

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1392>

EV1063

SSRIs and QT interval prolongation management. A review

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Introduction In 2011, the FDA issued an alert recommending not to prescribe citalopram high doses, due to QT prolongation risk. We explored the clinical background of QT interval prolongation related to serotonin selective reuptake inhibitors (SSRI) use and the clinical implications of safety issues.

Methodology A review was conducted to clarify the mechanisms associated with the occurrence of TdP when using SSRI and investigating therapeutic measures to avoid/minimize these effects. The literature search was conducted in PubMed data reviewing articles between 2001 and 2016.

Results (1) Related to risk factors/intraclass differences: risk factors are increase in QTc interval ≥ 60 ms from the pretreatment value, advanced age, female sex, acute myocardial infarction and electrolytic abnormalities among others. Citalopram appears more likely than others to induce this phenomenon but its importance is under current debate. (2) Related to dose: drug-induced QTc interval prolongation and TdP was associated to citalopram in doses > 40 mg/day. However, psychotropic drug-induced sudden cardiac death may be an outlier in the absence of identified risk factors for QTc interval prolongation and TdP. (3) Related to poly-pharmacy/management: there is an additive effect when using SSRI and antipsychotics (EKG control is recommended in those cases). Cross-sectional studies showed that SSRI use was not associated with QT interval prolongation. This could be explained by the EKG intra-intersubject variability.

Conclusions There is little evidence that drug-associated QTc interval prolongation by itself is sufficient to predict TdP. Future research needs to improve its precision to better understand the factors that facilitate/attenuate that progression. Clarifying this may lead to a safer SSRI use.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1393>

EV1064

Lithium and EKG abnormalities. A review

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Introduction The literature concerning possible cardio-toxic effects of lithium therapy in man is reviewed.

Methodology A review was conducted to clarify the mechanisms associated with the occurrence of conducting abnormalities when using lithium and investigating (if so) whether these alterations depend on the dose. The literature search was conducted in PubMed data reviewing articles between 1982 and 2015.

Results (1) Related to pathopsychology/risk factors: reports indicate T wave morphology changes with lithium therapy. Of particular concern are cases of sinus node dysfunction or sinoatrial block and the appearance or aggravation of ventricular irritability. The incidence of cardiac complications, in general terms, may increase with age. Recent findings (a retrospective study

of bipolar patients) of lithium-associated hypocalcaemia showed that hypocalcaemia resulting from medical diseases and bipolar patients with lithium-associated hypocalcaemia had significantly higher frequencies of conduction defects. (2) Related/unrelated to dose: therapeutic and toxic levels of lithium have infrequently been associated with serious cardiac dysfunction. Several case reports demonstrate two important points about Brugada syndrome unmasking: electrocardiograph abnormality severity may correspond to lithium levels and unmasking may occur in the therapeutic range of lithium. Other report shows a case of lithium induced sinus-node dysfunction in a patient with serum lithium levels in therapeutic range.

Conclusions Lithium abnormalities are rare and mostly not related to dose. Conducting heart anomalies may occur, especially when several factors are present (such as age or co-morbid illnesses that affect calcium serum levels).

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1394>

EV1065

Prolactin levels in patients with severe mental disorders: Are we doing well? An observational study of Seville area population

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Introduction It is well known that hyperprolactinemia increases the risk of hypogonadism, osteoporosis and cardiovascular diseases. Atypical anti-psychotics are directly related with its development. Despite its importance, pharmacological hyperprolactinemia it is not considered and treated by psychiatrists as much as expected. Nowadays, long-acting aripiprazole is one of the main treatments that barely increase the prolactin (PRL) levels.

Objectives To determine the number of cases in which PRL levels are detected. To quantify the reduction of PRL levels with patients treated with long-acting aripiprazole.

Methods Observational, descriptive study, from February 2015 to July 2016, of 52 patients treated with anti-psychotics, in two Sevillian community mental health centers.

Results In 56% of cases, PRL level was measured at least one time: in 77% of cases with prescription of long-acting aripiprazole, PRL levels are reduced.

Conclusion First step to reduce the impact of hyperprolactinemia in patients is to determine the PRL levels in a systematic way being this practice a must to be considered. In the study carried out and described in this abstract, reduction of PRL levels in target populations using long-acting aripiprazole is observed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1395>

EV1066

Eosinophilia associated with clozapine – A case report

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Objectives Clozapine is an atypical anti-psychotic used in the treatment of schizophrenia and other psychotic disorders. It is associated with several side effects, namely, hematologic disorders, the more common being agranulocytosis. Some cases of

eosinophilia have been described. This work describes a case of transient eosinophilia caused by clozapine.

Methods Description of a clinical case.

