While there are no large-scale clinical trials specifically targeting mood disorders, some ongoing research is exploring the broader psychiatric effects of Perampanel, including its impact on anxiety disorders.

Disclosure of Interest: None Declared

EPV1571

Long acting injectables: new therapeutic weapons in the battle for shortening the Duration of Untreated Psychosis

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doi: 10.1192/j.eurpsy.2025.2071

Introduction: Duration of untreated psychosis (DUP) is defined as the time from manifestation of the first psychotic symptom to initiation of adequate antipsychotic drug treatment. It is associated with poorer response rates to antipsychotic medications and impaired cognition, which traslates in worse positive and negative symtomps. Various hypotheses for how untreated psychosis could impact brain function have been proposed. Dopaminergic hyperactivity leading to a progressive reduction in regional brain volumes and oxidative injury due to persistent catecholaminergic activity and prolonged activation of the hypothalamic–pituitary–adrenal axis provide possible explanations for how chronic psychosis could be neurotoxic. In addition, glutamate-mediated excitotoxicity may also contribute to these effects through neuronal overstimulation that leads to an excessive influx of calcium and subsequent excitotoxicity and, ultimately, cell death via apoptosis.
Objectives: To analyze the advantages of long-acting injectable therapy in the treatment of psychotic disorders in patients with prolongued duration of untreated psychosis with a case communication.
Methods: We present a 61 year old female patient, native of a rural area of Peru who moved to Spain and started treatment in our outpatient department. She does not provide any medical report. The family reports that she began to present symptoms from her first pregnancy, and has had to be admitted to hospital several times for suicide attempts. She had never taken any antipsychotic drug. During the last 30 years she developed symptoms consisting of erotomaniac and paranoid delusional ideation, cenesthetic and auditory hallucinations, soliloquy, self care deficit and disorganised speech and behaviour. She presented periods of maniac mood. As a result, she ended up isolated, taken care by his father and highly dependent on instrumental activities of daily living.
Results: Treatment with Risperidone was started, although the patient presented poor adherence to it. She was finally admitted to hospital for a month and we introduced once-monthly Risperidone and Valproate with significant clinical improvement.
Conclusions: Long acting injectables are a good therapeutic option in patients with psychotic disorders, even with prolongued duration of untreated psychosis.

Disclosure of Interest: None Declared

EPV1572

Long term effects of cariprazine add-on therapy in the patients with risperidone induced hyperprolactinemia

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doi: 10.1192/j.eurpsy.2025.2072

Introduction: The treatment strategies for antipsychotics induced hyperprolactinemia apart from switching to prolactine-sparing antipsychotics, reducing the doses of antipsychotics and adding dopamine agonists such is bromocriptine, include add-on therapy with third generation antipsychotics (aripiprazole, cariprazine)
During the previous years, some studies with adjunctive aripiprazole therapy have been conducted, however the research with cariprazine in this purpose are absent.
Objectives: The main goal of this research is to analyse both short-term and long-term changes in the level of prolactine after adding cariprazine in the long acting risperidone treatment of patients with psychotic disorders.
Methods: Six inpatients threated during the first three months of 2024, that were consecutive diagnosed with hyperprolactinemia induced by long acting risperidone Depo therapy, were included for the participation in this research. For all study participants, the long acting antipsychotics therapy was previously used for more than 3 months and in all of them other possible causes of hyperprolactinemia were excluded by neuroimaging procedures and examinations of consultant endocrinologist. After starting adjunctive therapy with cariprazine in the dose range between 1.5 and 3mg daily, for at least three weeks, while risperidone therapy remained at the same dose, prolactine levels were firstly re-examined. The second control of prolactine levels were done after 6 months.
Results: All patients were diagnosed with ICD 10 categories of psychotic disorders, 2 of them (33.3%) with F20 category (Schizophrenia), 3 of them (50%) with F 29 category (nonspecific psychosis) and 1 of them (16,6%) with F23 category (acute psychosis). On average age of the patients were 37,6 years, 3 of them had male and 3 female sex. Prolactine base values (T0) were between 612 mlU/L and 4051,53 mlU/L (on average 2150,7 mlU/L). After introducing cariprazine adjunctive therapy for at least three weeks, the levels of prolactine (T1) substantially declined in five out of six patients (83,3%). This second values of prolactine were in the range between 306 mlU/L and 2014,4 mlU/L which represents 22,9% to 67% reduction of their initial level (on average 47,34%). In only one study case, the prolactine level has raised from 667,73 to 765,88 (14,7%). The third value of prolactine (T2) were re-examined after the 6 months of introducing the cariprazine treatment and values of prolactine remained at low levels.
Conclusions: The main conclusion of this pilot study can be that cariprazine adjunctive therapy is valuable pharmacological intervention for the treatment of risperidone induced hyperprolactinemia and that these effects sustain over the 6 months period. However, the number of participants in this research is rather small, and for that reason, further investigation at the bigger number of participants are necessary for definite conclusions.

