*Anticholinergics include benztropine and trihexyphenidyl, commonly used to manage extrapyramidal symptoms.
The prevalence of xerostomia was highest with amitriptyline (30-50%), followed by paroxetine (20-40%) and clozapine (10-30%). Anticholinergics contributed to xerostomia in 20-65% of cases. Amitriptyline and anticholinergics often caused moderate to severe cases of xerostomia. Management strategies included the use of saliva substitutes and pilocarpine for TCAs and anticholinergics, dose reduction and increased hydration for antipsychotics, and sugar-free chewing gum for SSRIs. Other medications not listed that are notable for significantly inducing xerostomia among their medication class include citalopram for SSRIs, venlafaxine for SNRIs, and chlorpromazine for antipsychotics.
Conclusions: TCAs and anticholinergics pose the highest risk for the side effect of xerostomia among psychiatric medications. Effective management requires a multifaceted approach, including pharmacologic and non-pharmacologic interventions. Future research should aim to explore alternative medications with lower xerostomia risk.

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EPV1595

A meta-analytic approach on Vortioxetine and acute depression

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Introduction: Major Depressive Disorder (MDD) is a chronic, recurrent illness characterized by various combinations of signs and symptoms, severity levels, and loss of functions. Among the available pharmacological treatments for MDD, Vortioxetine, a serotonin transporter inhibitor (SERT), has been widely used for its multimodal action on serotonin neurotransmission, which produces important changes also on glutamate, GABA, norepinephrine, acetylcholine, and dopamine.
Objectives: The aim of this systematic review and meta-analysis is to evaluate the acute efficacy of Vortioxetine across multiple dosing to evaluate if there is a dose response effect and as well is there a dose response issue with respect to side effects.
Methods: According to PRISMA guidelines we systematically searched 3 major electronic databases (PubMed/MEDLINE, PsycINFO, and Cochrane Central Register of Controlled Trials) for Randomized Controlled Trial (RCT) studies published between January 2013 and April 2024. The RCTs evaluate the efficacy of Vortioxetine on acute depression, compared with placebo or other antidepressants, through improvements in depressive symptoms based on MADRS or HAM-D scores. Twenty-four studies were included in the analysis.
Results: In general, Vortioxetine significantly improved depression severity, anxiety symptoms, cognitive function, with high response and remission rates. It was also well tolerated with a relatively low occurrence of severe or serious treatment emergent adverse events (TEAEs), with nausea as the most frequent adverse event, and/or discontinuation due to intolerability. Observing the results of the meta-analysis, the effect was significant for both Vortioxetine 10 and 20 mg with a greater effect-size for vortioxetine 20 mg. These different results could explain a better clinical efficacy of Vortioxetine 20 mg than Vortioxetine 10 mg for acute symptoms of depression.
Conclusions: In conclusion, the results of the present study underlined the efficacy and safety of Vortioxetine and pointed out that the optimal dosage of Vortioxetine for the treatment of acute symptoms of depression varies between 10 and 20 mg with 20 mg for a better management of acute depression. When choosing initial therapy for MDD in clinical practice, it is important to consider not only drug efficacy but also patient preferences such as AEs and possible adherence. Thus, Vortioxetine should be consider efficacious as a first, and second line therapy.

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EPV1596

Clozapine response in patients with treatment-resistant schizophrenia: a preliminary report

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Introduction: Clozapine, the first atypical antipsychotic agent, serves as the gold standard treatment for treatment-resistant schizophrenia (TRS), being the most effective choice. Despite the fact that early commencement of clozapine is related to a higher response rate of patients, many psychiatrists remain reluctant towards its initiation. Identifying sociodemographic and clinical features correlating to clozapine response could facilitate the prompt clozapine initiation and ameliorate clinical outcomes.
Objectives: Our department presents the preliminary results of a prospective cohort study on patients diagnosed with TRS, as defined by the Treatment Response and Resistance in Psychosis (TRRIP) Working Group criteria, before clozapine initiation prospectively for 6 months. The study aims to evaluate the potential association of several sociodemographic and clinical factors with clozapine response.
Methods: The patients included in our study were required to have a history of treatment-resistant schizophrenia, as specified by the TRRIP criteria and no history of treatment with clozapine. The TRS patients were submitted to clinical assessments in baseline and 6 months after clozapine initiation included the following: the Positive and Negative Syndrome Scale (PANSS), the Perrsonal and Social Performance Scale (PSP), past medical history, sociodemographic data, blood tests, and monitoring of clozapine blood levels.
Results: 30 patients have been screened until now, of which, 26 met the inclusion criteria. 4 patients withdrew from the study before the

