

Psychopharmacology during infections, including COVID-19

S0024

The challenges of psychopharmacological treatment during the COVID-19 pandemic in lombardy

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Introduction: Public Mental Health Services in Lombardy (Italy) has 27 Departments for Mental Health and Addiction Services and a number of private residential facilities. With the reorganization of the entire Healthcare system to deal with COVID-19, Regional Health Authorities recognized mental health as a priority and authorized the continuation of mental health services for the general population.

Objectives: To review the initiatives and procedures implemented in Lombardy during the Covid-19 pandemic in relation to the organization of Psychiatric Services and continuity of psychopharmacological treatment.

Results: Hospital admissions for acute psychiatric disorders in patients positive for COVID-19 required a dedicated area in the psychiatric ward or alternatively, a medical ward supported by psychiatric staff. Psychiatric hospital activity for patients negative for Covid-19 has been maintained as usual. The activity in the Mental Health Centers has been maintained in patients suffering from severe mental disorders as well as in those with serious social problems or judicial sentences. Particular attention was paid to patients' clinical monitoring and drug administration. Long-acting Injection antipsychotics were often preferred to oral treatment to ensure adherence and continuity of care. Appropriate e-health technologies were used to reach patients and their families, for monitoring patients and avoiding drop-outs of patients with serious diseases.

Conclusions: Maintaining continuous monitoring of patients in contact with mental health services is essential for a careful assessment of their condition from both a psychopathological and medical point of view during pandemic.

Disclosure: No significant relationships.

Keywords: Mental disorders; Psychopharmacology; COVID19

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The interactions between COVID-19 drugs and psychotropic agents

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Coronavirus disease (COVID-19) is a systemic infection targeting multiple organs. Interstitial pneumonia is the landmark feature of this condition. Severe acute respiratory symptoms requiring intensive care support arises for about one out of twenty symptomatic

cases. Aminoquinolone, antiviral, antibiotic, corticoid, anticoagulant and immunobiological drugs are used, mostly to treat symptoms. Only remdesivir exhibiting weak antiviral activity is approved for COVID-19. Psychotropic medications may interact with medical treatments for COVID-19. The aim of this presentation is to highlight pharmacokinetic and pharmacodynamic drug-drug interactions to be expected for medical treatments of COVID-19. Remdesivir and favipiravir exhibit hepatotoxic properties which may be enhanced under combinations with tricyclic antidepressants or agomelatine. Favipiravir, hydroxychloroquine, chloroquine, azithromycin, lopinavir/ritonavir have QT interval prolongation potential and must be considered for combinations with antidepressant and antipsychotic drugs. For hydroxychloroquine, hypoglycemic activity may give rise to endocrine disturbances. Pharmacokinetic drug-drug interactions can be expected for lopinavir/ritonavir which inhibit cytochrome P-450 (CYP) 3A4 and induce CYP2C9 and CYP2C19. Combinations with psychotropic drugs that are substrates of these enzymes (victim drugs) will affect drug concentrations in blood and lead to supra- or subtherapeutic levels. Moreover, it must be assumed that the COVID-19 infection is associated with an enhanced production of cytokines which has a known impact on CYP enzyme activities. Though studies on interactions between psychotropic medications and medical treatments for COVID-19 are lacking, multiple drug interactions can be predicted and expected considering the side effect profiles and CYP inhibitory, inducing and substrate properties of combined drugs.

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Keywords: COVID-19; drug-drug interactions; pharmacokinetic; pharmacodynamic

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The pharmacotherapy of infections in patients with mental disorders receiving psychotropic drugs: Focus on good practices

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There is little data on infection treatment in patients with mental disorders, including on the selection of psychotropic, antibiotic, antifungal, and antiviral medications. Bacterial, viral, and fungal infections often occur in patients with mental illnesses, and there is little data on rational pharmacotherapy in this vulnerable population. Antibiotic treatment is a common event during hospitalization in adult psychiatric hospitals and poses a risk of significant potential to almost a quarter of all patients. Most infections are bacterial infections where antibiotics are used, and this topic will be covered in this lecture.

Most patients are being treated for urinary tract infections or respiratory tract infections. The most commonly prescribed antibiotics are co-amoxiclav and cotrimoxazole, followed by ciprofloxacin and nitrofurantoin. Drug-drug interactions (DDIs) between antibiotics and psychotropics often occur, where medications with QTc prolongation potential should be avoided (e.g., some