Objectives: The purpose of the present research is to describe the profile of patients receiving this novel treatment in our area. For this, a descriptive study has been carried out.
Methods: We have collected and analyzed data from a total of 8 patients from the global long-acting injectable nursing registry in our area. The data collection was from May 2022 to October 2022.
Results:

ID Patient	Age	Gender	Medical comorbidities	Social support	Adherence to previous LAI
EP001AGC	52	M	No	-	Yes
EP002EGA	53	M	No	Low	No
EP003ESL	45	F	Yes HIV, HCV, dyslipidemia,	Enough	Yes
EP004ACG	60	M	Yes Hypertension, dyslipidemia	Good	Yes
EP005DCP	52	M	Yes COPD	Enough	Yes
EP006ATT	47	M	No	Enough / Low	Yes
EP007AH	40	F	Yes Tension headache	Enough	Yes
EP008IAR	66	F	Yes Type 2 diabetes mellitus, hypertension, hyperuricemia	Enough	Yes

ID Patient	Diagnosis	Refractory positive symptoms	Last H.	Polypharmacy	Previous injection	Injection date / Dose	H. / Side Effects
EP001AGC	Paranoid schizophrenia	-	08/03/2014	No	PP3M 525mg	17/05/22 1.000 mg	No
EP002EGA	Schizoaffective disorder	Yes	19/08/2022	Yes Valproic acid 1.000mg	PP1M 150mg (once)	13/09/22 1.000mg	No
EP003ESL	Paranoid schizophrenia	No	17/04/2019	Yes Olanzapine 10mg BZD	PP3M 525mg	10/08/22 1.000mg	Sedation (low)
EP004ACG	Paranoid schizophrenia	No	-	Yes Quetiapine 50mg	PP3M 525mg	16/09/22 1.000mg	No
EP005DCP	Paranoid schizophrenia	No	16/01/2004	Yes Olanzapine 20mg BZD	PP3M 525mg	11/10/22 1.000mg	No
EP006ATT	Persistent delusional disorder	Yes	-	No	PP3M 525mg	19/09/22 1.000mg	No
EP007AH	Paranoid schizophrenia	No	2017	No	PP3M 525mg	03/08/22 1.000mg	No
EP008IAR	Persistent delusional disorder	Yes	-	Yes BZD	Paliperidone oral 9mg and later PP3M 350mg (twice)	18/10/22 1.000mg	No

Fig. 1: Sociodemographic characteristics and Fig. 2: Clinical characteristics.

Conclusions: None of the patients required hospitalization at the time of the study, although this work team considers that it is early to make conclusions in this regard. No serious or minor adverse effects were reported in any of the cases during the time of the investigation, apart from one case of mild sedation.
The clinical characteristics of most patients were psychopathological stability and good adherence to previous treatment. Although this study shows that the drug was also used in patients who did not meet these characteristics, specially one case of poor social support. The data collected show that the profile of the patient in whom the drug has been prescribed can be varied and broad.

Disclosure of Interest: None Declared

EPV0832

Lithium neurotoxicity – a case report and review of the literature

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Introduction: Lithium, a mood stabilizer, is a commonly prescribed and effective treatment for bipolar affective disorder. It´s excreted almost exclusively by the kidneys with a half-life primarily determined by renal function. Chronic intoxication results from an insidious accumulation of lithium in a chronically medicated patient (due to a reduction in renal function secondary to volume depletion, a new medication, et cetera). Patients often present with neurologic findings, including tremor, ataxia, dysarthria, confusion and neuromuscular excitability.
Objectives: The objective of this report is to describe a clinical case of lithium neurotoxicity (myoclonus and encephalopathy), along with a review of the literature on the topic.
Methods: We describe a case of lithium neurotoxicity, along with a brief non-systematic review of the literature on lithium toxicity. We conducted a PubMed bibliographic search using keywords such as "lithium intoxication", "lithium neurotoxicity", "lithium encephalopathy" and "lithium intoxication treatment".
Results: A women aged 81 was brought to the emergency department by her daughter following 1 week of asthenia, diarrhoea, periods of confused speech and involuntary movements. In the previous week, the patient had been diagnosed with COVID-19. Her past medical history is significant for bipolar affective disorder, hypertension, diabetes mellitus, dyslipidemia and asthma. The patient has been treated with following drugs: lithium carbonate (no recent change of dose and previous serum levels around 1mmol/L), quetiapine, lisinopril, metformin, simvastatin, formoterol and budesonide. On the first examination, she had an exuberant multifocal myoclonus. Posteriorly, she became somnolent, with language impairment (verbal perseveration, echolalia) and dysarthria. Investigations revealed renal impairment (creatinine 1,5 mg/dL, blood urea nitrogen 42 mg/dL) and supratherapeutic lithium levels

