EPV1606

Desvenlafaxine-a causative agent of extrapyramidal side effects

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Introduction: Extrapyramidal side effects due to antipsychotics is very common but antidepressants being the causative factor is very less studied. Among antidepressants escitalopram is the most commonly reported. SSRI's most commonly cause extrapyramidal side effects than other antidepressants. The major theories are changes in chemical, anatomical and physiological perspectives of neurological system. Reported cases shed light that akathisia occurs most commonly followed by dystonia, parkinsonism and tardive dyskinesia states in antidepressant induced extrapyramidal side effects. Desvenlafaxine (o desmethyl venlafaxine) inhibits reuptake of dopamine, serotonin and norepinephrine. EPS occurs due to inhibitory effect of serotonin on dopaminergic pathway in striatum. Females suffer from it more commonly than men. Increasing age in women,CYP2D6 inhibition by concomittently used drugs can increase the risk. SNRI's less frequently cause EPS than SSRI's. Although desvenlafaxine is very well tolerated this rare side effect increases noncompliance and chances of suicide. Drug induced parkinsonism also predicts future chances of parkinsonism. Usage of desvenlafaxine sometimes present to the emergency department as dystonia causing panic among care givers of the patients.

Objectives: To determine desvenlafaxine's role in causing extra-Pyramidal side effects

Methods: We report here 8 cases of desvenlafaxine induced extrapyramidal side effects. All follow up cases of depression coming for follow up to dept of psychiatry IMS & Hospital who were on desvenlafaxine was analysed.the patients developong extrapyramidal side effects were detected and detailed evaluation and appropriate management was done for those specific cases..all these cases were collected over a period of last 4 years.

Results: In our case series we bring into light rare occurences of extrapyramidal side effects due desvenlafaxine. 5 out of 8 cases were females.most of the symptoms of developed within 5 days of starting the medicine.4 of these cases resulted in secondary parkinsonism, 3 of them resulted in akathisia and one resulted in acute dystonia post adminstration of desvelafaxine. The average dose of desvenlafaxine in all the cases were within 50-100mg. When after extrapyramidal side effects desvenlafaxine was withdrawn replacement with mirtzapine, escitalopram, sertraline or duloxetine was used instead of it resulting in good symptom reduction of primary illness.

Conclusions: Extrapyramidal symptoms with desvenlafaxine is extremely rare. In our case series we highlighted the importance of a keen eye to check for Extrapyramidal side-effects even with the administration of Antidepressants. Future reasearch is needed to find predictors and exact mechanism of action for the same.

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Lymphopenia without neutropenia in Clozapine treatment. A review and a case report

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Introduction: In 1975 Clozapine was retired after 16 cases of severe neutropenia, with a mortality of 50%. It wasn´t until 5 years later when its effectiveness in treatment resistant schizorenia, with a mandatory hematological follow up.

In studies available we find that clozapine treatment is related to neutropenia and not leukopenia. In the case we present below neutrophils are within range, but it´s lymphocytes that are affected.

Objectives: We hope that our expirience, and review can help other professionals in the future who find themselves in this situation.

Methods: We used the Pubmed and Uptodate databases.

We present the following clinical case.

Male, 36 years old, with a diagnosis of Schizophrenia. Several admissions to the Acute Unit over the years, requiring treatment with ECT. Maintenance treatment with Olanzapine, with which he maintained some delirious ideation and tendency to isolation. He was admitted again in 2023 due to a destabilization of his pathology, presenting delusions of harm, persecution, self-referentiality, auditory hallucinations, imperative phonemes, etc. with important affective and behavioral repercussions. Several pharmacological treatments were tried (Olanzapine, risperidone, aripiprazole), finally the patient showed some improvement with Lurasidone although his functionality was still impaired.

It was decided to start treatment with Clozapine, to minimize the psychotic symptoms, after a hemogram study, which was normal.

Results: During the weekly follow-up of the treatment, a decrease in lymphocytes was observed, with normal neutrophils. The treatment was proving to be ineffective, so it was decided to continue in this line.

Seven months after starting the treatment, the patient suffered a catarrhal process, and once resolved, we observed in addition of the lymphopenia, anaemia and grade 2 neutropenia in the hemogram. Succeeding a consult with hematology specialist we decided to stop the treatment.

The week following the suspension of the treatment, the hemogram normalizes, but the psychotic symptomatology worsens (inability to relate to others, thought blocks, etc.). Taking into account that the blood alterations occured after a cold, and the mental deterioration that the patient presented, it is agreed with the family and the patient to restart the treatment. Wich resulted in improvement of the psychotic symptoms but a new leukopenia due to a slight lymphopenia is observed again.

