known as DOA; therefore, ascribing them to therapeutic use for patients with psychiatric disorders may seem largely counterintuitive.
Objectives: To review the current data on the benefits and risks of psychoplastogens in patients with psychiatric disorders.
Methods: A literature review was conducted in four electronic databases (PubMed, EMBASE, Cochrane, and Clarivate/Web of Science) and the US National Library of Medicine database for clinical trials (www.clinicaltrials.gov) to find clinical and preclinical sources published between January 2000 and September 2024. The keywords used were "psychoplastogens," "neuroplastogens," "neuroplasticity," "psychoactive drugs," "drugs in the pipeline," and all the main psychiatric diagnosis categories. Both primary and secondary reports were allowed, but only those published in English were selected.
Results: Ketamine and each of its stereoisomers, as well as psilocybin, are the most extensively explored drugs in this class, but also MDMA, DMT, psilocin (ELE-101), CYB003 (a psilocybin analog), and lisuride have received increased attention in the last decade. Such agents are investigated for indications such as treatment-resistant major depression, posttraumatic stress disorder, binge eating disorder, and substance use disorders. One important direction of research is the evaluation of psilocybin in patients with cancer-related depression and/or anxiety. Hallucinations and altered states of consciousness that may receive mystical interpretations are typical for high doses of psychedelics, raising questions about the use of these drugs in clinical populations with already severe mood, thought and perceptual disturbances. Safety and tolerability aspects are extremely important in deciding when, to whom, and how much psychoplastogens may be recommended for different psychiatric disorders. Creating psychoplastogens with less or no psychotomimetic activity is expected to increase the interest of clinicians in the use of such agents for patients with psychiatric disorders, especially in treatment-resistant cases.
Conclusions: Although expected to be a paradigm-shifter in psychiatry, the exploration of psychoplastogens should consider not only the potential benefits, which require further and extensive studies, but also their adverse events. For this purpose, long-term studies are needed with both efficacy and tolerability outcomes carefully monitored.

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EPV1620

European healthcare professionals' use and experience with aripiprazole once-monthly 400mg two-injection start initiation regimen in adult patients with schizophrenia

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Introduction: Aripiprazole once monthly 400mg (AOM400) is a long-acting injectable (LAI) available with a two-injection start initiation regimen (AOM400-TIS) for the maintenance treatment of adult patients with schizophrenia stabilised with oral aripiprazole.
Objectives: This survey sought to explore the perspectives and experiences of HCPs using AOM400-TIS across Europe.
Methods: HCPs who had prescribed and/or administered the AOM400-TIS regimen to ≥3 patients with schizophrenia were invited to participate in an online survey. The survey was launched in two waves across the target countries (wave 1: Italy, Germany, United Kingdom (UK); wave 2: Denmark, Italy, Sweden). The survey aimed to understand HCPs' perspectives and attitudes towards prescribing and/or administering AOM400-TIS according to the European label in clinical practice, including reasons for its use, potential benefits, and common barriers and/or concerns. Analysis was descriptive; data was collected between February 1–March 21, 2024 (wave 1) and September 16-October 28 (wave 2).
Results: 216 HCPs completed the survey (wave 1: 31 from Italy, 31 Germany, 32 UK; wave 2: 28 from Denmark, 64 Italy and 30 Sweden) including psychiatrists (67%) and psychiatric nurses (27%). HCPs estimated 30.0% (median; IQR: 20.0–50.0) of patients in their caseload were diagnosed with schizophrenia, and of these, 50.0% were treated with LAIs (median; IQR: 25.0–65.0). 46% of HCPs were primarily responsible for prescribing AOM400-TIS, 26% for administering it, and 28% were responsible for both. HCPs estimated that 42% of patients typically spent 14–28 days on oral aripiprazole prior to AOM400-TIS, with HCPs rating the severity of symptoms of patients initiated with AOM400-TIS as mild (18% of HCPs), moderate (65% of HCPs) and/or severe (53% of HCPs). The most common reasons for initiating AOM400-TIS after transitioning from oral aripiprazole were poor adherence (88%) and relapse(s) (52%), and the most reported goals for prescribing AOM400-TIS were to improve adherence (69%) and prevent relapses (64%). Common barriers to the use of AOM400-TIS were patient reluctance to receive two injections (55%), concerns about tolerability (34%) and safety of administering a high dose in a single day (35%). Prior treatment adherence (56%) and efficacy (46%) were the most cited factors influencing prescribing of AOM400-TIS. Overall, HCPs "agreed", or "strongly agreed", that AOM400-TIS was easy to administer (84%) and that it had a similar safety/tolerability profile to the single injection start regimen (60%), while the majority were satisfied with patient outcomes with AOM400-TIS (85%).
Conclusions: Overall, HCPs with experience of using AOM400-TIS reported that it is easy to administer, well tolerated, and improves treatment outcomes, while barriers to its use include patient reluctance and perceived safety concerns.

