during the early phases of psychosis are consistently reported. LAIAs reduce non-adherence due to forgetfulness or reduced insight, while their