prescription, 18.4% of the participants indicated that they did not systematically and regularly assess its necessity.
**Conclusions:** The severity of the side effects associated with BZDs, especially those of tolerance and dependence, are at the origin of strict prescribing rules, dictated by several guidelines. According to the results of our study and to the literature data, the prescribing practices of these molecules remain nonetheless in many cases non-compliant with the recommendations.

**Keywords:** Benzodiazepines; Prescribing; psychiatry; habits

## EPP1059

## Bleeding risk between newer direct-acting oral anticoagulants and selective serotonin reuptake inhibitors. Case report and literature review.

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doi: 10.1192/j.eurpsy.2021.1293

**Introduction:** The use of selectiveserotonin reuptake inhibitors (SSRIs) is an independent risk factor for bleeding events. Antidepressants and oral anticoagulants (OACs) are often prescribed together as depression and anxiety often coexist with cardiovascular diseases, atrial fibrillation and thromboembolic disorders. Serotonin is released from platelets in response to vascular injury, promoting aggregation. Inhibition of serotonin transporter (responsible for the uptake of serotonin into platelets) can lead into a reduced ability to form clots and a subsequent increase in the risk of bleeding. Direct oral aticoagulants (DOACs), rivaroxaban, apixaban and edoxaban are primarily metabolized via CYP3A4. The co-administration of antidepressants with inhibitory effects on CYP3A4 may theoretically interact with them.
**Objectives:** Presentation of a case of upper gastrointestinal bleeding after initiation of Apixaban in a patient taking Sertraline and literature review.
**Methods:** We carried out a literature review in Pubmed electing those articles focused on bleeding risk between newer direct oral antigulants and selective serotinin reuptake inhibitors.
**Results:** A 66-year-old woman sought medical assistance for generalized ecchymosis and melena. She was diagnosed with atrial fibrillation treated with apixaban 7 days ago. Concomitant treatment between apixaban and sertraline was the possible cause of upper gastrointestinal bleeding and ecchymosis. We had to switch sertraline into vortioxetine (with less dregree of serotonin reuptake inhibition) and add proton-pump inhibitor (Omeprazole) in order to decrease the risk of bleeding.
**Conclusions:** SSRIs increase the risk of gastrointestinal bleeding, much more in case of concomitant use of oral anticoagulants. If SSRI use cannot be avoided, monitor closely and prescribe proton pump inhibitors.

**Keywords:** selective serotonin reuptake inhibitors; Atrial Fibrillation; anticoagulants; bleeding risk

## EPP1060

## Benzodiazepines prescribing in anxiety : Between practice and guidelines

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doi: 10.1192/j.eurpsy.2021.1294

**Introduction:** Benzodiazepines (BZD) are psychotropic drugs prescribed in psychiatry for their anxiolytic, hypnotic and sedative properties. Several guidelines aimed to limit the chronic use of BZDs. However, BZDs prescribing that does not comply with international recommendations remains widespread, estimated in France at 30% for anxiolytic BZDs.
**Objectives:** The aims of our study were to evaluate BZDs prescribing practices in the treatment of anxiety and to assess their compliance with international recommendations.
**Methods:** This is a cross-sectional study conducted through a Google-forms self-administered questionnaire,intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.
**Results:** One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. The most prescribed BZD for anxiolytic purposes was Prazepam (76.2%). Clonazepam was prescribed for anxiolytic purposes in 10.5% of cases. Of the 105 participants, 48 indicated that they prescribed BZDs for anxiolytic purposes in states of acute stress (45.7%), 28.6% prescribed them for the treatment of mild to moderate anxiety manifestations in anxiety disorders. For the treatment of anxiety without panic attacks, 20% indicated that they prefer a short half-life BZD, 80% a long half-life BZD. The maximum duration of BZDs prescription for anxiolytic purposes was 12 weeks (62%), and 6 months in 10% of cases.
**Conclusions:** BZDs are often prescribed in psychiatry for their anxiolytic property, sometimes in a way that does not comply with the recommendations of good practice, with regard to the prescribed molecules, their indications and the duration and modalities of prescription.

**Keywords:** Benzodiazepines; guidelines; Prescribing; Anxiety

## EPP1061

## Aripiprazole-induced rosacea. Case report and literature review.

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doi: 10.1192/j.eurpsy.2021.1295

**Introduction:** Skin and subcutaneus tissue disorders are common type of adverse drug reactions reported with a wide variety of both typical and atypical antipsychotics. Aripiprazole is a quinolinone antipsychotic that is a partial agonist at the D2 and 5-HT1A receptors and antagonist at the 5-HT2A receptors. We report a case of rosacea that developed after starting aripiprazole in a patient with schizophrenia and which remitted after the drug was stopped.

https://doi.org/10.1192/j.eurpsy.2021.1295 Published online by Cambridge University Press

