Disclosure: No significant relationships.
Keywords: Lorazepam; DILI; Liver Injury; drug

EPV0519

Dress syndrome following carbamazepine exposure: A very early onset

M. Kraiem[1]*, N. Charfi[2], E. Mhiri[3], I. Gassara[1], S. Omri[2], N. Smaoui[2], R. Feki[2], L. Zouari[2], J. Ben Thabet[2], M. Maalej Bouali[2] and M. Maalej[2]

[1]Psychiatry C, Hedi Chaker University Hospital, sfax, Tunisia; [2]Psychiatry C Department, Hedi chaker University hospital, sfax, Tunisia and [3]Hedi Chaker, psychiatry department, sfax, Tunisia
*Corresponding author.
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Introduction: Drug reaction with eosinophilia and systemic symptoms (DRESS) is a severe cutaneous drug reaction characterised by both systemic and cutaneous clinical manifestation with a mean latency period of 3.9 weeks.
Objectives: To underline the importance of an early diagnosis of DRESS SYNDROME.
Methods: We reported a case of carbamazepine induced DRESS syndrome with atypical chronology of manifestations.
Results: A 43-year-old man with no previous known medical history was admitted in psychiatry. He experienced a relapse of schizoaffective symptoms. In the last three years, the patient was treated by Valproic acid as a mood stabilizer. Because of the unavailability of this molecule, carbamazepine was prescribed in combination with antipsychotics. Three days later, the patient developed a high fever, hypotension, a pruritus, a facial oedema, a skin rash associated to lymphadenopathy. Laboratory findings showed a lymphopenia, eosinophilia and elevated liver chemistries. In order to define the case, RegiSCAR scoring system was used, and our case is categorized as probable with a score of five. Carbamazepine was discontinued upon clinical manifestationsand the patient was treated with systemic antihistaminic treatment associated to methylprednisolone with a good outcome. After 3 weeks, clinical and biological improvement were noted.
Conclusions: Despite the absence of a delayed onset, typically between 3 weeks and 3months, we can diagnose dress syndrome 3 days after carbamazepine intake. This case highlights that psychiatrists should be aware of the risk of early onset dress syndrome associated with carbamazepine and they should monitor for warning symptoms from treatment initiation.

Disclosure: No significant relationships.
Keywords: Dress Syndrome; Carbamazepine; Early onset; eosinophilia

EPV0520

Therapeutic effect of qinghuanling on negative symptoms and cognitive function of schizophrenia

Y. Zhang* and X. Cui

Pharmacy Lab, Xi'an Mental Health Center, Xi'an, China
*Corresponding author.
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Introduction: Therapeutic effect of Qinghuanling on negative symptoms and cognitive function of schizophrenia
Objectives: To evaluate the therapeutic effect of Qinghuanling on cognitive impairment in schizophrenia, and to provide basis for clinical medication.
Methods: 24 male patients with schizophrenia were randomly divided into study group and control group. The study group was given quetiapine fumarate combined with Qinghuanling, and the control group was given quetiapine fumarate. The positive and negative symptom scale (PANSS) and adverse event response scale (TESS) were evaluated regularly.
Results: The PANSS score of the study group was significantly lower than the control group from 6th week (64.10 ± 7.64 vs 72.31 ± 11.16; 51.60 ± 7.40 vs 63.23 ± 7.08, $P < 0.05$). Among them, the score of negative factor in the study group was significantly lower than that in the control group at the end of 6 and 8 weeks (2.16 ± 0.40 vs 2.75 ± 0.38; 1.65 ± 0.42 vs 2.38 ± 0.43, $P < 0.01$); the score of cognitive factor in the study group was significantly lower than that in the control group at the end of the 8th week (1.87 ± 0.20 vs 2.12 ± 0.27, $P < 0.05$). Compared with before treatment, PANSS score and symptom cluster factor score of the two groups were significantly decreased from the 2nd weekend to the 8th weekend ($P < 0.05$).
Conclusions: The combined use of Qinghuanling can significantly improve the therapeutic effect of schizophrenia, especially for the symptom cluster score of negative factors and cognitive factors, with high safety.

Disclosure: No significant relationships.
Keywords: Quetiapine; Qinghuanling; Negative factor; Cognitive factor

EPV0521

Efficacy and tolerability of eslicarbazepine acetate as monotherapy in patients of newly diagnosed focal epilepsy

S. Saxena* and S. Singh

Psychiatry, TEERTHANKER MAHAVEER MEDICAL COLLEGE AND RESEARCH CENTRE, MORADABAD, India
*Corresponding author.
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Introduction: Eslicarbazepine Acetate, a novel anti-epileptic drug has been approved as monotherapy in focal onset seizures, with/without secondary generalization in adults. Eslicarbazepine has many advantages over older anti-epileptic drugs and is useful in patients of new onset focal epilepsy.
Objectives: Aim of our study was to determine the efficacy and safety of Eslicarbazepine Acetate, observe its well-tolerated use and monitor adverse effects in newly diagnosed patients of focal epilepsy.
Methods: Study was done at Department of Psychiatry, Teerthanker Mahaveer University, Moradabad. A total of 30 newly diagnosed cases of focal epilepsy between 18-60 years of age were studied for 6 months, using a Semi-structured Interview and Liverpool Adverse Events Profile.
Results: Majority of patients were males (58%), between 21-30 years. Patients with partial/focal seizures (63%) were more common than those of generalized seizures (37%). Majority of the participants had 1-2 episodes of focal seizures weekly(48%), while some had almost daily(32%). Majority were on Eslicarbazepine

Acetate 800 mg in two divided doses daily (64%), while the others received 1200 mg in three divided doses(32%). The mean Liverpool Adverse Events Profile score initially was 28.34 ± 6.28 which significantly improved after 4 weeks treatment to 22.80 ± 4.35 ($p < 0.05$). The improvement in newly diagnosed focal seizures patients was significantly more than other patients ($p < 0.05$). No major side effects were observed.
Conclusions: Eslicarbazepine Acetate as a monotherapy is effective in treating focal epilepsy. Better results of this drug are found in newly diagnosed focal epilepsy patients.

