

noid traits and HS significantly interacted in influencing delusional dimension severity (Fig. 1). Low PA represents a trait affectivity of sadness and lethargy whereas HS is closely related to the experience of shame. We speculate that lower levels of PA and higher levels of HS may grasp the “asthenic” pole of Kretschmer’s “sensitive character”.

**Conclusion** The study findings suggest that the severity of delusional ideation depends, at least in part, on a complex interplay between specific affective and paranoid dispositions within personality. Delusion may constitute the superficial shell, which develops from and covers inner affective vulnerabilities of personality.

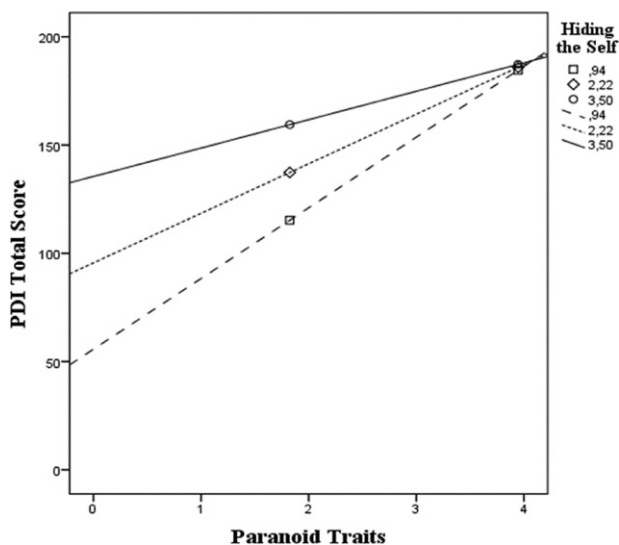


Fig. 1

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## EV1058

### The impact of interpersonal violence in youth sport on adult psychopathology

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**Introduction** A recent cohort study in the Netherlands and Belgium showed that 38% of children experienced psychological violence, 11% physical violence, and 14% sexual violence in sport (Vertommen et al., 2016). This study aims to explore the long-term consequences on anxiety, depression and somatic complaints in adults who experienced psychological, physical or sexual violence in the specific context of organized youth sport.

**Methods** A web survey in a representative sample of adults, pre-screened on having participated in organized sport before the age of 18 ( $n=4043$ ) was conducted. In this sample, depression, anxiety and somatic problems were assessed using the brief symptom inventory. A generalized linear model was used to quantify the

impact of experiencing severe interpersonal violence in sport on psychopathology.

**Results** All three types of severe interpersonal violence (psychological, physical and sexual) were significantly associated with the total score and the subscales of the brief symptom inventory. The effect remains significant after controlling for socio-demographics, as well as disability, sexual orientation, adverse childhood experiences outside sport, recent trauma and family history of psychological problems.

**Conclusions** Experiencing interpersonal violence against in youth sport is associated with mental health problems in adulthood. This is an important finding to consider in child protection policy in sport.

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## e-Poster Viewing: Psychopharmacology and pharmacoeconomics

### EV1059

#### Chlorpromazine-induced lupus with circulating anticoagulant. A case report

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The drug-induced lupus erythematosus (DILE) is an autoimmune disorder caused by chronic use of certain drugs, including chlorpromazine. Chlorpromazine-induced lupus associated to circulating anticoagulant antibodies (CAC) would be even less frequent. Our observation is an illustration of this association.

We report the case of Mrs. H., 33-year-old, without medical or surgical history, who has been followed in psychiatry since the age of 20 for bipolar disorder type 1. This patient was initially stabilized by an association of fluphenazine, sodium valproate and levomepromazine. The introduction of chlorpromazine in June 2015 induced a leuconetropenia, which was corrected after stopping this drug. During subsequent decompensations, rechallenge with chlorpromazine and administration of other phenothiazines (levomepromazine, fluphenazine) or atypical anti-psychotics (olanzapine, risperidone, aripiprazole) induced a leuconetropenia reversible after drug withdrawal. Within the etiological investigation of this leuconetropenia, physical examination was normal; inflammatory tests (erythrocyte sedimentation rate, serum protein electrophoresis) and serology for hepatitis B and C and HIV were negative; antinuclear antibodies (ANA) titre was positive (1: 160) with a negative antibodies screen; rheumatoid factor and complement levels were normal. Activated partial thromboplastin time (APTT) was prolonged (47/29 s) and not corrected by addition of normal plasma. Lupus anticoagulant antibodies were positive. ANA became negative six months after cessation of implicated drugs. Thus, the diagnosis of “chlorpromazine-induced lupus with CAC” was retained. The pathophysiological mechanism of this association remains a subject of discussion. This induced autoimmunity, involving several anti-psychotics, is a real therapeutic challenge in our patient’s case.

