(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

F. T. T. Lai[1,2,3]*, Y. Hu[1], Y. Chai[1,4] and L. Gao[1,5]

[1]Department of Pharmacology and Pharmacy, University of Hong Kong; [2]Laboratory of Data Discovery for Health; [3]Department of Family Medicine and Primary Care, University of Hong Kong, Hong Kong, Hong Kong; [4]School of Public Health, Shenzhen University, Shenzhen and [5]School of Pharmacy, Xi'an Jiaotong University, Xi'an, China

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2085

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?

I. M. Lopes[1]*, D. Seabra[2], G. Santos[1], N. Ramalho[1], T. Coelho Rocha[1], J. Alves Leal[1], J. F. Cunha[3], J. Moura[1], D. Santos[1], A. Garcia[1], M. Rosa[1], C. Pires[1], L. Lopes[4] and M. Cameira[5]

[1]Psychiatry, ULS Arco Ribeirinho; [2]Psychiatry, USL Arco Ribeirinho; [3]Psychiatry, ULS Barreiro, Barreiro; [4]Psychiatry, ULS Alto Minho, Viana do Castelo and [5]Psychiatry, ULS São José, Lisboa, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2086

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

different pharmacokinetics minimize withdrawal symptoms, drug interactions, and fluctuations in plasma concentration, enhancing tolerability. No second-generation LAIA was found to be clearly superior in terms of efficacy. Various guidelines recommend offering this treatment option early, favoring an informed and collaborative decision-making process. However, despite documented benefits in robust studies, they do not consider LAIAs as a first-line treatment.
Conclusions: Discussion/Conclusions: Significant variations in the proportion of patients on LAIAs across countries suggest that factors other than efficacy may influence its use. Greater understanding of these factors could help identify potential barriers to optimal implementation. New evidence may prompt a review of the guidelines.

Disclosure of Interest: None Declared

EPV1593

The Effects of St. John's Wort and its Interactions with SSRI's

R. A. Maldonado-Puebla[1]*, N. Choudhury[2] and B. Carr[2]
[1]College of Osteopathic Medicine, Nova Southeastern University, Clearwater and [2]Psychiatry, University of Florida, Gainesville, United States
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2087

Introduction: Hypericum perforatum, commonly known as St. John's Wort, is a widely used herbal remedy for mild to moderate depression. It significantly affects drug metabolism by inducing the Cytochrome P450 enzyme system, particularly the CYP3A4 enzyme. This interaction can alter the metabolism of various medications, including oral contraceptives, cancer drugs, HIV antiretrovirals, and antidepressants. St. John's Wort increases levels of serotonin, dopamine, and norepinephrine via reuptake inhibition, similar to the action of selective serotonin reuptake inhibitors (SSRIs). However, combining St. John's Wort with SSRIs can dangerously elevate serotonin levels, potentially leading to serotonin syndrome, a serious and potentially life-threatening condition. This review explores the interactions between St. John's Wort and SSRIs, focusing on metabolic effects and the risk of serotonin syndrome.
Objectives: To determine the impact St. John's Wort has on the metabolism of anti-depressants and to discover the differences in severity of serotonin syndrome between various SSRI's.
Methods: A comprehensive literature review was conducted using PubMed, Google Scholar, and Medline. The review focused on documented drug-drug interactions between St. John's Wort and SSRIs, particularly their effects on the CYP enzyme system and the incidence of serotonin syndrome in patients taking both therapies.
Results: The review identified that St. John's Wort affects the metabolism of several antidepressants, primarily through the CYP3A4, CYP2C9, and CYP2C19 enzymes. SSRIs such as citalopram, escitalopram, and sertraline, metabolized by CYP2C19, are more likely to interact with St. John's Wort than those metabolized by CYP2D6, such as paroxetine, fluoxetine, and fluvoxamine. The most significant adverse effect observed was serotonin syndrome, with case studies highlighting sertraline and paroxetine as the most commonly involved SSRIs. Dosages of SSRIs ranged from 20 mg to 75 mg, with St. John's Wort dosages typically between 600 mg to 900 mg per day. All reported cases of serotonin syndrome involved both sertraline and paroxetine, suggesting that these SSRIs may have a higher risk when combined with St. John's Wort, though a larger sample size is needed for statistical validation.
Conclusions: The literature underscores the critical need to screen for patient's who may have added St.John's Wort into their treatment regimen, especially when taking SSRIs. St. John's Wort can significantly alter the metabolism of SSRIs and increase the risk of serotonin syndrome. While interactions with sertraline and paroxetine are well-documented, further research is necessary to determine the risk profile of other SSRIs in combination with St. John's Wort.

Disclosure of Interest: None Declared

EPV1594

Xerostomia Induced by Psychiatric Medications: Prevalence, Impact, and Management

R. A. Maldonado-Puebla[1]*, M. Murugappan[2] and B. Carr[2]
[1]College of Osteopathic Medicine, Nova Southeastern University, Clearwater and [2]Psychiatry, University of Florida, Gainesville, United States
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2088

Introduction: Xerostomia, or dry mouth caused by reduced salivary flow, is a frequently reported adverse effect of various psychiatric medications, particularly tricyclic antidepressants (TCAs), antipsychotics, SSRIs, SNRIs, and anticholinergics. This condition can lead to severe oral health problems causing many patients to discontinue their medication. Anticholinergics and psychotropic medications cause xerostomia by blocking acetylcholine from binding to muscarinic receptors in the salivary glands. Determining rates of xerostomia among psychotropic medications could be useful for those who are at higher risk of xerostomia.
Objectives: To investigate the prevalence and clinical impact of xerostomia caused by psychiatric medications and to identify effective management strategies.
Methods: A narrative literature review of clinical trials, observational studies, and case reports was performed to gather data on the prevalence, severity, and management of xerostomia in patients on psychiatric medications. The review included TCAs (amitriptyline, nortriptyline), antipsychotics (clozapine, olanzapine, chlorpromazine), SSRIs (paroxetine, fluoxetine, sertraline, citalopram), SNRIs (venlafaxine, duloxetine), and anticholinergics (benztropine, trihexyphenidyl). Patient-reported outcomes and interventions were analyzed.
Results: Table 1: Prevalence of Xerostomia by Medication

Medication	Prevalence (%)	Severity (Mild/ Moderate/ Severe)	Management Strategies
Amitriptyline	30-50	Moderate to Severe	Saliva Substitutes, Pilocarpine
Clozapine	10-30	Mild to Moderate	Dose Reduction, Hydration
Paroxetine	20-40	Mild to Moderate	Sugar-free Chewing Gum, Hydration
Anticholinergics*	20-65	Moderate to Severe	Dose Adjustment, Saliva Substitutes