Conclusions: The average time described for the resolution of severe neutropenia is 12 days. In our case, the hemogram started to improve by the fifth day following the suspensión of the treatment. As it is an infrequent side effect, we do not have studies on the effects of lymphopenia secondary to Clozapine.

We decided to mantein the Clozapine treatment due to the great improvement of the patients quality of life.
Currently he is taking Clozapine 75mg a day and remains stable.

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EPV1607

Long-acting injectable antipsychotics vs schizophrenia: a descriptive study in a Greek university hospital

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Introduction: Antipsychotics' adverse effects in combination with patients' anosognosia, which is frequent among individuals with schizophrenia, lead to high rates of medication nonadherence. However, long-acting injectable (LAI) antipsychotics represent a veritable ally to the eyes of patients suffering from schizophrenia. Instead of the daily pill-taking required with oral antipsychotics, LAI antipsychotics are administered by injection at two- to four-week intervals, permitting patients to feel more independent, self-secure and free.
Objectives: To explore the sociodemographic profile of patients receiving LAIs and to highlight the positive and the negative impact this treatment had on their health.
Methods: The study sample consisted of 44 patients followed-up in the Depot Outpatient Department of Papageorgiou General Hospital in Greece. The research was conducted between 2023 and March 2024. The sample was divided into subgroups according to gender, diagnoses - according to the International Classification of Diseases (ICD-10)-, and type of long-acting antipsychotic treatment. A bivariate analysis was performed to examine relationships between variables, such as: (a.) age; (b.) family status (c.) BMI; (d.) number of lifetime hospitalizations; (e.) lifetime suicide attempts.
Results: 63.6% of patients were men, 36.4% were females.
90.9% were diagnosed with Schizophrenia (F20).
31% were between 31 - 40 years old, while 26.2% were between 51 - 60 years old.
61.4% were unmarried, while 13.6% were married and 13.6% were divorced.
81.8% were unemployed/receiving welfare benefits.
68.2% lived with a relative.
56.8% claimed not suffering from physical diseases. However, when physical disorders were reported, they mainly included dyslipidaemia, diabetes and hypertension.
Based on their BMI, 37.2% were in the 2nd degree of obesity, 25.6% were in the 1st degree of obesity and 30.2% had normal weight.
47.7% were on olanzapine, 22.7% were on paliperidone and 11.4% were on haloperidol or aripiprazole.
The average value of years on LAI treatment was 3.5 years, with a minimum of 1 month and a maximum of 12 years.
Prior LAI treatment, the average value of hospitalizations was 3.5, with a minimum of 1 hospitalization and a maximum of 21 hospitalizations. After receiving treatment, 95.5% of patients were never hospitalized.
Prior LAI treatment, 88.6% of patients had no history of suicide attempts, while 11.4% had one or two suicide attempts. After receiving treatment, no participant had any suicide attempt.
Conclusions: Long-acting injectable antipsychotics help patients to live their lives outside of a psychiatric ward, by drastically diminishing the number of hospitalizations as well as the number of suicide attempts. But when it comes to their physical health, patients face many adverse effects, such as obesity. Clinicians must stay vigilant to ensure the quality of physical health of their patients.

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Pre-acceptance study of bi-monthly Aripiprazole in clinically stable patients

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Introduction: Aripiprazole monthly (Ar1M) has been the first long-acting injectable (LAI) partial agonist antipsychotic. The benefits of long-acting injectables in terms of relapse reduction are well known.
Objectives: The aim of this study is to assess the level of acceptance and the doubts presented by patients before switching to 2-monthly Aripiprazole (Ar2M).
Methods: 25 patients diagnosed with schizophrenia and related disorders in symptomatic remission were asked consecutively whether they would switch to the new bimonthly formulation of aripiprazole and the doubts expressed were collected.
Results: The sample is composed of 25 patients (12 women and 13 men). The mean age is 52.64 years. All are being treated with Ar1M with a mean dose of 408 mg/monthly. Most of the patients present a diagnosis of affective psychosis (N=12 (42%)), 36% a non-affective psychosis (N=9) and 16% a delusional disorder (N=4). Presenting an average of 3.8 previous admissions.
Acceptance was mostly positive, with an initial acceptance rate of 76 % (N=19). Twelve percent (N=3) did not initially want the treatment. Another 12% had doubts and preferred to postpone the decision. 20% of the patients had doubts, related to possible appearance of side effects. 75% of the patients who do not want the treatment have doubts, as do the patients who prefer to wait. Of the patients who initially accepted the treatment, only 1 expressed doubts about it.
Conclusions: The level of acceptance of Ar2M is very high, exceeding 75%. Of the doubts expressed about the possible change, the appearance of side effects is a matter of concern. Given the high level of acceptance, the treatment proposal is important given the wide-ranging benefits it can bring to patients. The clarification of doubts and the successive proposals of the treatment can contribute to a greater acceptance.

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