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#### EV1060

### Comparison of efficacy between risperidone and aripiprazole in combination with sodium valproate in patients with acute manic or mixed episodes

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Today, despite of the improvement in the psychological therapeutic approach, mania still remains as a challenging problem for health system. The aim of this study is comparison efficacy of risperidone and aripiprazole in combination with sodium valproate in bipolar patients with acute manic or mixed episodes who hospitalized in Razi psychiatric hospital in Tehran. This study was conducted as a double blind randomized clinical trial in two groups of bipolar disorder patients with manic or mixed episodes (18–65 age). Patients randomly set in two groups who received valproate with aripiprazole or risperidone. Clinical response was assessed with young mania rating scale (YMRS) and weight gain at 3 and 6 weeks. Data was analyzed with Chi<sup>2</sup> test, paired *t*-test and analysis of covariance and repeated measurement. Evaluation of treatment response after 3 and 6 weeks (50% reduction in Young's scale) in both groups did not show any significant difference between the two therapeutic combinations. The combination of sodium valproate and risperidone showed higher weight gain in comparison with the combination of valproate and aripiprazole at the end of week 6 ( $P < 0.001$ ). The mentioned combination in bipolar I disorder with manic or mixed episode has similar therapeutic effect, so that both of them are effective and usable. There was no difference in their efficacy, and both treatments can be used. Due to the less weight gain, the combination of valproate and aripiprazole in patients who prone to weight gain, this approach is recommended as more safe and effective therapy.

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#### EV1061

### Bupropion induced hyponatremia: A review of literature

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**Introduction** For over 20 years, bupropion has been used as an antidepressant by inhibiting the norepinephrine-dopamine reuptake. Hyponatremia is a relatively rare condition that has been

associated with the use of antidepressants including selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), and tricyclic antidepressants (TCAs). However, a few case studies have reported that bupropion was associated with hyponatremia.

**Objectives and aims** To review available literature on bupropion-induced hyponatremia and its possible underlying mechanisms.

**Methods** Case studies are presented and discussed followed by a literature review.

**Results** Hyponatremia has been reported with the use of many antidepressants, however, studies on bupropion induced hyponatremia has been limited. In literature only four case reports have been presented. Typically, this condition is only seen in frail or elderly patients. Possible mechanism is that bupropion may cause hyponatremia by the noradrenergic stimulation of vasopressin release.

**Conclusion** Clinicians should be aware of increased risk of hyponatremia associated with antidepressants, including bupropion. Especially in the elderly, clinical symptoms of hyponatremia can be misinterpreted and may lead to a life-threatening condition.

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

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#### EV1062

### Off-label prescriptions of quetiapine for sleep disturbances

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**Introduction** Quetiapine, a short-acting atypical anti-psychotic drug for the treatment of bipolar I disorder and schizophrenia, is increasingly used off-label for the treatment of sleep disturbances or insomnia. However, data supporting this off-label prescription of quetiapine are limited.

**Objectives and aims** To report and discuss the effects of “off-label” use of quetiapine for the treatment of sleep disturbances.

**Methods** An English-language literature search was conducted using Pubmed, EMBASE and Cochrane library (December 1980–December 2015) using the search terms quetiapine, insomnia, sleep disorders, sleep disturbances, and sleeplessness.

**Results** During the last decade, there is an enormous increase in prescribing quetiapine. This anti-psychotic drug is among the best selling drugs worldwide. For the approved indications, the usual therapeutic dose range is 400–800 mg/day. However, off-label use of quetiapine was most evident for the 25 mg/day to 100 mg/day. In some countries, off-label uses are promoted to non-psychiatrists for the treatment of insomnia, dementia, agitation, and aggression. Inappropriate anti-psychotic use may lead to serious health problems, including metabolic effects, increased sudden cardiac death, and age-related side effects with increased risk for orthostatic hypotension, fractures, pneumonia, cognitive impairment, and stroke.

**Conclusion** There is growing concern regarding the potential harm from off-label prescription of anti-psychotics, particularly quetiapine. There is little evidence supporting the enormous off-label uses of quetiapine. In addition, prescribing quetiapine for indications that are not evidence based has ethical, financial, and safety implications, especially in the older population.