EPV0847

Psoriasiform rash after initiation of treatment with olanzapine and carbamazepine.

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doi: 10.1192/j.eurpsy.2023.2148

Introduction: olanzapine and carbamazepine are effectively used in treatment of schizoaffective disorder but they can have numerous side effects including skin eruptions that can be severe sometimes.
Objectives: To study the relationship between toxidermia and treatment with Olanzapine and Carbamazepine.
Methods: We report the case of a patient who developed a psoriasiform skin rash following the intake of Olanzapine and Carbamazepine.
Results: Mrs SL, 46 years old, with no prior medical or surgical history, has been diagnosed with schizophrenia since the age of 26. She was initially treated with Haloperidol and Risperidone with an irregular follow-up. Then, due to the emergence of mood disorder symptoms, the patient was put on 20 mg/day of Olanzapine and 400 mg/day of carbamazepine. One month later, the patient presented a generalized rash requiring the discontinuation of the current medications. She was treated with corticosteroids, and then she was referred to our department to make the appropriate adjustment of her psychiatric treatment.
In view of the persistence of a dry erythroderma with erosive lesions of scratching and palmoplantar keratoderma, a skin biopsy was performed showing a psoriasiform and eosinophilic dermatosis that could be consistent with a toxidermia. The pharmacovigilance investigation concluded the incrimination of Olanzapine and carbamazepine in this symptomatology and recommended to avoid their prescription for this patient.
The need for a mood stabilizer presented us with a challenge, particularly in view of the potential risk of cross-toxicity. We opted for the reintroduction of Risperidone with strict monitoring of the skin condition.
Conclusions: Each prescribed drug must be considered as potentially capable of causing cutaneous reactions as an adverse effect. Both the prescriber and the patient must be made aware of this phenomenon.

Disclosure of Interest: None Declared

EPV0846

Visual hallucinosis and Linezolid use: A case report.

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doi: 10.1192/j.eurpsy.2023.2149

Introduction: We present the case of a 78-year-old man with multiple somatic pathologies and associated depressive symptoms, under treatment with Citalopram 10mg, who was admitted due to cholangitis secondary to biliary prosthetic obstruction.
Empirical antibiotic treatment with Meropenem and Linezolid was started, along with an increase in the dose of Citalopram to 20mg due to mood worsening. The patient begins with symptoms consisting of complex and polymorphic visual hallucinosis, without any affective or behavioral repercussions. He does not present another semiology of the psychotic sphere.
Objectives: To highlight the importance of knowing the different interactions and adverse effects of drugs for good clinical management.
Methods: We collected the complete medical history of our patient and we carried out a review of the interactions and adverse effects described with the antibiotic drug Linezolid.
Results: As the onset of hallucinations was temporarily correlated with the use of medications, drug-induced hallucinations were suspected, resolving completely after 2 days after withdrawal of Linezolid treatment.
Linezolid is a nonselective inhibitor of MAO A and B, preventing the destruction of monoamine neurotransmitters like serotonin, dopamine, or norepinephrine. It has dopaminergic properties that may enhance the central nervous system effects of anticholinergics and co-prescription with serotonergic drugs increases the risk of serotonin syndrome.
Conclusions: This case highlights the importance of taking into account drug interactions and adverse effects to reduce the risk of drug induced symptoms and optimize their management.
The increase in resistance to antibiotic treatment allows us to anticipate that the use of Linezolid will increase in the coming years, and it is important to know its mechanism of action given the interactions with psychotropic drugs that we use in our usual clinical practice

Disclosure of Interest: None Declared

EPV0847

Mydriasis caused by ESCITALOPRAM: A case report

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doi: 10.1192/j.eurpsy.2023.2150

Introduction: Serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants thanks to the overall safety and tolerability spectrum. However, they can cause different side effects that not all of them are well identified.
Objectives: We intend to clarify the clinical presentation of mydriasis caused by Escitalopram.
Methods: Reporting the case of a patient suffering a major depressive disorder, that presented a mydriasis after adjusting her antidepressant medication. Then, we conducted a literature review using "PubMed" database and keywords "Mydriasis", "escitalopram", "SSRI"," side effects".
Results: A 29-year-old female with no past clinical history, presented in May 2021 a severe depression requiring an antidepressant treatment. Under 10 mg per day of escitalopram there was a partial remission of the symptoms, leading to increase the dose by another 10 mg. One month after taking 20 mg/day, she consults before the

appointment suffering from a blurry vision and photophobia. Ophthalmologic examination showed a bilateral reactive half-mydriasis, eye pressure was 14 mmHg and fundus examination was normal. Iatrogenic origin of mydriasis was suspected. A gradual interruption of the medication lead to disappearance of the latter. A pharmacological investigation concluded to the suspension of escitalopram and to be vigilant if an antidepressant medication would be needed.
Conclusions: Mydriasis is an uncommon side effect caused by SSRI that needs to be kept in mind by clinicians. Therapeutic patient education can help to detect abnormal side effects and treat them if needed.

