has licked silver coins for years. The final diagnosis was schizophrenia, and argyria due to a chronic silver intoxication.
Conclusions: Heavy metals intoxications can be associated to acute psychotic disorders, so we must take them into account. As well, schizophrenia can cause bizarre believes which can lead to the intoxication.

Disclosure: No significant relationships.
Keywords: schizophrénia; heavy metals; PSYCHOTIC DISORDERS; argyria

EPV1376

Combination of clozapine, cariprazine and fluoxetine in treatment-resistant schizophrenia patient with prominent negative symptoms: A Case report

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Introduction: Despite pharmacological advances in the treatment of schizophrenia, significant number of patients are still treatment-resistant. Clozapine is recommended as first-line treatment for treatment-resistant schizophrenia (TRS) in guidelines. Despite the greater efficacy of clozapine over other antipsychotics in the management of TRS, a significant number of patients fail to attain adequate response or develop adverse effects, and more interventions are needed.
Objectives: To describe a clinical case of treatment-resistant schizophrenia patient with prominent negative symptoms treated with combination of clozapine, cariprazine and fluoxetine, and to review the literature.
Methods: Clinical case presentation through review of the clinical file and non-systematic review on PubMed and ResearchGate.
Results: A 41 year old female patient presented to inpatient clinic with low mood, occasional commanding and commenting verbal hallucinations, occasional suicidal thoughts, blunted affect, anhedonia, asociality, she was apathetic, lacked motivation to get up from bed, had night's sleep disturbance. Patient was diagnosed with Schizophrenia in 2009, she has been hospitalized in Psychiatric wards for 16 times. She has received treatment with combinations of several antipsychotic drugs and antidepressants, had side-effects and have not reached full remission. During treatment with clozapine (up to 175mg per day) in combination with cariprazine (up to 4.5mg per day) and fluoxetine (up to 20mg per day), gradually negative symptoms decreased, patient became more active, showed interest in daily and rehabilitation activities, night's sleep improved.
Conclusions: Patient with treatment-resistant schizophrenia benefited from combination of clozapine, cariprazine and fluoxetine. Further research is necessary on treatment combination strategies for TRS.

Disclosure: No significant relationships.
Keywords: A case report; psychiatry; schizophrénia; treatment-resistant schizophrenia

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Correlates of late-onset antipsychotic treatment resistance

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Introduction: There is emerging evidence of heterogeneity within treatment-resistance schizophrenia (TRS), with some people not responding to antipsychotic treatment from illness onset and a smaller group becoming treatment-resistant after an initial response period. It has been suggested that these groups have different aetiologies. Few studies have investigated socio-demographic and clinical differences between early and late onset of TRS.
Objectives: This study aims to investigate socio-demographic and clinical correlates of late-onset of TRS.
Methods: Using data from the electronic health records of the South London and Maudsley, we identified a cohort of people with TRS. Regression analyses were conducted to identify correlates of the length of treatment to TRS. Analysed predictors include gender, age, ethnicity, positive symptoms severity, problems with activities of daily living, psychiatric comorbidities, involuntary hospitalisation and treatment with long-acting injectable antipsychotics.
Results: We observed a continuum of the length of treatment until TRS presentation. Having severe hallucinations and delusions at treatment start was associated shorter duration of treatment until the presentation of TRS.
Conclusions: Our findings do not support a clear cut categorisation between early and late TRS, based on length of treatment until treatment resistance onset. More severe positive symptoms predict earlier onset of treatment resistance.

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