Methods: Presentation of a patient's case and review of existing literature, in regards to encephalopathy caused by valproic acid as a result of ammonia elevation.
Results: In the case displayed here, the patient is diagnosed of hyperammonemic encephalopathy after being treated with valproic acid as treatment for borderline personality disorder.
Reviewing literature, cases of hyperammonemia are rarely reported as VPA-induced, probably because this increased level of ammonia in blood can vary between asymptomatic, and clinically relevant levels. Symptomatology due to VPA-induced hyperammonemia include: lethargy, impaired consciousness, focal neurological signs and symptoms and increased seizure frequency. More rare described symptoms are: aggression, ataxia, asterixis, vomiting and coma.
There are multiple treatment modalities for patients diagnosed with VHE, the primary treatment being the discontinuation of VPA. Other treatments frequently used are Lactulose and Carnitine.
Conclusions: VHE is a rare occurrence, however can have fatal outcomes if not recognized and managed in time. Physicians should be vigilant while initiating Valproate therapy to patients. Clinicians should consider the possibility of VHE in patients with unexplained altered mental status, regardless of the duration of VPA therapy. A timely diagnosis is essential to prompt effective treatment, thus ensuring the patient's safety and decreasing the length of hospitalisation and the cost of care in hospitals.

Disclosure of Interest: None Declared

EPV0827

A case report of Paliperidone palmitate-induced anaphylaxis

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Introduction: Paliperidone Palmitate (PP) is an atypical antipsychotic, approved by the FDA for acute and maintenance treatment of schizophrenia and schizoaffective disorder.
It has a relatively safety profile, and reported cases of paliperidone palmitate-induced angioedema or anaphylaxis are uncommon.
Objectives: We intend to present a case of paliperidone palmitate-induced anaphylaxis to alert clinicians regarding this rare, but possible complication.
Methods: Non-systematic review of the literature and report of a case study.
Results: Long-acting injectable Paliperidone Palmitate (LAIPP) is a safe and effective alternative to oral Paliperidone, with less incidence of disease relapse related to medication non-compliance.
Substance use disorder (SUD) is highly prevalent in first-episode psychosis (FEP), and it is associated to decreased treatment compliance, which impairs the outcomes of these patients. Therefore, several authors have been recommended long-acting injectable antipsychotics (LAI-AP), such the LAIPP, as a first line for treatment of FEP-SUD patients.
The most common side effects associated with LAIPP are injection site reactions, extrapyramidal symptoms, hyperprolactinemia, sedation, hypersalivation, orthostatic hypotension, tachycardia, and weight gain. Hypersensitivity reactions have rarely been reported and may be dose-dependent.
We report a case of a 20-year-old female, without medical history and no history of allergies, who was medicated with once-monthly LAIPP at dose 100 mg for the maintenance treatment of a first psychotic episode associated with cannabis abuse.
Approximately 24 hours after the first monthly injection dose, she was admitted in the emergency room (ER) presenting an increasing angioedema associated with stridor, requiring endotracheal intubation and administration of adrenaline, clemastine and hydrocortisone during the assessment in the ER.
After clinical stabilization, she was transferred to the internal medicine ward, and following a full recovery, she was discharged 6 days later while being medicated with Olanzapine 15 mg/day, Lorazepam 3 mg/day and Sertraline 50 mg/day. LAIPP was suspected as the etiology of the anaphylaxis reaction due to temporal relationship of its onset with therapy administration and by the exclusion of other potential causes. Consequently, LAIPP was discontinued at discharge.
Conclusions: This report shows the possibility of a late and potentially life-threatening anaphylactic reaction to LAIPP. So, all physicians should be aware of this potential complication, which requires timely recognition and management.

Disclosure of Interest: None Declared

EPV0828

Guanfacine in the Treatment of a Child Diagnosed with Tourette Syndrome: A Case Report

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Introduction: Tourette syndrome (TS) is a neurodevelopmental disorder characterized by the development of persistent and changing motor and phonic tics over time. The presence of at least two motor tics and one vocal tic that have persisted for at least a period of 1 year is required, and which developed before the age of 18. The most commonly used pharmacological treatment are antipsychotics, with a preference for atypical antipsychotics such as aripiprazole or risperidone. Clonidine and guanfacine have shown effectiveness in suppressing tics, and although generally less effective than antipsychotics, some authors are considering them as first-line treatments. The treatment is also influenced by any comorbidities the patient may present.
Objectives: To enumerate in a clinical case the pharmacological alternatives for TS, which vary according to the patient's comorbidities and the intensity of the tic symptoms.
Methods: Case study. Anamnesis of the patient and their family.
Results: A 12-year-old boy presenting simple motor and vocal tics for over a year. At the same time that a valuation is requested by child psychiatry, the mother also requests follow-up by neuropediatrics. Other causes are ruled out, an EEG is performed, and a TS diagnosis is made. The initial treatment was low-dose aripiprazole with partial effectiveness. After 3 months, he presents an