Disclosure of Interest: None Declared

EPV0848

Pharmacogenomics and clinical response to antipsychotic treatment. Expectations vs reality.

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doi: 10.1192/j.eurpsy.2023.2151

Introduction: According to the ICD-10 classification system, manic episodes in bipolar affective disorder (BAD) are typically characterised by sudden onset of symptoms and a duration between two weeks and five months. Mood stabilizers and 2nd generation antipsychotics are recommended as first-line treatment. Herein we report a young individual with Bipolar Affective Disorder (BAD), who had an unexpected response to medication given his pharmacogenomic results.
Objectives: To investigate the clinical use of the pharmagenomic results of antipsychotic treatment.
Methods: Clinical assessment, psychometric evaluation and pharmacogenomic analysis.
Results: Cerebral CT scanning showed dilatation of the ventricular system and subarachnoid spaces, findings that are not compatible with the patient's age, but are seen in individuals with BAD (Keener & Phillips, 2007).
For the purposes of psychological evaluation, her underwent the psychometric assessments Rorschach and MMPI. Rorschach evaluation showed mild manic traits with grandiose ideas and dissocial personality traits through hetero-catastrophic ideas. The MMPI evaluation indicated a psychopathic personality with borderline traits. His clinical examination and psychiatric history confirmed the diagnosis of BAD.
In order to investigate the patient's poor response to prior pharmacological treatment and determine the future optimal, we referred him for pharmacogenomic testing. The latter involved determination of allele frequencies predicting variations in activity of cytochrome (CYP) P450 drug metabolizing enzymes. Genotyping of CYP450 is known to have a clinical impact on treatment choice and dosage adjustment in patients with BAD (Yenilmez, Tamam, Karaytug & Tuli, 2018). Based on his results, he was discharged on aripiprazole.
He scored 44 in YMRS (Young Mania Rating Scale) upon admission. Blood tests were normal and no other health problems were evident.
Twenty days later, the patient was re-admitted due to clinical deterioration, which prompted the replacement of aripiprazole with olanzapine. He responded satisfactorily to olanzapine and was discharged in good condition on a dosage of 10mg OD and amp 405mg once/month. He continued his treatment with valproic acid 2000mg daily.
Conclusions: The patient responded well to olanzapine, which is strongly related to the CYP1A2 enzyme. Based on the prediction that he would be a rapid metabolizer, olanzapine should only have been effective at higher doses. Besides, the patient was a smoker, meaning he should have required even higher doses, as smoking induces the CYP1A2 enzyme.

Disclosure of Interest: None Declared

EPV0849

Clinician's attitude towards clozapine prescription

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doi: 10.1192/j.eurpsy.2023.2152

Introduction: Current clinical guidelines recommend the use of clozapine for the treatment of refractory schizophrenia, present in up to a third of patients with this disease. Despite the evidence, the data point to low prescription, underdosing, and delayed initiation.
Objectives: The objective of the study is to elucidate which factors may interfere in clozpine prescription.
Methods: This is a cross-sectional observational study, carried out using a survey designed specifically for it.
It was answered online by seventy psychiatrists affiliated with the Catalan Society of Psychiatry.
Results: More than half admitted having prescribed two or more antipsychotics without having previously ruled out pseudorefractoriness through depot treatment. 70% recognized the need for monitoring as the main prescription barrier, while the main reason for withdrawal was its adverse effects. The most alarming was considered agranulocytosis, with drooling, drowsiness and weight gain being the most reported.
Statistically significant differences (p=0.031) were found in relation to the years of experience and the device where clozapine was preferred to be started: <10 years in hospital, 10-20 years in partial hospitalization and >20 years outpatient office.
Statistically significant differences were observed in the preference of the device for its initiation depending on the usual work device: hospitalization (p<0.000) and partial hospitalization (p=0.046) preferred to schedule it from their respective devices, without any preference in consultations.
The level of experience and the most reported side effect were statistically significant: for the newest psychiatrists it was weight gain (p=0.031), without presenting differences in the rest of the groups.
Conclusions: Clozapine is the psychoactive drug of choice in refractory schizophrenia, so efforts should be devoted to reducing prescription barriers, offering training on its management and innovating forms of monitoring to promote its use.

Disclosure of Interest: None Declared