Results: We report the case of a 22-year-old woman with no significant medical history, has been diagnosed with schizophrenia who was admitted to our department for physical hetero-aggressiveness.
The clinical examination and laboratory tests performed on admission were normal. The patient was treated with 15 mg of haloperidol and 30 mg of diazepam and 50 mg of chlorpromazine.
On the twelfth day, the patient developed a fever of 38.4°C and abdominal pain. Laboratory tests revealed predominant hepatic cytolysis with elevated ALAT (ASAT: 372 IU/L; ALAT: 463 IU/L), with hepatic cholestasis (PAL: 156 IU/L; GGT: 238 IU/L). Total bilirubin and prothrombin levels were normal with no evidence of jaundice or pruritus
The ALAT/PAL ratio was 8.8 > 5, indicating cytolytic hepatitis. The rest of the clinical and biological examination was completely normal.
Drug-induced hepatitis was suspected and the three drugs were stopped after consultation with the regional pharmacovigilance center in Sfax. The biological control showed a decrease in transaminases (ALAT=5.4*N, ASAT=1.3*N) 3 days after stopping the treatment. Viral serology (hepatitis A,B and C) was negative and liver ultrasound showed hepatomegaly suggestive of drug-induced hepatitis.
Haloperidol-induced cytolysis was initially suspected, and the prescription of chlorpromazine was authorized. Due to the patient's instability, she was treated with chlorpromazine at a dose of 25 mg*3/d. Twenty-four hours after administration of this neuroleptic, the patient presented a worsening of hepatic status: ALAT=20*N, ASAT=14.4*N, PAL=2.6*N, GGT=19*N. The ALAT/PAL ratio was 7.6, indicating cytolytic impairment requiring immediate discontinuation of chlorpromazine.
The pharmacovigilance investigation blamed chlorpromazine and contraindicated its use. The evolution was characterized by an improvement of the hepatic balance three days after discontinuation of chlorpromazine.
Normalization of transaminases was achieved within 3 weeks. GGT and PAL were normalized after 2 months of discontinuation.
Chlorpromazine was classified as probable (C2S3I3B3(R+)). The score was calculated according to the French Bégaud method.
Conclusions: Edema is not a common side effect of typical antipsychotics. However, it is crucial to emphasize that this effect can occur. Clinicians are advised to watch for edema in all patients taking antipsychotics.

Disclosure of Interest: None Declared

EPV1584

Effects of liraglutide on depressive behavior and cognitive function in the probe trial of Morris water maze test

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Introduction: Liraglutide, a glucagon-like peptide-1 (GLP-1) agonist, is an interesting candidate for improving metabolic syndrome and cognition in psychiatric disorders.
Objectives: We investigated the effects of liraglutide on a depression-like phenotype in mice exposed to chronic unpredictable stress (CUS).
Methods: Learning and memory were also assessed using the Morris water maze (MWM) test. Liraglutide (0.3 mg/kg/day for 21 days) was administered to mice with or without exposure to CUS. After 21 days of CUS, the forced swim test (FST) was performed to assess its antidepressant effect. To evaluate cognitive function, liraglutide was administered to mice under stress-free conditions for 21 days, and then the MWM test was performed on 6 consecutive days.
Results: Chronic liraglutide treatment reduced FST immobility in mice with and without CUS. In the probe trial of the Morris water maze test, the search error rate was reduced and the time spent and path length in the target quadrant and the number of platform crossings were increased.
Conclusions: Additional animal model experiments and molecular level studies are needed to support the results obtained in this study. Liraglutide appears to exert antidepressant effects and could improve cognitive function. Based on these results, GLP-1 agonists could have potential as novel antidepressants. It may also help with metabolic syndrome, cognitive dysfunction, and depressive symptoms.

Disclosure of Interest: None Declared

EPV1587

Acute Generalized Exanthematous Pustulosis Secondary to Low-Dose Olanzapine: A Case Report and Mini-Review of the Literature

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Introduction: Acute generalised exanthematous pustulosis (AGEP) is a rare but severe cutaneous reaction often triggered by medications like antibiotics, calcium channel blockers, and antipsychotics. It is characterised by the rapid onset of non-follicular sterile pustules, fever, and leukocytosis with neutrophilia and eosinophilia. The European SCAR study reports an incidence of 1–5 cases per million annually, with a mortality rate of up to 5% in severe cases (Szatkowski et al. JCM 2022; 11:397). While AGEP is well-documented with various drugs, AGEP induced by low-dose olanzapine is particularly noteworthy due to its rarity and the lack of substantial evidence in existing literature.
Objectives: The aim of this report is to highlight the potential for AGEP to develop even at low doses of olanzapine and to review similar cases from the literature.
Methods: We present the case of a 19-year-old male treated with low-dose olanzapine (2.5 mg) for severe insomnia who developed AGEP. A literature review was conducted to identify other instances of AGEP related to olanzapine. The review utilised PubMed and Google Scholar databases, focussing on cases with detailed patient information including age, gender, dosage, and time to symptom onset (Table 1).
Results: A 19-year-old male with a one-year history of severe sleep deprivation, reporting only one hour of sleep per day in the past week, was prescribed olanzapine 2.5 mg after failed attempts with melatonin, hydroxyzine, and mirtazapine. Two days later, he developed a pruritic rash on the neck, spreading to the trunk and limbs, along with a fever of 38.5°C. Blood tests revealed leukocytosis

(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

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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?

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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