EPV1177

Valproate-induced hypothyroidism in schizoaffective disorder

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Introduction: Valproate is widely used in the treatment of maniac and mixed episodes and is well known to be safe with side effects being mostly related to hepatic disorders and psychomotor retardation.
Objectives: Raising attention to valproate-induced hypothyroidism that despite the increasing evidence tends to be neglected.
Methods: Here, we report a case of a 55-year-old woman, with a previous diagnosis of schizophrenia, treated for many years with 200mg of zuclopenthixol triweekly and 2mg of risperidone daily. Patient developed a maniac episode characterized by elevated mood, sense of grandiosity, increased energy and psychomotor activity, disinhibition and insomnia. No laboratory abnormalities were detected and inpatient treatment was initiated with paliperidone up to 12mg/day and valproate 1000mg/day.
Results: Patient showed progressive clinical recovery attaining full remission within 2 weeks. Despite the absence of clinical side effects and the valproate serum levels of 74.9µg/mL (range 50–100µg/mL), laboratory testing found progressive reduction F-T4 down to 0.45ng/dL (range 0.8–1.5 ng/dL) and a concomitant upregulation of TSH to 73.99mUI/L (range 0.55–4.8mUI/L). Thyroid autoantibodies and thyroid echography were negative. Considering that patient was previously medicated with risperidone, it was suspected that her hypothyroidism was caused by valproate. Normalization of thyroid function was observed after 21 days valproate withdrawal. Patient is currently being treated with 150 mg paliperidone (monthly) with no recurrence of mood or psychotic episodes and maintain normal thyroid function.
Conclusions: Our case emphasizes the need for extended laboratory testing upon prescription of new pharmacological medications as severe analytic alterations can take place in the absence of immediate clinical manifestation.

Disclosure: No significant relationships.
Keywords: valproate; Hypothyroidism

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Psychocardiology in a heartbeat: cardiac complications to consider in psychopharmacology

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Introduction: Antidepressants and antipsychotics have a wide range of cardiac side effects. Although the absolute risk is considered low, some are potentially life-threatening.
Objectives: We aim to review the main cardiological complications of antidepressants and antipsychotics and their management. We will consider 1) QTc prolongation and arrhythmia 2) heart rate 3) blood pressure 4) myocarditis.
Methods: Review of cardiological complications of antidepressants and antipsychotics.
Results: Qtc prolongation is correlated with arrhythmia risk. QTc is obtained with Bazett's formula, which has limitations. All inpatients and some outpatients starting antipsychotic should undergo ECG. Increased QTc can result in different approaches, depending on severity. Most antidepressants do not significantly affect QTc, except for escitalopram and tricyclics, mostly in overdose. Sinus tachycardia can occur with most antipsychotics. Tricyclics can also produce this effect. Other causes should be excluded, and management can be achieved with bisoprolol. Other antidepressants most commonly produce a slight decrease in heart rate or have a minimal to no effect. Antipsychotics can cause hypertension or hypotension depending on the degree of affinity to specific adrenergic receptors. Tricyclics can lead to postural hypotension. Antidepressants interfering with noradrenaline can cause hypertension. Myocarditis is mostly associated with clozapine. Patients should be screened for clinical signs and laboratory findings - especially in the presence of risk factors. Suspicion should prompt echocardiological examination and confirmation leads to cardiology referral.
Conclusions: Weighing the risks and benefits of these medications is a continuous process. Management of cardiological complications is possible and may involve a multidisciplinary approach.

Disclosure: No significant relationships.
Keywords: Antidepressants; Antipsychotics; Cardiology; Complications

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Antipsychotics and mood stabilizers on risk for hepatic failure in people with schizophrenia and bipolar disorder.

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Introduction: Patients with severe mental disease have a considerably shorter lifespan than the general population. The majority of psychiatric drugs are metabolized by the liver. Cytochromes play a central role, interactions between drugs are expected. Neuroleptics are frequently associated with weight gain, steatosis development, elevation of liver enzymes and rare acute cytolytic hepatitis, particularly with clozapine and olanzapine. Mood stabilizers, like Valproate classically gives mitochondrial steatosis with potentially important damages, and also possible acute liver failure.
Objectives: This case presents a 56-year-old patient, previously diagnosed of schizoaffective disorder, with chronic psychotic symptoms that showed high drug resistance. She had been treated in the past with most common antipsychotic drugs with no clinical response. While being in treatment with valproate and olanzapine, she was started on