exacerbation of the tics, interfering with his social and academic life, making it impossible to attend classes. The mother takes him to emergency services, and he is admitted to pediatrics. During the stay in pediatrics, he is diagnosed with Attention Deficit Hyperactivity Disorder, in addition to confirming the TS diagnosis. Extended-release methylphenidate is initiated (neuropediatrics). After starting methylphenidate, the patient's tics worsen, also presenting insomnia and hyporexia. Due to the diagnosis of ADHD, school failure, and affective symptoms (hypothymia), atomoxetine is initiated. The tics become constant and incapacitating. As the dose of aripiprazole is increased, the child presents extrapyramidal effects. As a therapeutic alternative, guanfacine is initiated, progressively discontinuing aripiprazole. Currently, the child is stable from motor and vocal tics, allowing him to lead a normalized life.
Conclusions: Although guanfacine is not as effective in reducing tics as antipsychotics, since the latter produce more side effects, it is justifiable to use it. This drug is capable of enhancing the therapeutic effect and reducing the adverse effects that antipsychotics could produce. Guanfacine may be a good alternative as a first line in the treatment of Tourette Syndrome with or without attention deficit disorder and hyperactivity .

Disclosure of Interest: None Declared

EPV0830

Asenapine versus other atycipal antipsychotics for schizoaffective disorder Case study

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Introduction: Antipsychotics are psyschotropic medications that are indicated for the treatment of physchosis and mood disorders. Due to minimal side effects and their efficacy (affecting many receptors) compared to standard antipsychotics, today atypical antipsychotics are being used more and more as first-line treatment.
The aim of this study is to show the efficacy of asenapine and its tolerability as opposed to other atypical antipsychotics.
Objectives:
1. What are the side effects identified?
2. Side effects and efficacy of asenapine vs other atypical antipsychotics?

Methods: It is a comparative, regular, clinical study, an examination case of a 53-year old female diagnosed with Schizoaffective Disorder 27 years ago and treated outside of hospital with atypical antipsychotics, such as: risperidone, olanzapine, quetiapine, aripiprazole, amisulpride. The study covers the timespan of 2010-2022.
Results: The results showed that asenapine sublingual 15 mg had fewer side effects than other atypical antipsychotics. They were mouth dryness, headache, fatigue.
The other atypical antipsychotics caused: metabolic disorders, like considerable weight gain, cholesterol and glycaemia increase, extrapyramidal side effects, hyperprolactinemia.
Asenapine sublingual 15 mg was not as effective in treating Schyzoaffective Disorder as risperdal 5mg, olanzapine 15 mg, aripiprazole 20 mg, amisulpride 600 mg.
The efficacy of asenapine sublingual 15mg was the same as quetiapine 400 mg.
Conclusions: This study showed that asenapine has minimal side effects but its efficacy in treating Schyzoaffective Disorder as monotherapy is lower than other atypical antipsychotics.
Key words: antipsychotics, schyzoaffective disorder, side effects, efficacy

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EPV0831

Importance of the type of pharmacological treatment in patients with severe mental disorder

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Introduction: The use of long-acting treatments is a common clinical practice in psychiatry. No disease insight and the risk of treatment discontinuation in a significant portion of our patients, increase the demand for psychiatric emergency and hospital admissions. Treatment adherence must be facilitated, taking into account possible side effects and patient´s subjective satisfaction.
Objectives: -Evaluate the type of long-acting intramuscular treatment in selected patients. -Evaluate the differences in treatment satisfaction between different types of long-acting intramuscular treatments as well as frequency of psychiatric emergency and hospital admissions in the last year.
Methods: We select patients with different severe mental disorders who stay in a Medium Stay Unit, Sociosanitary Community Residence, Supervise house and Residence for the elderly in Albacete (Spain); all of them, with intramuscular neuroleptic treatment (zuclopenthixol dihydrochloride, aripiprazole long acting, palmitate paliperidone monthly, 3-monthly and 6-monthly) at least 1 year.
We evaluate their sociodemographic characteristics, the satisfaction questionnaire with the treatment (TSQM-9) and the rate of psychiatric emergencies and admissions after current intramuscular treatment in last year.
Results: We have selected 57 patients with an average age of 45.86. 78.94% with a diagnosis of schizophrenia, 12.28% with schizoaffective disorder, 5.26% bipolar disorder and 3.5% unspecified psychotic disorder.
We can see in the graphics below that the longer duration of the intramuscular treatment, the greater satisfaction in all the items of the TSQM-9 questionnaire.
31% of the patients with zuclopenthixol dihydrochloride treatment, have gone to psychiatric emergencies and 28% of psychiatric admissions in the last year.18% of the patients with aripiprazole long acting, 17% with paliperidone palmitate long acting-monthly and 12% de 3-monthly have gone to psychiatric emergencies and 15%, 12% and 12% needed psychiatric admissions respectively. Patients with palmitate long acting-monthly have not emergencies or psychiatric admissions in the last year.