(at the time, at a dose of 75 mg/day), the patient began to experience breast pain and galactorrhea. On the seventh day, due to continuation of the complaints, she went to a Gynecology Consultation, having carried out an analytical study, in which a prolactinemia value was registered within the normal range (18 ng/mL). The possibility of pregnancy or continued intake of anabolizing steroids was excluded. The condition reversed upon discontinuation of the drug.

Conclusions: The endocrine and reproductive effects of antidepressants are uncommon and galactorrhea is only rarely mentioned as a possible adverse effect of this type of medication. The neurobiological mechanisms underlying this association are unclear. The existing literature points to the possibility that serotonergic antidepressants act by suppressing dopamine neurotransmission (by indirect inhibition of the tuberoinfundibular pathway), facilitating the release of prolactin and thus contributing to the increase in its levels. However, there are also case reports of antidepressant-induced galactorrhea in the presence of normal prolactin levels. In the present case, a state of euprolactinaemia was, in fact, verified. The findings reinforce the importance of carrying out more studies and on a larger scale, to better clarify the mechanisms underlying this association.

Disclosure of Interest: None Declared

EPP0097

Efficiacy of Pharmacotherapy in Patients with Hypothimic Mental Disorders Suffered from Covid-19 Infection

D. Labunskiy[1]*, D. Kuzmin[2], D. Baranov[1], S. Kiryukhina[1] and V. Pavelkina[1]

[1]Ogarev Mordovia State University, Saransk and [2]Vidnoe District Hospital, Vidnoe, Russian Federation
*Corresponding author.
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Introduction: In organic mental disorders in people who have undergone COVID-19, it has been established that the complex use of periciazine in combination with paroxetine, diazepam, 3-hydroxypyridine succinate and hyperbaric oxygenation is superior in effectiveness to traditional therapy with an antipsychotic drug, antidepressant and anxiolytic. The inclusion of 3-hydroxypyridine succinate, hyperbaric oxygenation in the complex therapy of this pathology corrects the concentrations of adrenaline, norepinephrine, dopamine, serotonin in the peripheral blood of patients, eliminates hormonal status disorders and humoral immune responses.

Objectives: The aim of the work was to optimize approaches to the treatment of hypothymic disorders in organic mental illness, to substantiate the complex use of periciazine in combination with paroxetine, diazepam, 3-hydroxypyridine succinate and hyperbaric oxygenation in patients who underwent COVID-19.

Methods: The object of the clinical study were patients with organic mental disorders who underwent COVID-19. To assess the condition, laboratory research methods were selected taking into account the etio- and pathogenesis of diseases: determining the level of catecholamines, some indicators of humoral immune responses, and the hormonal profile.

Results: Table 2.3 - Nosological structure of patients included in the study

Nosological form	Associated hypothymic disorder	Number of patients	Gender Males	Average age (years)	Females
Organic mental disorder	Organic anxiety disorder F06.4	21	15	6	28,7±6,3
	Depressive Episode F33	22	12	9	
Organic mental disorder associated with COVID-19	Organic anxiety disorder F06.4	18	15	3	
	Depressive Episode F33	16	10	6	43,7±7,4

Conclusions: In patients with organic mental disorders, occurring with hypothymic symptoms, compared with healthy donors, there is a complex of disorders in plasma concentrations of catecholamines. Traditional and, to a greater extent, combination therapy increase the levels of serotonin, dopamine, norepinephrine, both in the group of patients who did not have COVID-19, and in those who underwent a new coronovirus infection.

In patients with organic mental disorders, occurring with hypothymic symptoms, compared with healthy donors, there is a complex of disorders in plasma concentrations of catecholamines. Traditional and, to a greater extent, combination therapy increase the levels of serotonin, dopamine, norepinephrine, both in the group of patients who did not have COVID-19, and in those who underwent a new coronovirus infection.Complex therapy with periciazine, paroxetine, diazepam in combination with 3-hydroxypyridine succinate and HBO for organic mental disorders causes a more complete reduction of hypothymic disorders both in the group of patients who did not have COVID-19, and in those who underwent a new coronovirus infection.

Disclosure of Interest: None Declared

EPP0098

Anti-inflammatory properties of Risperidone : A clinical Trial

F. Askri[1]*, A. Aissa[1], S. Jedda[1], A. Ben Chaabene[2], H. Abaza[3], U. Ouali[1] and Y. Zgueb[1]

[1]Avicenna, Razi Psychiatric Hospital, Manouba; [2]Biology, Salah Azaiz, Tunis and [3]Biology, Razi Psychiatric Hospital, Manouba, Tunisia
*Corresponding author.
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Introduction: The evidence of an inflammatory status at onset of psychosis supports the adjunction of anti-inflammatory agent to antipsychotic (AP). Some negative results of these clinical trials lead us to wonder about the anti-inflammatory power of AP.

Objectives: Would the action of associated anti-inflammatory agents be negligible compared to the anti-inflammatory potential of AP?