6-month follow-up, 4 patients discontinued clozapine due to serious adverse events. 18 patients successfully completed the follow-up. 50% of the TRS patients showed significant clinical response to clozapine, as described by >20% increase in PANSS score. Clozapine responders also showed a significant increase in functionality, as assessed by the elevation of the PSP score (p <0,001), as expected. However, neither PSP score nor PANSS positive, negative or total score at baseline were predictive of clozapine response. Regarding the patients' sociodemographic data, no statistically significant differences were identified between clozapine responders and non-responders.This study is also in accordance with the existing literature suggesting a significant delay in clozapine prescription by physicians. In our study, 80% of patients were prescribed more than three different antipsychotics before clozapine was initiated.
Conclusions: Clozapine is an effective treatment for TRS, as supported by the preliminary results of our study. 50% of the TRS patients showed significant clinical response to clozapine, as shown by reduction in PANSS score, and increase in PSP score, as a measure of functionality. However, larger clinical samples are needed to showcase further, more delicate differences among the two groups, to highlight potential predictive factors of clozapine response.

Disclosure of Interest: None Declared

EPV1597

Drug-induced stuttering: Focus on medication with Antipsychotics

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Introduction: Stuttering is a disruption in speech fluency, characterised by repetition of sounds, syllables, or words, consonant prolongations, and blockages. It can be classified as developmental or acquired, the latter being psychogenic or neurogenic. Neurogenic stuttering is often associated with brain injuries, stroke, neurodegenerative conditions, or side effects of certain medications. Drug-induced stuttering (DIS) is a recognised but rare side effect of psychotropic medications, particularly antipsychotics. Although uncommon, DIS significantly impacts quality of life, especially in males aged 20 to 40. Clinicians may mistakenly attribute the onset of stuttering to the progression of psychiatric or neurological conditions, overlooking the potential role of medication. The exact mechanism of DIS remains unclear, but it is likely related to disruptions in neurotransmitter systems.
Objectives: This review aims to explore the pathophysiology and neurochemical pathways involved in antipsychotic-induced stuttering (AIS) through a literature review.
Methods: A non-systematic literature review was conducted using PubMed with the keywords "psychopharmacology", "stuttering", and "fluency disorder".
Results: Clozapine emerges as the primary drug implicated in DIS, though cases involving olanzapine, risperidone and aripiprazole have also been reported. The pathogenesis of AIS likely involves neurotransmitter system disruptions, particularly dopamine, glutamate and serotonin, within circuits such as the cortico-basal ganglia-thalamocortical loop and white matter fiber tracts. Dopamine dysregulation appears to play a central role, as antipsychotics that block dopamine receptors may impair motor control in speech-related pathways, and additionally in the prefrontal cortex and nigrostriatal pathway. This disruption alters the balance between different brain regions, leading to deficits in motor control over the muscles involved in verbal articulation, which subsequently manifest as stuttering. Furthermore, cognitive and sensory disorders may also contribute to DIS pathogenesis.
Interestingly, stuttering improvement has been noted in some individuals with the same medications that induce it in others, reflecting the variability of dopamine's role in different brain processes.
Conclusions: DIS, particularly from antipsychotic medications, is a rare but significant clinical issue that may be overlooked. It can cause substantial social impairment, especially in psychiatric patients, who are vulnerable to stigma. Careful monitoring of medication side effects, particularly in those with no prior stuttering history, is essential to provide the best possible care. Drug withdrawal or dose adjustment is often an effective intervention for managing DIS.

Disclosure of Interest: None Declared

EPV1599

Impact of Paliperidone Palmitate 6-Month Treatment After Hospital Discharge

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Introduction: Rehospitalization is common in psychosis, often due to poor adherence to antipsychotic treatments. Long-acting injectable antipsychotics (LAIs), particularly paliperidone palmitate 6-month (PP6M), have shown promise in improving adherence and reducing relapses compared to monthly or quarterly formulations . Rapid initiation of PP6M during hospitalization may further optimize post-discharge outcomes and enhance the therapeutic adherence, minimizing the risk of a new outbreak, reducing the impact of rehospitalization and improving patients' quality of life.
Objectives: To evaluate clinical outcomes and treatment adherence in schizophrenia and other psychotic disorders after rapid PP6M initiation during psychiatric hospitalization.
Methods: A retrospective analysis of 24 hospitalized patients diagnosded with schizophrenia and other psychotic disorders treated with PP6M within 7–10 days was conducted. Treatment adherence, follow-up attendance, and adverse effects were evaluated using McNemar's test for statistical analysis.
Results: Patients had a mean age of 36.8 years (SD=10.85), 64% were male, with an average of 2 prior hospitalizations (SD=3.16) in the past two years. Previously, 57% were on monthly LAIs. Post-discharge, 83% attended follow-ups. Antipsychotic monotherapy increased by 27% (p = .10) to 59%, while attendance at over 80% of appointments improved by 47% (p ≤ .001). Akathisia was reported in 25% of patients.
Conclusions: PP6M significantly improves adherence by simplifying treatment regimens. Increased follow-up attendance (47%) and greater use of monotherapy reflect better patient outcomes. These findings align with prior evidence on the efficacy of LAIs in preventing relapses. Rapid initiation of PP6M can reduce