Disclosure of Interest: J. Dedovic Grant / Research support from: In the past I have received several honoraria for lectures organised by Richter Gedeon. However this research has not been paid by any commercial organisation., A. Tomcuk: None Declared, A. Macic Grant / Research support from: In the past I have received several honoraria for lectures organised by Richter Gedeon. However this research has not been paid by any commercial organisation., V. Roganovic: None Declared, S. Dedovic: None Declared

EPV1573

Psychological Adverse Effects of Antipsychotic Medication after Remission of First Episode Psychosis: a HAMLETT Ecological Momentary Assessment Study

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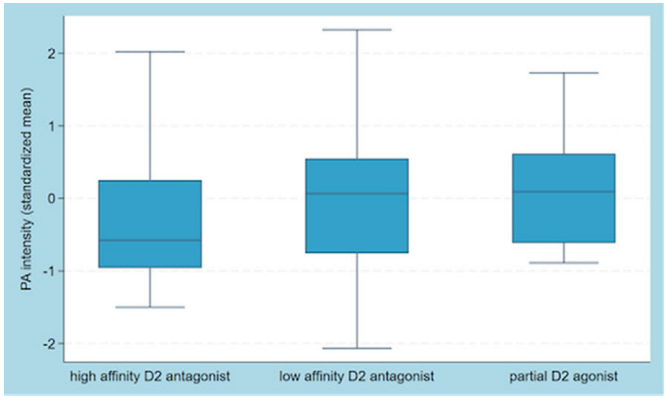
doi: 10.1192/j.eurpsy.2025.2073

Introduction: Current evidence on psychological adverse effects (AEs) of antipsychotic medication after remission of First Episode Psychosis (FEP), and the impact of these AEs on daily life, is limited.
Objectives: To investigate serial cross-sectional associations between antipsychotic medication regimen and psychological AEs after remission of FEP.
Methods: This Ecological Momentary Assessment (EMA) study investigates baseline data of 56 participants from the HAMLETT trial (Handling Antipsychotic Medication: Long-term Evaluation of Targeted Treatment). Momentary mental states indicative of blunted affect intensity and variability, reduced initiative of social contact, avolition and tiredness were assessed 10x/day for eight consecutive days. Based on neurobiological mechanisms likely mediating these psychological AEs, antipsychotic medications were grouped based on their Dopamine-2 (D_2) and Histamine-1 (H_1) receptor profile. Multilevel mixed-effects regression models were employed overall and separately for mornings, daytimes and evenings, to investigate serial cross-sectional associations between medication type or dosage and concurrent psychological AEs. All models were adjusted for fixed effects of age, gender, tobacco and cannabis use in the past month and symptom severity during FEP (based on the Comprehensive Assessment of Symptoms and History, CASH).
Results: In total, 85 out of 453 HAMLETT-participants took part in the EMA add-on study. At baseline, 56 (66%) of those participants completed >26 EMA questionnaires and were currently taking antipsychotic medication, yielding a total of 3,005 questionnaires for our analyses. The distribution of antipsychotic medication regimens was relatively equally spread (25% high affinity D_2 antagonists, 48% low affinity D_2 antagonists, 27% partial D_2 agonists). Higher dosage (Beta (B) = -1.11 [95% Confidence Interval (CI): -1.97; -0.24]) and use of high affinity D_2 antagonists, as compared with partial D_2 agonists (B = 12.98 [95%CI: 2.43; 23.53]) and low affinity D_2 antagonists (B = 10.04 [95% CI: 0.59; 19.49]), were associated with decreased positive affect (PA) (see Figure 1). Higher dosage was also associated with small increases in PA variability (B = 0.23 [95% CI: 0.04; 0.42]. The remaining psychological AEs were not associated with dosage or D_2 profile, neither was H_1 profile associated with these AEs. Results were relatively consistent across daytimes, though effect sizes were greatest in the evenings.

Image:



Conclusions: After remission of FEP, higher dosage of antipsychotic medication and use of high affinity D_2 antagonists, as compared with partial D_2 agonists and low affinity D_2 antagonists, can be associated with decreased, though not invariable, positive affect as estimated using EMA.

Disclosure of Interest: None Declared

EPV1574

Use of High-Dose Sertraline for Obsessive-Compulsive Disorder: A Case Report

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doi: 10.1192/j.eurpsy.2025.2074

Introduction: The administration of high-dose sertraline for the treatment of obsessive-compulsive disorder has been investigated as a potentially more efficacious strategy in cases of treatment resistance, compared to standard dosing regimen. Studies have also evaluated the safety and tolerability of doses as high as 650 mg/day (Levy et al. Compr Psychiatry 2024; 133:152486).
Objectives: To highlight the importance of understanding the potential use of high-dose sertraline for the treatment of treatment-resistant obsessive-compulsive disorder.
Methods: Case report and literature review
Results: This is a 50-year-old woman referred from the emergency department, where she presented with thoughts of death and was diagnosed with 'Depressive Disorder. Impulsion Phobia without