patients are put on a long-term regimen with these psychostimulants. However some children treated with psychostimulants have reported psychosis as an adverse effect.
Objectives: Understand the capacity of psychostimulant medications to induce psychotic symptoms and determine the frequency of such reactions in adolescents and young adults.
Methods: Non-systematic review of the literature in English, through research in PubMed. Additionally, a clinical case is exposed, which was treated at the psychiatric inpatient unit of the Tamega e Sousa hospital center.
Results: Some patients, including some with no identifiable risk factors, can develop drugrelated signs or symptoms of psychosis or mania, such as hallucinations, at usual doses of frequently used ADHD drugs. Age of onset of psychosis can be significantly earlier in individuals with a history of stimulant use. In our clinical case, a young man of 18 years, previously diagnosed with ADHD, was medicated with atomoxetine two months prior being admitted to our psychiatric unit. There was no reported history of a similar psychiatric condition, and no risk factors were identified. At admission, he had bizarre behavior, with allucinatory activity and delusions of persecution. Atomoxetine was suspended and started oral antipsychotic, with improvement of symptoms and stabilization of the clinical condition.
Conclusions: In adolescents and young adults with ADHD undergoing stimulant therapy, any psychotic symptoms or mood changes need to be carefully assessed at regular intervals by the physicians and the caregivers, in order to observe change in the symptoms.

Disclosure: No significant relationships.
Keywords: First episode psychosis; attention deficit hyperactivity disorder; stimulants

EPV0516

Iatrogenesis in mental health care

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Introduction: The need for preventive mechanisms in psychiatric pathology has been raised, therefore authors talk about primary, secondary and tertiary prevention. However, this emphasis on those preventive aspects has tended to ignore an essential part: quaternary prevention.
Objectives: Reflecting the importance of avoiding ignoring iatrogenic forms of psychopathology by studying a clinical case and reviewing available literature.
Methods: We will present a clinical case of a patient with residual schizophrenia who undergoes an escalation of pharmacological interventions that lead to functional deterioration after initiating behavioral alterations. We will also review available literature about quaternary prevention.
Results: M. is an institutionalized patient who was taking a combination of three neuroleptics, anxiolytics and stabilizers for the treatment of behavior problems such as heteroaggressiveness. When the patient was referred to psychiatry consultations after being hospitalized, he could not move, had lost sphincter control and had serious communication problems. However, treatment was suspended and only one neuroleptic was maintained. The patient regained sphincter control and kept a residual but communicative delusional speech.
Conclusions: It is important to see how sometimes we can get into therapeutic escalation without correcting the underlying problem by focusing on a symptom, because behavioral alterations will persist regardless of pharmacological treatment changes. Sometimes clinical fluctuations make us confuse basal state and decompensation, ignoring the fact that we lack the way to modify the course. Authors believe that a rational approach to treatment should take into account the balance between potential benefits and side effects applied to an individual patient.

Disclosure: No significant relationships.
Keywords: iatrogenesis; schizophrénia; Psychotropic drugs; side effects

EPV0518

Lorazepam causing drug-induced liver injury : Rare entity

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Introduction: Lorazepam is a benzodiazepine derivative that is globally used for the therapy of anxiety and insomnia.
Objectives: The objective of our work was to show that Lorazepam can be a cause of unexpected liver injury even though it is a rare entity.
Methods: We reported the case of a patient who had a Drug-Induced Liver Injury (DILI) under Lorazepam. We performed a literature review based on a PubMed search with the following keywords: "Lorazepam,DILI".
Results: A 20 year-old-Tunisian woman was hospitalized in the psychiatry department of the hospital of Nabeul in Tunisia for a brief psychotic episode.She had a DILI under Olanzapine, Chlorpromazine and Lorazepam, which conducted us to interrupt her treatments except for the Lorazepam(5mg/day). The hepatic tests went back to normal even under Lorazepam. Few days later, the liver enzymes increased again to reach very high levels. Extensive workup was negative for other causes of liver injury, including viral hepatitis A, B, C and E.; capillary electrophoresis of serum proteins was normal; Exhaustive immunological tests were performed searching for auto immune hepatitis(anti-smooth muscle antibodies, anti-LKM1, anti-LC1, anti-SLA/LP) primary biliary cholangitis(anti-mitochondrial antibodies, anti-GP210, anti-sp100) and other antibodies like antinuclear antibodies were negative. Liver biopsy showed polymorphic inflammatory infiltrate including some eosinophilic polynuclear cells and rare vaguely epitheloid macrophages, with necrotico-inflammatory foci in the lobules, all of which were consistent with DILI. Lorazepam was discontinued and within 10 days her liver enzymes decreased and completely normalized.
Conclusions: Lorazepam, with an unknown action mechanism, can be a cause of DILI.