Methods: We conducted a prospective study. We included patients hospitalized for acute relapse of schizophrenia. They were all treated with Risperidone. We measured High sensitive C Reactive Protein (Hs CRP) at baseline and 8 weeks after.
Results: We included 24 patients. Mean age was 34,5 +7,32 years with 75% of female. Mean age of onset of illness was 24,63 ±4,81 years and illness duration was 10,70 +6,42 years. After 8 weeks, PANSS scores decreased significantly from 79,13 +12,07 to 47,21 +8,41 and Hs CRP levels dropped by 1,55 +3,96 mg/l.
Conclusions: These results highlighted the anti-inflammatory action of Risperidone. Clinical trial should consider the proportion of anti-inflammatory agents action.

Disclosure of Interest: None Declared

EPP0099

Improvement of tardive dyskinesia in a depressive patient treated with fluvoxamine

G. Dzhupanov

State Psychiatric Hospital for treatment of drug addiction and alcoholism, Sofia, Bulgaria
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Introduction: Depressive patients often receive antipsyhotics as ad-on treatmnent due to different reasons. Rare side effect, but with high potential for chronicity is tadrive dyskinesia. Standart treatment of this incapacitating condition includes tetrabenasine, valbenasine (not available in Bulgaria), tiapride, and strategies with adding antipsychotics. In case of lack of medication or therapeutic failure we face therapeutic dilemma. Fluvoxamine, an SSRI and σ1-receptor agonist, has been shown in case studies to be beneficial, and this confirmed in this case.
Objectives: Description of improvement of tardive dyskinesia in a patient suffering from depression after switching antidepressive therapy to fluvoxamine.
Methods: Study of a case of switching to fluvoxamine, based on review of relevant literature and own previous experience of treating other hypekinetic disorders – tics, with the same medicine.
Results: A fifty-nine year old female patient suffering from long term depression received different antidepressants but also different mood stabilizers, anxiolitics and antipsyhotics (typical and atypical) as add-on treatment due to resistance, severe insomnia and anxiety, including even clozapine. Combination of paroxetine and clozapine resulted in improvement of sleep anxiety and tension, but with marked sedation as a side effect. Medications were successfully tapered off and replaced with trazodone and pregabaline. Soon however oral dyskinesia occurred. Patient developed hypersensitivity reaction when treated with tiapride. After switching antidepressant to fluvoxamine dyskinesia improved substantially.T
Conclusions: This case demonstrates the potential of fluvoxamine in treatment of tardive dyskinesia. This effect is most probably result of σ1-receptor agonism of fluvoxamine.

Disclosure of Interest: None Declared

EPP0100

The use of long-acting injectable antipsychotics in an acute psychiatric unit

G. Ortega-Hernández[1]*, N. Ramiro[2], F. Palma-Álvarez[1], Ó. Soto-Angona[1], M. F. Mantilla[3], J. Duque[2], I. Gonzalo[2] and F. Collazos[2]

[1]Hospital Vall d´Hebrón; [2]Hospital San Rafael and [3]Hermanas Hospitalarias-CSMIA Gracia, Barcelona, Spain
*Corresponding author.
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Introduction: Long-acting injectable antipsychotic (LAI) are an important and arguably under-utilized therapeutic option, particularly where medication adherence is a priority (Pilon et al. Clin Ther 2017; 39 1972-1985).
In recent years, meta-analytic reviews of depot medications concluded that this route of administration produced clinical advantages in terms of overall outcome, with lower probability of relapse, readmissions, shorter hospital admission time, mortality, and thus better long- term prognosis over other oral antipsychotics (Leucht et al. Schizophr Res 2011;127 83-92). Depot treatment is associated with lower overall medical expenditure (Taipal et al. Schizophr Bull 2018;17 1381- 1387).
Objectives: To describe the evolution of people diagnosed with a psychotic disorder 6 months before and after the introduction of long-acting injectable antipsychotic (LAI) in the acute psychiatric unit of San Rafael Hospital (Spain) from January 1, 2018 to December 31, 2018.
Methods: Retrospective and prospective naturalistic study. Patients with a diagnosis of psychotic disorder who were admitted to the acute psychiatric unit in 2018 and who were introduced to LAI (paliperidone palmitate, aripiprazole, olanzapine pamoate or risperidone), are selected. Sociodemographic variables (sex, age, ethnicity, migratory status, marital status, occupation, cohabitation) and clinical variables (main and secondary diagnosis, comorbidity with drug use and history of poor adherence) are described. The number of emergency visits and hospital admissions before and after the introduction of LAI antipsychotic treatment is compared.
Results: The sample was composed of 99 subjects. The mean age was 42.46 years (SD 13.439) and 67.7% were men. The sociodemographic profile was: european caucasian ethnicity (73.7%), non- migrant status (69.7%), single (67.7%), inactive (43.4%) and residing in the home of relatives (50.5%). 53.5% have a diagnosis of schizophrenia, followed by schizoaffective disorder (24.2%). 45.5% are diagnosed with any drug use disorder, the most frequent being cannabis (30.3%). 76.8% have a history of discontinuing oral treatment. There was a statistically significant decrease ($p<0.0001$) in number of emergency visits and hospital admissions after the introduction of LAI antipsychotic.
In the general linear multivariate before-after model, there were significant differences ($p=0.002$) in the number of admissions after long-term IM antipsychotic treatment. As for the comparison of the effects between the different LAIs, there are differences between them ($p< 0.0001$). Post-hoc analysis (Bonferroni) only showed differential significance for treatment with Paliperidone Palmitate ($p<0.0001$).