Results A 22-year-old female patient, with a treatment resistant psychotic disorder initiated clozapine in a slow titration to 300 mg. Ten days after initiating clozapine, the patient presented with eosinophilia (started with $6.6 \times 108/L$ and peaked at $10.0 \times 108/L$). Two weeks later, the patient presented with a skin rash in the arms and legs. The case was discussed with internal medicine service and other causes of eosinophilia were excluded. Since the eosinophilia was mild, the rash was not severe and the patient did not present any other symptoms or signs, it was not considered necessary to stop clozapine. During the next three months, with close monitoring, the eosinophilia and the skin rash slowly resolved.

Conclusions This is a case of a patient who presented mild eosinophilia and skin rash, associated to clozapine, with spontaneous resolution. We draw attention to the need of close monitoring and exclusion of other causes of eosinophilia and rash. Furthermore, other hematologic disorders should be considered besides agranulocytosis, namely eosinophilia, when prescribing clozapine.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1396>

EV1067

Polycystic ovarian syndrome in patients with schizophrenia treated with atypical anti-psychotics: A case control study



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Objective Objective was to compare the prevalence of probable polycystic ovarian syndrome (PCOS) in females treated with atypical anti-psychotics with normal controls.

Aims To compare the prevalence of PCOS in patients treated with atypical anti-psychotics and normal controls. To study the hormone profiles in these two groups.

Methods Cases consisted of 102 reproductive age females with schizophrenia treated with atypical anti-psychotics for ≥ 6 months and had gained $\geq 10\%$ body weight. Control group was 123 age and BMI matched females. Menstrual history, physical examination for hirsutism, acne, androgenic alopecia, anthropometrics measures, Ultrasound abdomen and hormone analysis were done.

Results Mean age of cases = 33.17 years (SD 8.9) and controls = 33.08 years (SD 5.6). Mean BMI of cases = 25.92 (SD 5.2) and controls = 25.03 (SD 4.3). Polycystic ovarian morphology of ovaries on ultra sound scan was significantly more in cases 49 (48%) than controls 16 (13%) ($P < 0.001$). Probable PCOS was significantly more in atypical anti-psychotic treated females ($n = 22$, 21.56%) than in normal controls ($n = 10$, 8.13%) ($P = 0.04$). Atypical anti-psychotic treated patients with PCOS had significantly lower mean LH levels 6.69 mIU/L than those without PCOS 10.30 ($P = 0.35$). There was no significant difference in testosterone, FSH, prolactin, TSH and free T4 levels.

Conclusion Treatment with atypical anti-psychotics is associated with higher prevalence of PCOS. This has not been reported previously. The hormonal profile in these patients may be different with low testosterone and LH levels.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1397>

EV1068

Unconventional side effects of antidepressants: Focus on emotional blunting



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Objectives The aim of this study was to investigate the unconventional side-effects of selective serotonin reuptake inhibitors (SSRIs) and tricyclics (TCAs) antidepressants during long-term treatment of depression, with a special focus on emotional blunting and, in particular, on the possible changes of some features of loving relationships.

Methods Two hundred outpatients (130 women and 70 men, mean age \pm SD: 43.4 \pm 11.1 years) were enrolled. They were suffering from mild or moderate depression, according to DSM-5 criteria, treated with one antidepressant for at least six months and involved in a long-term loving relationship. A specifically designed test, the so-called "sex, attachment, love" (SALT) questionnaire was built to assess the possible changes of the loving relationship.

Results The results showed differences between the two genders, in particular women taking TCAs reported more sexual side effects than men, whereas men taking SSRIs complained a reduction of the feelings of love and attachment towards the partner.

Conclusions Antidepressants seem to have a dimorphic effect on some elements of loving relationships, however these results need to be further explored.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1398>

EV1069

Citalopram-induced delusions in an older adult



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Introduction Selective serotonin reuptake inhibitors (SSRIs) are the most prescribed antidepressants worldwide. In older adults, citalopram is generally well tolerated and safe in the therapeutic dose range of 20 to 40 mg/day. In literature, there are cases of SSRI-induced psychosis, but mainly with fluoxetine. There are only three reported cases of citalopram-induced delusions, however, these case-reports did not involve an older adult.

Objectives and aims To provide a case of citalopram-induced psychosis in an older adult, followed by the review of available literature.

Methods A case report is presented and discussed followed by a literature review.

Results A 64-year-old woman without somatic illnesses was referred by a general practitioner with depressive symptoms. One week after initiation of citalopram 10 mg/day she suddenly developed delusions, predominantly in the early morning. No other medical evidence was found that could explain her delusions. After discontinuation of citalopram her delusions quickly resolved.

Conclusion This is the first case report of a SSRI-induced delusion in an older adult. Citalopram has been reported to be one of