formulation, delivery device, insufflation technique, and individual factors seem to contribute importantly to the tolerability and efficacy of the intranasal administration rote.
**Conclusions:** There is the need to develop novel treatments providing effective, more rapid-acting, and sustained relief of depressive symptoms, especially in patients with TRD. Intranasal esketamine has shown antidepressant effects in patients with TRD but further investigation is required to strongly reinforce this potential and safety.

**Keywords:** esketamine; Ketamine; treatment-resistant depression

## EPP1042

## Benzodiazepines prescribing in insomnia : Between practice and guidelines

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**Introduction:** Benzodiazepines (BZD) are psychotropic drugs prescribed in psychiatry for their anxiolytic, hypnotic and sedative properties. Several guidelines aimed to limit the chronic use of BZDs. However, BZDs prescribing that does not comply with international recommendations remains widespread, estimated in France at 20% for hypnotic BZDs.
**Objectives:** The aims of our study were to evaluate BZDs prescribing practices in the treatment of insomnia and to assess their compliance with international recommendations.
**Methods:** This is a cross-sectional study conducted through a Google-forms self-administered questionnaire,intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.
**Results:** One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. Four BZDs are recommended for the treatment of insomnia, none of which is available in Tunisia. Almost the third of the participants did not systematically look for signs of sleep apnea syndrome before treating an insomnia (30.5%). For treating insomnia, the majority of the participants began by indicating hygieno-dietetic rules (64%), 4% prescribed directly a BZD. Cognitive behavioral therapy was not indicated at all by the particiants. The maximum duration of prescribing BZDs in insomnia was 4 weeks in 20% of cases, and more than 4 weeks in 38% of cases. Among the participants, 41% prescribed BZDs for the treatment of chronic insomnia.
**Conclusions:** Insomnia appear to be badly managed and early drug prescribing is frequent. These practices do not comply with the recommendations of good practice and increase the risk of dependance and other side effects.

**Keywords:** Benzodiazepines; psychiatry; Insomnia; Prescribing

## EPP1043

## Neonatal and infant outcomes of clozapine exposure in pregnancy: A consecutive case series

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**Introduction:** Clozapine is a second-generation antipsychotic agent approved for treatment-resistant schizophrenia and risk reduction of recurrent suicidal behavior in schizophrenia and schizoaffective disorder. Given the known negative consequences of relapse of severe mental disorders for both mother and infant, the maintenance of clozapine during pregnancy is recommended.[1] Studies of pregnancy regarding to clozapine have demonstrated a heterogenous range of neonatal and infant complications.[2]
**Objectives:** To evaluate neonatal and infants outcomes of clozapine exposure in pregnancy.
**Methods:** We report three cases of infants exposed to clozapine politherapy throughout pregnancy. The dose range for all women on clozapine was 200-600 mg/day. Infants were evaluated between 4-6 months of chronological age with the Bayley-III infant development scale (BSID-III)[3] and with the Alarme Détresse Bébé Scale (ADBB)[4] for the detection of early-signs of withdrawal.
**Results:** Women remained stable during pregnancy but presented obesity and gestational diabetes. Clozapine Newborn were born to term by caesarean section due to breech presentation (N=2) or instrumental delivery due to loss of fetal well-being (N=1). They presented normal weight (3500-3800 gr). Two presented $Apgar_{min1\text{-}5}$ 9/10 and one $Apgar_{min1\text{-}5}$ 6/8 which showed lethargy and low alertness during the first weeks of life. All showed normal capacity for sociability, reciprocity and development of language and communication. However, one baby had scores in the low normal zone for cognition and another for motor skills.
**Conclusions:** The infant's risks of clozapine exposure during pregnancy should be discussed with women and weighed against those associated with other treatments and/or with untreated severe mental illness.

