Introduction Tardive syndromes (TS) resulting from prolonged exposure to dopamine receptor blocking agents are frequent. Clozapine is considered to have a low risk of causing new onset TS and accounts therefore as an interesting option in patients with invalidating TS.
Objectives Our study aims to describe clozapine indications in patients experiencing TS.
Methods Presentation of the clinical cases of five patients, who experienced different kinds of TS secondary to 1st and 2nd generation anti-psychotic treatment.
Results We present the cases of AB aged 41, MJ aged 40, HM aged 31 and AS aged 30, diagnosed with schizophrenia; and FB aged 24,diagnosed with schizoaffective disorder. Adverse side effects to conventional anti-psychotics such as limb and trunk tremors were described for AB, choreic limb movements, axial and segmental dystonia for MJ, AS, FB and oculogyration for FB. All patients were switched to atypical anti-psychotics without improvement of the TS. The switch to clozapine, associated with abotulinum injection for MJ, led to regression of the TS and improvement of clinical signs. In fact, according to several studies, clozapine seems to be an interesting option when invalidating TS occurs. The low prevalence of TS under clozapine can be explained by its low affinity for striatal-D2 receptors, its anti-serotonin and anti-cholinergic effects.
Conclusions Clozapine should be considered in symptomatic patients who develop TS while receiving other anti-psychotics. Further research on mechanism of TS and clozapine effect on TS is needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1080

Isolated rhabdomyolysis caused by olanzapine: About a clinical case

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Introduction Atypical anti-psychotics are increasingly prescribed, given their tolerance. Among these anti-psychotic olanzapine, known for its adverse metabolic effects. By against an adverse event type rhabdomyolysis with olanzapine appears uncommon (<1%) and few clinical cases have been reported in the literature.
Aim The aim of our study is to illustrate with a clinical case the occurrence of an isolated rhabdomyolysis with olanzapine.
Materiel and method Starting from the study of the case of a patient with rhabdomyolysis with olanzapine we studied the literature data. Clinical vignette: it is about a patient aged 25 followed for bipolar disorder type I. He responded to the association olanzapine and valproic acid then to valproic acid only. His last hospitalization for manic relapse dating to September 9, 2015 occurred in a context of treatment discontinuation. Upon admission the patient underwent an oral treatment based olanzapine and valproic acid. A dosage of creatine phosphokinase (CPK) done systematically, on September 11 showed high levels of (CPK) to 973 (U/L) without clinical signs of neuroleptic malignant syndrome. The electrocardiogram and biological tests results were normal. Other etiologies can lead to elevated (CPK) were eliminated. The persistent elevation of CPK motivated the arrest of olanzapine. The evolution was marked by a return to normal CPK rates after 15 days. The olanzapine was replaced by haloperidol and vaproic acid maintained. The pharmacovigilance investigation conclude to the accountability of olanzapine in this rhabdomyolysis.
Conclusion Second generation, anti-psychotics are known for their better tolerance compared to conventional antipsychotics. However, they are not devoid of side effects.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Rechallenge clozapine after agranulocytosis in refractory schizophrenia. A case report

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Introduction Clozapine, is widely prescribed for treatment of refractory schizophrenia, but its use may be limited by potentially serious adverse effects. The most feared complication remains agranulocytosis [absolute neutrophil count (ANC) < 500/mm^3], which occurs in 1% of patients. Guidelines recommend immediate cessation until the granulocyte count normalizes, but little is known about the subsequent treatment and the possibility of restoring clozapine.
Objectives To know procedures that allow clozapine rechallenge after induced agranulocytosis in refractory schizophrenia.
Methods We present a clinical case of agranulocytosis and evolution after simple reinstitution of clozapine.
Results A 38-year-old woman diagnosed refractory schizophrenia. After 10 years with clozapine (300 mg/day), we find neutropenia (ANC 1420/mm^3) in a monthly control blood count with progression to agranulocytosis (ANC 460/mm^3) in the following month. We suspend clozapine and started olanzapine (20 mg/day) with restoration of haematological values in a period of one month. The patient had psychotic decompensation at two months after the change with lack of response to different psychopharmacological strategies for five months. According to the hematology department we decided to re-introduce clozapine (200 mg/day) in combination with olanzapine with complete clinical remission. Between the 3rd and 9th week after rechallenge we observe a progressive decline in ANC, while remaining within the range of normal. From the 9th week and in the last 6 months neutrophil counts remained stable.
Conclusions Although, more research is needed to establish the safety to rechallenge of clozapine after agranulocytosis, it must be an alternative to consider when other treatment strategies fail.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1082

Combination of aripiprazole and olanzapine in first episode psychosis patient with metabolic syndrome: A case report

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There are numerous factors that predispose patients with schizophrenia to develop metabolic syndrome and become