one-third of the patients reaching remission after the first trial of antidepressants, according to the STAR*D trial. Based on the results of the same study, only 67% of the patients with MDD obtained remission after four trials of antidepressants, including a monoamine oxidase inhibitor, i.e., tranylcypromine, and various augmenting strategies. However, in STAR*D, no atypical antipsychotics (AAPs) were used, which is an important shortcoming of this trial. Exploring the efficacy of AAPs as add-on agents to antidepressants in the case of MDD with partial responsiveness may improve the prognosis of patients who did not remit during either antidepressant monotherapy or antidepressant therapy augmented with other psychotropic agents.

Objectives: To assess the available data on the efficacy and tolerability of atypical antipsychotic augmentation in patients with MDD who obtained only partial response to antidepressants.

Methods: This review included three databases (Google Scholar, PubMed, and EMBASE) that were searched from their inception until June 2024 for papers published in English corresponding to the keywords "major depressive disorder," and "partial response" and "atypical antipsychotics". Both primary and secondary reports were included.

Results: Systematic reviews dedicated to this topic reported significantly superior responses to placebo for ziprasidone, risperidone, aripiprazole, brexpiprazole, cariprazine, and quetiapine when added to antidepressants. The tolerability of these augmenting agents was low, with high rates of early treatment discontinuation reported. Only risperidone was reported in a systematic review as similar to placebo in terms of tolerability for this population. Network meta-analyses showed positive results for quetiapine, olanzapine, aripiprazole and brexpiprazole in terms of efficacy, but in terms of acceptability, no difference between these four antipsychotics and between each of them and placebo were found; tolerability was low for all antipsychotics vs. placebo, but the certainty of most evidence was evaluated as low and very low. Aripiprazole, quetiapine, olanzapine, brexpiprazole and cariprazine are approved by the FDA for the adjunctive treatment of MDD that does not respond to antidepressant monotherapy.

Conclusions: AAPs are an efficient option for augmenting antidepressants when MDD is only partially responsive to antidepressants, but careful monitoring of this strategy's tolerability is needed, and high rates of treatment discontinuation are reported.

Disclosure of Interest: None Declared

EPV1618

A case of dysphagia associated with an increase in antipsychotic dosage

M. Velasco Santos[1]*, M. A. Morillas Romerosa[1], P. Vázquez Giraldo[1], I. Diéguez De Juan[1], C. Serrano Fuentes[1], F. Mir Biribay[1], H. Rincón Reques[1] and G. García Cepero[1]

[1]Psychiatry, Hospital Universitario La Paz (Madrid), Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2106

Introduction: Dysphagia is a rare but significant side effect of antipsychotic medications, often associated with extrapyramidal symptoms. These adverse effects become particularly relevant when dosages are increased, as seen with various antipsychotics. This report describes a case involving a 57-year-old male with a long-standing diagnosis of schizophrenia who developed dysphagia following an increase in amisulpride dosage. The patient was admitted to the psychiatric unit due to psychotic decompensation after interrupting his treatment regimen of aripiprazole 30 mg/day and amisulpride 200 mg/day for two weeks. His psychotic relapse was also precipitated by the hospitalization of his critically ill mother. Following his admission, his previous treatment was reintroduced, and the amisulpride dose was increased to 600 mg/day, with diazepam 15 mg/day added. Subsequently, he developed bradykinesia, tremor, rigidity, and oral dysphagia, necessitating a liquid diet. Despite the introduction of biperiden 4 mg/day, symptoms persisted. Comprehensive physical and neurological examinations, blood tests, and a cranial computed tomography (CT) scan were performed, revealing no abnormalities other than the parkinsonian-like symptoms. An otolaryngological assessment indicated that the dysphagia was likely of neurological origin and probably related to the use of antipsychotic medications.

Objectives: To present a case of dysphagia and parkinsonian symptoms triggered by an increase in amisulpride dosage in a patient with schizophrenia, highlighting the importance of careful monitoring during dose adjustments.

Methods: This is a case report describing a single patient. The methodology involves a detailed examination of this unique case, including clinical evaluation, diagnostic testing, treatment modifications, and outcomes.

Results: Due to the persistence of symptoms and their temporal association with the increase in amisulpride dosage, amisulpride was discontinued and switched to olanzapine 10 mg/day. Gradual improvement in both parkinsonian symptoms and dysphagia was noted over the subsequent days. Dysphagia resolved within one week, and by the time of follow-up, the patient had resumed a normal diet and experienced significant improvement in motor symptoms.

Conclusions: This case highlights the potential for amisulpride to induce extrapyramidal symptoms, including dysphagia, particularly when doses are increased. The temporal relationship between the amisulpride dose increase and the onset of symptoms, along with the resolution of symptoms after discontinuation, supports this association. Clinicians should be vigilant in monitoring for such side effects, especially in patients requiring dose adjustments of antipsychotic medications.

Disclosure of Interest: None Declared

EPV1619

Psychoplastogens – a risk-benefit analysis and perspectives for future research

V. A. Voicu[1,2,3]*, O. Vasiliu[1,4] and A. Ciobanu[1,5]

[1]Carol Davila University of Medicine and Pharmacy; [2]Romanian Academy of Medical Sciences; [3]Romanian Academy; [4]Psychiatry Dept., Dr. Carol Davila University Emergency Central Military Hospital and [5]"Prof. Al. Obregia" Psychiatry Clinical Hospital, Bucharest, Romania
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2107

Introduction: The continuous exploration of new treatments in the field of psychopharmacology has brought a new light on psychedelics, raising the provocative question of how these drugs of abuse (DOA) may become useful in clinical practice. Psychedelics are included in the category of "psychoplastogens", substances that are known for their effects of enhancing neuroplasticity in the nervous central system via the modulation of Brain-derived Neurotrophic Factor (BDNF) signaling. However, psychedelics were originally