**Objectives:** To present a case of rosacea that developed in a schizophrenic patient after starting aripiprazole. Review of literature and search for the total number of cases reported in the european database of suspected adverse drug reactions (EudraVigilance).
**Methods:** We carried out a literature review in Pubmed electing those articles focused on skin ad subcutaneous skin disorders in those patients that have been taking aripiprazole. Review number of cases of skin reactions reported by the European database of suspected adverse drug reactions.
**Results:** A 43-year-old man previously diagnosed with schizophrenia with low adherence to different treatments. He came to our service seeking for help in order to decrease delusions with a treatment with minimun adverse reactions. We started aripirazole 10 mg every day and, after 7 days appeared signs of rosacea in his face. After discontinuation of aripiprazol, after 5 days, rosacea remitted.
**Conclusions:** Rosacea in our case posibly point aripiprazole as the agent that produced the skin reaction. After stopping the treatment the signs disapeared. Awareness of skins manifestations produced by aripiprazole is essential to prevents worse skin reactions.

**Keywords:** aripiprazole; skin reaction; adverse effect; antipsychotic

## EPP1062

### Therapeutic monitoring of mood stabilizers in bipolar disorder

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doi: 10.1192/j.eurpsy.2021.1296

**Introduction:** Efficacy of lithium is well documented in the literature, making it the gold standard treatment. However, its use declines with the advent of anticonvulsants. This raises the question about monitoring of mood stabilizers in practice.
**Objectives:** The aims of this study were to determine the prophylactic lithium response in patients followed for bipolar disorder and compared to those of anticonvulsants and assess the mood stabilizers monitoring procedures in clinical practice.
**Methods:** A retrospective study was conducted, over a period of six months, with patients followed for bipolar disorder stabilized under the same mood stabilizer (lithium or anticonvulsant) for at least one year. The participants were divided into two groups according to the mood stabilizing treatment. The two groups were compared according to socio-demographic, clinical and evolutionary profiles as well as the prophylactic response to treatment.
**Results:** Patients included were 64 in the study, 28 received lithium and 36 received anticonvulsants. The socio-demographic profile and clinical characteristics were similar in two groups, except for the average total number of mood episodes. Retrospective evaluation of the prophylactic response by ALDA scale showed a significantly higher mean total score in patients receiving lithium ($5.9 \pm 2.8$ versus $2.58 \pm 2.4$, $p = 0.025$).). Ten of them were in compliance with the recommendations; while 19.44% received anticonvulsants had all the monitoring parameters within the recommended time frame.
**Conclusions:** Thymoregulators significantly modify the disease's prognosis. Practitioners will attach particular special attention to distinguish the therapeutic efficacy of the side effects which are numerous and sometimes serious.

**Keywords:** bipolar disorder; lithium; Mood stabilizer; therapeutic monitoring

## EPP1063

### Use of benzodiazepines in psychosis and bipolar disorder by tunisian psychiatrists

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doi: 10.1192/j.eurpsy.2021.1297

**Introduction:** Benzodiazepines (BZD) are psychotropic drugs prescribed in psychiatry for their anxiolytic, hypnotic and sedative properties. Since anxiety, agitation and insomnia are common in psychoses and mood disorders, BZDs are frequently prescribed in the treatment of these pathologies. Guidelines remain rare with regard to the use of BZDs in the treatment of psychosis and bipolar disorder.
**Objectives:** Our study aimed to evaluate BZDs prescribing practices in psychoses and bipolar disorder and to assess the specific risks related to the use of these molecules in the population suffering from severe mental disorder.
**Methods:** This is a descriptive cross-sectional study conducted through a Google-forms self-administered questionnaire, intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.
**Results:** One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. BZDs were prescribed during thymic or psychotic relapses by 88.6% of the participants. During relapses, the main indication for BZDs was anxiety (81.3%), insomnia (80.2%), and catatonia (59.4%). Among the participants, 24.8% indicated that they maintained a long-term treatment with BZDs in patients with psychosis, and 11.4%in patients with bipolar disorder. The participants estimated that the long-term use of BZDs in patients with severe mental disorder represented an increased risk of : dependence (94.3%), behavioral disinhibition (30.5%), suicide (22.9%), anger, hostility and violence (31.4%).
**Conclusions:** Few guidelines concern the use of BZDs in psychosis and bipolar disorder. However, this prescription remains very frequent in current practice, with clinical and therapeutic features specific to this population.

**Keywords:** Benzodiazepines; psychosis; bipolar disorder

# Psychophysiology

## EPP1064

### Neural underpinnings of contingency awareness in human fear conditioning

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doi: 10.1192/j.eurpsy.2021.1298

**Introduction:** The recognition of the conditioned-unconditioned stimulus (CS-US) association in classical conditioning is referred to as contingency awareness. The neural underpinnings of contingency awareness in human fear conditioning are poorly understood.
**Objectives:** We aimed to explore the EEG correlates of contingency awareness.