Results Risk factor with the use of clozapine and valproic acid was revealed after four months of exposure (RR = 2.32). With the use of clozapine and mood stabilizers a risk factor was prevalent with exposure after four months (RR = 2.67), and with the use of antidepressants a protective factor for the development of metabolic syndrome was revealed at four months of exposure (RR = 0.3741).
Conclusions the use of antipsychotics in combination with mood stabilizers represents a risk factor for developing metabolic syndrome, especially the association with valproic acid.
Keywords Metabolic syndrome; Clozapine; Stabilizers; Antidepressants
Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1032

Antipsychotics-induced leukopenia and neutropenia: A case report and review of literature

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Introduction Antipsychotic drugs effectively control psychotic symptoms, but may cause important side effects, significantly increasing morbidity and mortality. Hematologic abnormalities are frequent and may be life-threatening in some patients. Many prospective investigations confirmed neutropenia as a frequent occurrence with virtually all atypical antipsychotics.
Objective and methods Define epidemiological, clinical and therapeutic characteristics of antipsychotics – induced leukopenia and neutropenia through a case report and a review of literature.
Case report Patient 28 years old native of Tunis, with family history: brother who suffer of undifferentiated schizophrenia. Since the age of 16 years he has been followed for disorganized schizophrenia (DSM IV). He was initially put under Haldol Decanoate (2 months), fluphenazine (2 months), amisulpride (3 months), sulpride (2 months), olanzapine (3 months), Risperidone (1 month), aripiprazole (5 months) leukopenia/neutropenia is occurring during treatment with each molecule and which promptly resolved after discontinuation. Reduced white blood cell count has also been reported after addition of lithium. Actually an ECT is proposed for this patient.
Conclusion This case report shows the importance of hematological monitoring during the course of typical or atypical treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1033

Sociodemographic variables and efficacy study in psychotic patients after 12 months of outpatient treatment with paliperidone palmitate (PP)

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Introduction Psychotic disorders are serious mental illnesses that compromise the quality of life of patients. It is important to know the characteristics of the affected population, seek to improve the adhesion and functionality.
Objectives To describe the sociodemographic characteristics of patients treated with Palmitato Paliperidona (PP). Analyze the efficacy variables, adherence to treatment.
Methods Cross-sectional study of 15 patients in outpatient follow-up after 12 months of treatment with PP. Sociodemographic characteristics are collected, mean dose of PP, through a mirror study. Scales to measure the functionality, clinical status and attitude towards medication apply: Scale of personal and social functioning (PSP), Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression Scale (CGI-SI) and attitudes toward Inventory Medication (DAI).
Results The sample consists of 15 patients (54% male). 81% are single; 77% live alone and 94% not working. The mean dose of PP is 147 mg/month. DAI shows a good attitude to the treatment (80%). The PSP shows that 22% of patients have serious difficulties in its development. The CGI-SI shows that 67% are moderately sick and the BPRS that 33% of patients have a serious disorder.
Conclusions The demographic profile of patients after 12 months of treatment with PP coincides with male, unmarried, unemployed, living alone. Most have good adherence. The variables measured by the CGI-SI, BPRS and PSP, displayed moderately ill patients with severe difficulties or marked on their autonomy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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About existence of overmedication in patients with depressive symptoms and the appearance of un-induced movement disorder

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Overmedication and the combined use of various antidepressants while increasingly seen in daily clinical practice. The drug-induced Parkinsonism, often presented as tremor, rigidity, bradykinesia and impaired postural reflexes. The syndrome is caused by multiple drug drugs can be classified into high risk, intermediate and low. This case is a 75-year-old woman diagnosed with recurrent depressive disorder, which after several adjustments in medication for depressive symptoms with poor response to treatment. It is referred by her family doctor to the neurologist at the onset of tremors in limbs, dyskinesia orolinguales, rigidity and bradykinesia. After studies to rule out organic neurology disease, is derived psychiatry for changing inducing drugs parkinsonism. The last scheduled treatment was: Mirtazapine 15 mg/day, quetiapine 25 mg/day, Clonazepam 2 mg/day, paroxetine 40 mg/day, Sulpiride 50–150 mg daily. After confirming parkinsonism signs, psychiatry proceeds to changing pharmacology, with slow decline until suspension of antipsychotics, paroxetine by venlafexina change, and also change of antihypertensive (captopril). After review at 2 months it is seen signs of improvement parkinsonism, appreciating the mental patient improvement with decreased physical discomfort and keeping the improvement in the last review (4 month) with venlafaxine 150 mg/day, Lorazepam 1 mg casual. The prevalence of drug-induced Parkinson's can go from 15 to 32% of the population. Risk factors identified are: advanced age, family predisposition, doses and drug power inductor, female gender and the presence of brain atrophy. The main objective should be to prevent the onset of Parkinson drug, to monitor patients that may be at higher risk of developing it.
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