clozapine while olanzapine removed. Two weeks later she developed Acute Pharmacologic Hepatitis with mild liver failure.
Methods: Physical examination was normal. Mental exam revealed presence of delusion. Blood tests showed: hyperbilirubinemia and mil coagulopathy. Clozapine dose was reduced and valproate was suspended.
Results: The patient showed a substantial improvement of hepatic damage. Delusions are active after 12 weeks of treatment with clozapine.
Conclusions: Psychiatric disorders and liver illnesses are entangled in multiple ways. Screening for liver diseases is essential in order to prevent liver complications in patients receiving psychotropic medications. Further investigation of combinations of agents such as mood stabilizers and atypical antipsychotics may yield valuable insights into the potential of combination therapies to enhance clinical outcomes in patients with Severe Mental Disease.

Disclosure: No significant relationships.
Keywords: neuroleptic side effects; clozapine; psychopharmacology; hepatitis

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Aripiprazol and Hypersexuality: when partial is to much.

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Introduction: A growing number of published cases has showed that hypersexual behavior may arise with treatment with second-generation antipsychotics, including aripiprazole and olanzapine. Aripiprazole is a second-generation antipsychotic commonly used to treat schizophrenia and bipolar disorder. It has a unique pharmacologic profile acting as a partial agonist of the dopamine D2 receptor, as a partial agonist at the 5-HT1A receptor, and as an antagonist at the 5-HT2A receptor. Literature shows that medication with partial dopaminergic agonistic activity can cause compulsive behaviors, such as pathological gambling, compulsive eating, compulsive shopping, and hypersexuality. Although it is difficult to predict who would develop these behaviors, the literature suggests that patients at a higher risk of developing impulsive behaviors include those with a personal or family history of obsessive-compulsive disorder, impulse control disorder, bipolar disorder, impulsive personality, alcoholism, drug abuse, or other addictive behaviors.
Objectives: Here, we present a case of a 32-year-old male who developed hypersexuality symptoms after receiving aripiprazole as treatment for bipolar disorder.
Methods: We have done a literature review using the MeSH terms Aripiprazole and hypersexuality in the "PubMed".
Results: After switching Aripiprazole to Risperidone the hypersexuality symptoms started to decrease and got almost complete relief after 2 weeks.
Conclusions: This case highlights the rare hypersexuality side effect that can arise in patients receiving aripiprazole for bipolar disorder treatment. Clinicians should be aware of the increased risk of hypersexuality and other impulsive behaviors as they can significantly impair a patient's daily functioning.

Disclosure: No significant relationships.
Keywords: Aripiprazol; hypersexuality

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Alternative starting regimen with aripiprazole long-acting treatments, a case report

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Introduction: Aripiprazole long-acting treatments can significantly control symptom, improve adherence and reduce the risk of relapse compared to oral drugs. An alternative start-up guideline has recently been approved in several countries that simplifies its administration.
Objectives: To present a case report of a patient with schizophrenia treated with alternative starting regimen of aripiprazole long-acting treatment.
Methods: Presentation of a clinical case supported by a non-systematic review of literature.
Results: We present the case of a 22-year-old patient diagnosed with schizophrenia, whose symptoms started after the birth of her son, 2 years ago. She has presented a poor clinical evolution, requiring several admissions to our inpatient service after discontinuation of her medication. The patient has taken different antipsychotics, including olanzapine and paliperidone long-acting treatment, which were suspended due to side effects (weight gain and increased prolactin levels). A switch to oral aripiprazole 20mg was made, which showed good response and tolerance. Given the persistence of irregular intake, it was decided to switch to aripiprazole long-acting treatment, applying an alternative initial regime consisting of two doses of aripiprazole long-acting treatments 400mg and one oral aripiprazole 20mg. The patient has since had no delusions or hallucinations and is living independently at home.
Conclusions: The administration of a simplified initial regime with aripiprazole long-acting treatments could improve therapeutic adherence while maintaining the same effectiveness and similar side effects.

Disclosure: No significant relationships.
Keywords: Aripiprazole; long-acting treatments

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Clinical difficulties in the treatment of restless legs syndrome: it is the dose that makes poison

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Introduction: Polyfarmacy and unjustified use of high dosages of medicaments represent an unmet need in modern psychiatry. Therefore, tidal medication review of hospitalized geriatric patients is an essential step of the disease management as it can be often of vital importance and, as illustrated by current case, can exhibit a tremendeus impact on their quality of life.
Objectives: A case rapport on geriatric patient with iatrogenic damage due to ultra high dosage of ropinirole as a treatment for restless legs syndrome