**Keywords:** clozapine; neurodevelopment; Neonate; Infant

## EPP1044

## The health economic potential of harnessing placebos in treatment of ADHD.

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**Introduction:** Placebo research investigated the underlying mechanisms of placebo effects, but they are rarely used to optimize treatments. Ethical and legal concerns have been raised, but research demonstrated that placebo mechanisms can be used without patients' deception: Experimental studies showed that half of drugs in treatment of attention-deficit/hyperactivity disorder

(ADHD) combined with open-label placebos could be as effective as standard medication to reduce ADHD symptoms.
**Objectives:** To estimate the health economic advantages of harnessing the combination of open-label placebos with standard medication in ADHD.
**Methods:** For preliminary estimation of the mean treatment costs, the 12-months prevalence of ADHD in children and adolescents aged 5 to 14 years as well as the percentage of medication treatments were extracted from the literature. Mean treatment costs per patient and year were calculated for four treatment plans (different drugs and dosages) with both treatment with standard medication and half of drugs in combination with placebos.
**Results:** A 12-months prevalence of 4.3% equals around 260,000 children and adolescents with a compulsory health insurance in Germany. Of those, around 40-50% are equally treated with two standard drugs and two different dosages. Full standard drug treatments cost around 119 million EUR, and treatment with half of drugs in combination with placebos cost around 66 million EUR.
**Conclusions:** The combination of open-label placebos with half of standard medication could considerably reduce health costs. Reduction of side effects still must be considered. However, current studies are of experimental nature and lasted for no longer than two weeks.

**Keywords:** Placebo effect; health economics; ADHD

## EPP1046

## Quetiapine-induced bicytopenia. Case report and literature review

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**Introduction:** Low white blood cell counts and agranulocytosis are a relatively rare side effect of atypical antipsychotic treatment. Like most atypical antipsychotics, quetiapine only has a 1%-4% risk of low blood cell count. The mechanism by which quetiapine causes these adverse effects is still unclear, some authors have proposed that this drug acts directly as a cytotoxic agent on immune cells and produces cell death, or the products of these drug could induce apoptosis by oxidative stress. Other authors have suggested a bone marrow depression, which could be produced by an inhibitory effect on leukopoiesis.
**Objectives:** Presentation of a case of a bycitopenia after initiation of Quetiapine Prolong treatment to bipolar disorder and a literature review.
**Methods:** We carried out a literature review in Pubmed electing those articles focused on cases of patients being treated with quetiapine and cytopenia as a side effect.
**Results:** A 43-year-old woman with type I bipolar disorder is being treated with quetiapine prolong (50mg). After 6 years bicytopenia (anemia + leukopenia) was discovered in a routine analysis. In the Haematology Unit, long-term treatment with Quetiapine Prolong was found to be the cause of bicytopenia, having ruled out other ethological causes. This drug was suspended and switched to Aripiprazol. Eventually, the remission of symptoms and normalization of analytical parameters were achieved.
**Conclusions:** In this case highlights the importance of understanding antipsychotic medications and their effects on the haematological system. Quetiapine Prolong produced bycitpoenia (anemia and thrombocytopenia), especially in long treatments. Therefore, clinical practitioners should be aware of this adverse effect.

**Keywords:** Quetiapine; bycitopenia; antipsychotic; adverse reaction

## EPP1047

## Use of botulinum toxin type a in psychiatry - new perspectives and future potential

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**Introduction:** For almost three decades, botulinum toxin type A (BT-A) has been used for medical purposes. Evidence of the potential use of BT-A is emerging for psychiatric disorders, like unipolar and bipolar depression, borderline personality disorder (BPD), late dyskinesia, amongst others. This may represent a new role of BT-A treatment and could expand the therapeutic arsenal in psychiatry.
**Objectives:** The goal is to review current evidence regarding BT-A and psychiatry disorders.
**Methods:** Literature review of BT-A use in psychiatric conditions using Medline database.
**Results:** There's evidence supporting the use of BT-A in resistant unipolar depression, with studies showing an 8 and 4 times higher response and remission rates comparing with placebo. Beneficial effects were also found in bipolar depression. Preliminary data suggest that BT-A therapy may also be effective in the treatment of mental disorders characterized by an excess of negative emotions, such as BPD. The underlying mechanism might be the "facial feedback hypothesis". Hyperhidrosis is a common comorbidity in social anxiety disorder and may itself give rise to depressive or anxiety symptoms. BT-A has proved to be a safe and effective treatment for hyperhidrosis. BT-A can also be safely used for dystonia secondary to the use of psychiatric medication, when there's an inadequate response to anticholinergic medication. Also, BT-A injections in the salivary glands have been investigated for treating clozapine-induced sialorrhea and studies reported successful reduction in hypersalivation.
**Conclusions:** Although more studies are needed to evaluate the potential of BT-A in psychiatry, there is growing evidence of its potential use for some psychiatric conditions.

**Keywords:** emerging psychiatric indications; Depression; botox; botulinum toxin

## EPP1049

## Angioedema with haloperidol - case report

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