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EPV1622

Oculogyric Crisis and Suicidal Ideations in a Patient with Schizophrenia: A Case Report with Pharmacogenetic Findings

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Introduction: Suicidal ideations are severe and serious symptoms in the clinical presentation of schizophrenia, as well as adverse reactions such as oculogyric crises. In certain situations, they may be associated with specific pharmacogenetic factors, such as gene variations for the serotonin transporter (SERT) and the CYP2D6 enzyme.
Objectives: A 37-year-old patient with treatment-resistant schizophrenia, characterized by frequent suicidal ideations, is regularly treated with clozapine (100 mg/day). Additionally, during disease exacerbations, the patient is given haloperidol (10 mg/day) as supplemental therapy, resulting in the development of oculogyric crises.
Methods: Due to the lack of therapeutic response and a predisposition to side effects, a pharmacogenetic analysis revealed *CYP2D6* genotype *4/*9 and 5-*HTTLPR* genotype S_A/S_A. This indicates CYP2D6 intermediate enzyme activity and SERT low activity. Due to these findings, haloperidol was discontinued, and paliperidone palmitate was introduced at a dose of 75 mg monthly, after which the oculogyric crises no longer occurred. The pharmacogenetic results showed reduced SERT activity, which may be associated with the decreased therapeutic response to clozapine and the persistence of suicidal ideations.
Results: Haloperidol is metabolized via CYP2D6, and its intermediate activity can lead to higher plasma concentration, resulting in extrapyramidal side effects such as oculogyric crises. Paliperidone is a metabolite of risperidone, and the activity of CYP450 enzymes has a minimal impact on its therapeutic response and potential for adverse reactions. HTTLPR regulates the transcriptional activity of the 5-HTT gene, so genotypes with low expressions, such as S'/S' or S'/L', may exhibit a weaker response to clozapine, which may include the persistence of suicidal ideations.
Conclusions: The personalized antipsychotic treatment according to an individual's pharmacogenetic profile may prevent adverse reactions and potentially explain therapeutic resistance in such cases where clozapine is otherwise indicated. Effective modern psychopharmacological treatment requires understanding pharmacogenetic factors and their influence on therapeutic response and the development of adverse reactions.

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Psychophysiology

EPV1623

Salivary Oxytocin as a Biomarker in Psychedelic Assisted Psychotherapy

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Introduction: One of the main mechanisms of action of LSD in psychedelic-assisted psychotherapy (PAP) is the activation of 5HT2A receptors. This triggers a cascade of neurochemical processes with the release of neurotransmitters and neurohormonal substances. The release of oxytocin in this process is well documented in pre-clinical studies, with recent evidence in healthy subjects. We have no data on oxytocin reactivity during LSD treatment in patients with psychiatric problems. It would be of great scientific interest to identify treatment biomarkers in this field.
Objectives: The main objective of this pilot study is to obtain preliminary data on the reactivity of salivary oxytocin during a single LSD intake as part of PAP for anxiety disorders or depression. The secondary objective is to establish preliminary correlations between variations in oxytocin levels, intensity of perceived effects, intensity of psychedelic mystical experience, and the overall clinical response to treatment (anxiety-depression symptoms).
Methods: Participants are recruited among patients with resistant anxiety-depressive disorders enrolled in the psychedelic-assisted psychotherapy (PAP) program of the Division of Addictology, Department of Psychiatry (Geneva University Hospital). Salivary oxytocin is measured at four different time-points: before LSD intake, then 60, 90 and 180 minutes after intake. Self-perceived intensity of effects is also measured at these time points and a self-report questionnaire of mystical experience (MEQ-30) is administered at the end of the LSD session. Of note, self-reported symptoms of depression (BDI-II) and anxiety (SATI-T) are measured when participants enroll the PAP program, then a few months later right before the treatment and three weeks after treatment. ClinicalTrials.gov:NCT06557239
Results: Six participants (out of 10 planned) have completed the entire protocol. Four additional participants will receive treatment within the next two weeks. Saliva samples are stored at -20.C and will be sent for analysis once recruitment will be over (November 2024). A significant effect of time (P= 0.02) of perceived intensity effects is observed across different time-points (30, 60, 90, 180, 360 minutes after treatment), with a peak effect at 180 minutes. We also observe a significant interaction (P=0.03) between self-perceived intensity of effects and the intensity of mystical experience measured with the MEQ-30. BECK and STAI-T scores will be analysed after post-treatment assessment.
Conclusions: Our preliminary data show a clear effect of self-perceived treatment intensity and a relation between this effect and self-reported mystical experience. It will be of great interest to include oxytocin data in this analysis as well as the evolution of self-reported symptoms of anxiety and depression. With the successful recruitment and easy adherence to the protocol, we will certainly have all data available by the end of 2024.

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