Disclosure: No significant relationships.

EPV0522

Glucagon-like peptide-1 receptor agonists in patients treated with antipsychotics

A. Delgado*, J. Velosa, R. Avelar, J. Franco and M. Heitor
Psychiatry, Hospital Beatriz Angelo, Loures, Portugal
*Corresponding author.
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Introduction: Glucagon-like peptide-1 (GLP-1) is an endogenous peptide that stimulates insulin secretion and decreases glucagon secretion. The use of GLP-1 receptor agonists (GLP-1RA) showed efficacy reducing the weight and glucose levels in patients with and without type 2 diabetes. This effect was also associated with a decreased risk of major cardiovascular events.
Objectives: Our aim is to review the role of GLP-1RA in psychiatric patients at cardio-metabolic risk due to antipsychotics treatment.
Methods: We reviewed articles published in PubMed using the keywords: "GLP-1" "glucagon like peptide" "antipsychotics" and "psychiatry".
Results: The number need to treat (NNT) to achieve clinical meaningful weight loss was 3.8. GLP-1RA treatment was also associated with greater reductions in body mass index, fasting glucose, HbA1c and visceral fat. This effect is true for antipsychotic treatment in general and for those on clozapine and olanzapine in particular. Overall, the GLP-1RA are well tolerated with nausea being the most common related adverse effect. Other variables such as age, sex, psychosis severity, nausea or any adverse drug reaction did not affect the weight loss.
Conclusions: Studies showed a promising role in the management of antipsychotics induced weight gain, particularly in clozapine and olanzapine treated patients. Although these promising results, the route of administration, with a daily or weekly subcutaneous injection, and the GLP-1RA associated financial costs, can be viewed as important factors which can limit the wide use of this type of treatment in psychiatric patients.

Disclosure: No significant relationships.
Keywords: GLP-1RA; glucagon like peptide; obesity; Antipsychotics

EPV0523

Levetirazetam psychosis

C. Vilella Martín*, M.Á. Alonso De La Torre López, P. García Vázquez, I. Gonzalez Rodríguez, S. Nuñez Sevillano and A. Serrano García
Psychiatry, Complejo Asistencial Universitario de León, León, Spain
*Corresponding author.
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Introduction: Levetirazetam is an antiepileptic drug with psychiatric adverse reactions. It includes psychosis, paranoia or hallucinations. The frequency is less than 1%.
Objectives: To describe and study a case of Psychosis produced by Levetirazetam
Methods: Retrospective review of clinical records and complementary test, including psychiatry, electrophysiology and neurology. Diagnosis schales such as Salamanca Questionnaire were used as suport.
Results: A 42-year-old woman diagnosed with tuberous sclerosis and undergoing treatment with levetirazetam acudes to the emergency department for behavioral disorders. She has presented an episode of aggression against a relative threatening him with a kitchen knife. The family reports that since the change in antiepilepticus 1 month ago, the patient has presented strange behaviors. Te Patient is conscious, uncooperative. Barely Approachable. Suspicious of her surroundings, with psychomotor restlessness, self-reference ideas and sparse speech. Auditory hallucinations seem to be present, as well as depressed and irritable mood. Psychic and somatic anxiety is found. Levetirazetam is discontinued, being replaced by valproic acid. Risperidone is started at a 3 mg dose. Treatment is well tolerated, and clinical stability is achived. Cluster A personality traits are found. Complementary test Blood and Urine simples, Imaging tests (CT and MRI), electroencephalogram and Electrocardiogram show no alterations
Conclusions: Levetirazetam can cause psychiatric adverse effects. it is important to make a proper diagnosis before a first psychotic outbreak in later life. Drugs that can produce psychiatric side effects should be identified and patients should be inform.

Disclosure: No significant relationships.
Keywords: levetirazetam; psychosis; tuberous sclerosis; Paranoia

EPV0524

Galactorrhea as a side effect of antidepressant drugs. A case report

A.I. Willems Aguado[1]*, L. Garcia[2] and C. Rodriguez[3]
[1]Salud Mental, CSM Cangas del Narcea, Cangas del Narcea, Spain; [2]Csm Eria, SESPA, Oviedo, Spain and [3]Csm La Calzada, SESPA, Gijon, Spain
*Corresponding author.
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Introduction: Galactorrhea wiht antidepressants SSRIs or SNRI is a rarely adverse effect. Some authors believe that the risk of galactorrhea in women who use SSRIs is 8 times higher than in patients treated with other types of drugs. Serotonin is believed to be a potent physiological stimulator of prolactin release.Prolactin stimulates the growth of the mammary glands and the galactorrhea. The SSRIs would activate the serotonergic pathways, these in turn would stimulate the release of prolactin directly in the pituitary and in the hypothalamus, inhibiting the release of dopamine and increasing the release of stimulating factors. The main inhibitor of prolactin secretion is dopamine.