

**Conclusions:** DRPAs can increase or reduce the dopamine signal depending on receptor occupancy. At higher receptor occupancy they reduce the dopamine signal, while at lower receptor occupancy (when unoccupied receptors can interact with endogenous dopamine) their intrinsic activity can increase the dopamine signal. Understanding the drug-receptor relationship is crucial, as the assumption that higher doses are always more effective is incorrect.

**Disclosure of Interest:** None Declared

## EPV1578

### Examine the effects of Atomoxetine alone versus Atomoxetine combined with Risperidone at sample of Egyptian children suffering from ADHD

M. M. Hamouda<sup>1</sup>

<sup>1</sup>Psychiatry, Al-Azhar Faculty Of Medicine, Cairo, Egypt  
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**Introduction:** A frequent developmental condition of inattention that may or may not be accompanied by hyperactivity is known as Attention Deficit Hyperactivity Disorder.<sup>1</sup> One's inability to focus, excessive activity, and behavior that is inappropriate for their age, all of these traits are indicative of ADHD.<sup>2</sup> The data for Atomoxetine indicates that it is safe and effective in treating ADHD in children and teenagers<sup>3</sup>. For kids and teenagers with disruptive behaviors, ADHD, and developmental disorders, Risperidone may be a safe, effective medication. Numerous investigations have demonstrated the high effectiveness of risperidone<sup>4</sup>.

**Objectives:** To study the Efficacy of Atomoxetine alone vs. Atomoxetine with Antipsychotic (Risperidone) on ADHD children.

**Methods:** This follow-up study was carried out from January to June 2024 on 54 ADHD children (6–18 years old) who were receiving treatment at the psychiatry clinic at Al Hussian University Hospital in Cairo, Egypt. This study was authorized by the Al-Azhar Faculty of Medicine's Ethical Committee. Following an explanation of the purpose of the study and the acquisition of verbal agreement, all children underwent semi-structured clinical interviews and were excluded from other psychiatric & medical conditions.

Based on the DSM IV criteria, ADHD has been diagnosed in all of the study children. Conner's 2 test for ADHD, or SCID, was used for every child in the study. Implementing medicinal treatment for every child and monitoring their progress, who were divided into two groups. The first group, which consisted of 27 children diagnosed as ADHD children, received only Atomoxetine, independent of the kind of ADHD. In contrast, 27 recently diagnosed children with ADHD, irrespective of their kind of ADHD, received a combination of Atomoxetine and antipsychotic (Risperidone) medication in the second group.

SPSS 20.0 was employed. The qualitative data were expressed in terms of percentages and figures, and the significance of the outcomes was assessed at the 5% level.

**Results:** When Atomoxetine was administered to 27 children, it demonstrated a moderate level of efficacy to 12 from 27 patients (44.4%) for all children with ADHD, regardless of type, but it significantly improved the inattention type of ADHD in 4 from 4 patients (100%). Given to 27 children, the combination of Atomoxetine and Risperidone demonstrated greater effect on 24 from 27 patients with (88.9%) for all ADHD children, and it showed a

discernible improvement on 9 out of 9 with (100%) for ADHD hyperactivity type.

**Conclusions:** All types of ADHD are responsive to Atomoxetine or Atomoxetine / Antipsychotic (Risperidone) combination, But Atomoxetine effect is more on Attention deficit variant than other variants, while Antipsychotic (Risperidone) is more effective on hyperactivity and aggression.

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## EPV1579

### Clozapine-induced Agranulocytosis: A Case Presentation and Literature Review

P. A. Hernández Liebo<sup>1</sup>, M. Polo Gay<sup>1</sup>, J. Romay González<sup>1</sup>, C. Sevilla Díez<sup>1</sup>, I. Ibarra Muñoz<sup>1</sup>, M. de la Fuente Gómez<sup>2\*</sup>, A. Herrán Gómez<sup>1</sup> and J. Vázquez Bourgon<sup>1</sup>

<sup>1</sup>Psychiatry, University Hospital Marqués de Valdecilla and <sup>2</sup>Hospital Universitario Marqués de Valdecilla, Santander, Spain

\*Corresponding author.

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**Introduction:** Clozapine has the strongest evidence for efficacy for schizophrenia that has proved refractory to adequate trials of standard antipsychotic medication. Its use is limited to these cases due to the uncommon but severe adverse effect agranulocytosis or severe neutropenia, defined as a neutrophil count under 500/microL. It is seen in 0,4 % of clozapine patients and it usually occurs in the first three months. Risk is managed with close blood count (BC) monitoring protocol.

**Objectives:** This work aims to improve the understanding and management of this condition.

**Methods:** With this purpose, we present a clinical report and review its management in literature.

**Results:** We present the case of a 60-year-old man with the diagnosis of resistant schizophrenia who is hospitalized in the acute Psychiatry Unit due to decompensation, where clozapine is initiated with gradual dose augmentation and weekly BC. After improvement of psychotic symptoms, the patient is transferred to a subacute care facility. Two months later, BC revealed mild neutropenia (1000/microL; defined as 1000-1500/microL) becoming severe (100/microL) on the next test one week later. Clozapine is then interrupted and replaced with olanzapine. Neutrophils descend to zero within one day and three days later, with all granulocytes in low levels, the patient presents fever and diarrhea, being finally hospitalized in Internal Medicine. Empirical intravenous antibiotic therapy is prescribed as well as filgrastim, a granulocyte-colony stimulating factor (G-CSF). Antibiotic is adjusted after *Enterococo Faecalis* is isolated in blood cultures. Despite eleven days without clozapine and eight days with G-CSF, agranulocytosis persisted. Taking in consideration the severity of the case and the non existence of acute psychotic symptoms, olanzapine is interrupted and benzodiazepine medication is increased, with BC normalization within three days and remission of digestive symptoms and fever. G-CSF is interrupted and the patient is re-transferred to the subacute unit, with initiation of aripiprazol in the following days.

Upon the appearance of mild neutropenia, closer blood monitoring is recommended (three times a week); with interruption of clozapine and daily monitoring in case of moderate or severe neutropenia. In relation to when to reintroduce antipsychotic treatment,