one-third of the patients reaching remission after the first trial of antidepressants, according to the STAR*D trial. Based on the results of the same study, only 67% of the patients with MDD obtained remission after four trials of antidepressants, including a monoamine oxidase inhibitor, i.e., tranylcypromine, and various augmenting strategies. However, in STAR*D, no atypical antipsychotics (AAPs) were used, which is an important shortcoming of this trial. Exploring the efficacy of AAPs as add-on agents to antidepressants in the case of MDD with partial responsiveness may improve the prognosis of patients who did not remit during either antidepressant monotherapy or antidepressant therapy augmented with other psychotropic agents.

Objectives: To assess the available data on the efficacy and tolerability of atypical antipsychotic augmentation in patients with MDD who obtained only partial response to antidepressants.

Methods: This review included three databases (Google Scholar, PubMed, and EMBASE) that were searched from their inception until June 2024 for papers published in English corresponding to the keywords "major depressive disorder," and "partial response" and "atypical antipsychotics". Both primary and secondary reports were included.

Results: Systematic reviews dedicated to this topic reported significantly superior responses to placebo for ziprasidone, risperidone, aripiprazole, brexpiprazole, cariprazine, and quetiapine when added to antidepressants. The tolerability of these augmenting agents was low, with high rates of early treatment discontinuation reported. Only risperidone was reported in a systematic review as similar to placebo in terms of tolerability for this population. Network meta-analyses showed positive results for quetiapine, olanzapine, aripiprazole and brexpiprazole in terms of efficacy, but in terms of acceptability, no difference between these four antipsychotics and between each of them and placebo were found; tolerability was low for all antipsychotics vs. placebo, but the certainty of most evidence was evaluated as low and very low. Aripiprazole, quetiapine, olanzapine, brexpiprazole and cariprazine are approved by the FDA for the adjunctive treatment of MDD that does not respond to antidepressant monotherapy.

Conclusions: AAPs are an efficient option for augmenting antidepressants when MDD is only partially responsive to antidepressants, but careful monitoring of this strategy's tolerability is needed, and high rates of treatment discontinuation are reported.

Disclosure of Interest: None Declared

EPV1618

A case of dysphagia associated with an increase in antipsychotic dosage

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Introduction: Dysphagia is a rare but significant side effect of antipsychotic medications, often associated with extrapyramidal symptoms. These adverse effects become particularly relevant when dosages are increased, as seen with various antipsychotics. This report describes a case involving a 57-year-old male with a long-standing diagnosis of schizophrenia who developed dysphagia following an increase in amisulpride dosage. The patient was admitted to the psychiatric unit due to psychotic decompensation after interrupting his treatment regimen of aripiprazole 30 mg/day and amisulpride 200 mg/day for two weeks. His psychotic relapse was also precipitated by the hospitalization of his critically ill mother. Following his admission, his previous treatment was reintroduced, and the amisulpride dose was increased to 600 mg/day, with diazepam 15 mg/day added. Subsequently, he developed bradykinesia, tremor, rigidity, and oral dysphagia, necessitating a liquid diet. Despite the introduction of biperiden 4 mg/day, symptoms persisted. Comprehensive physical and neurological examinations, blood tests, and a cranial computed tomography (CT) scan were performed, revealing no abnormalities other than the parkinsonian-like symptoms. An otolaryngological assessment indicated that the dysphagia was likely of neurological origin and probably related to the use of antipsychotic medications.

Objectives: To present a case of dysphagia and parkinsonian symptoms triggered by an increase in amisulpride dosage in a patient with schizophrenia, highlighting the importance of careful monitoring during dose adjustments.

Methods: This is a case report describing a single patient. The methodology involves a detailed examination of this unique case, including clinical evaluation, diagnostic testing, treatment modifications, and outcomes.

Results: Due to the persistence of symptoms and their temporal association with the increase in amisulpride dosage, amisulpride was discontinued and switched to olanzapine 10 mg/day. Gradual improvement in both parkinsonian symptoms and dysphagia was noted over the subsequent days. Dysphagia resolved within one week, and by the time of follow-up, the patient had resumed a normal diet and experienced significant improvement in motor symptoms.

Conclusions: This case highlights the potential for amisulpride to induce extrapyramidal symptoms, including dysphagia, particularly when doses are increased. The temporal relationship between the amisulpride dose increase and the onset of symptoms, along with the resolution of symptoms after discontinuation, supports this association. Clinicians should be vigilant in monitoring for such side effects, especially in patients requiring dose adjustments of antipsychotic medications.

Disclosure of Interest: None Declared

EPV1619

Psychoplastogens – a risk-benefit analysis and perspectives for future research

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Introduction: The continuous exploration of new treatments in the field of psychopharmacology has brought a new light on psychedelics, raising the provocative question of how these drugs of abuse (DOA) may become useful in clinical practice. Psychedelics are included in the category of "psychoplastogens", substances that are known for their effects of enhancing neuroplasticity in the nervous central system via the modulation of Brain-derived Neurotrophic Factor (BDNF) signaling. However, psychedelics were originally

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.

Disclosure of Interest: None Declared

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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