(lithium serum level 1,7 mmol/L). Computed tomography scan of the brain was negative for acute injuries. The electroencephalogram showed triphasic waves (1-1,5 Hz). Encephalopathy secondary to lithium intoxication was diagnosed (probably in the context of acute kidney injury precipitated by hypovolaemia – diarrhoea). Lithium was stopped and intravenous isotonic fluids were given. After 1 week, her myoclonus resolved and over the following week the other signs resolved as well. The patient was later discharged to her daughter's home, with follow-up neurology and psychiatry visits.

Conclusions: Both reversible and irreversible neurotoxicity related to lithium have been reported, specially occurring alongside chronic intoxication. If not addressed, impaired consciousness can lead to coma and death. A high clinical suspicion is needed for prompt diagnosis and treatment (intravenous fluids and sometimes haemodialysis are warranted).

Disclosure of Interest: None Declared

EPV0834

Hepatotoxicity of Clozapine : Case report and brief Review

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Introduction: Clozapine is an effective Atypical antipsychotic used in the treatment of resistant schizophrenia .However it can induce liver dysfunction from a simple transient asymptomatic cytolisis (30 to50 %) toa serious fulminant liver failure (0.001 %).

Objectives: To show the heptotoxicity potential of Clozapine and adress the importance of monitoring the liver function tests in clozapine titration to prevent sever conditions

Methods: A case report of a fifty-year old Tunisian male patient diagnosed with resistant schizophrenia who developed a hepatotoxicity under a low dose of clozapine within five days of treatment .

Results: Mr F is a 50 year old patient diagnosed with schizophrenia in 2018 . He had received various antypical and typical antipsychotic treatments including (Haloperidol , Risperidone , Amisulpride , Olanzapine) at effective doses and minimal periods of six weeks . He had no history of systemic diseases or substance use disorder . He smokes 10 cigarettes a day . He had a history of hepatotoxicity on olanzapine. These medications have failed to resolve the persecutory delusion and auditory hallucinations , and the trial of clozapine was institued . Baseline examination and laboratory tests were normal . The previous antipsychotic medication was not continued and a dose of 25 mg clozapine was administred . A marking drowsiness was present in the fisrt days , so we decided to keep the same dose . Five days later , he had high levels of Liver function test (LFT) : Elevated aspartate (5 times above normal) and alanine aminotransferase levels (4 times above normal) , white blood cell count and bilirubine levels were normal . He had no fever or jaundice . The abdominal examination showed a mild sensiblity in the right upper quadrant . Clozapine was immediatly discontinuated . 24 hours later LFT continued to escalate to 5 times greater then normal . Then it decreased continueosly

Conclusions: Clozapine has a potential of hepatotoxicity even at lower dose . Screening liver function tests must be integrated in survey recommendations of clozapine treatment . Further researches must be conducted to understand the mechanism of this side effect in order to avoid sever conditions .

Disclosure of Interest: None Declared

EPV0835

Neutropenia induced by several second-generation antipsychotics :A case report

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Introduction: Antipsychotic medications remain the mainstay of the treatment of various psychiatric disorders, particularly schizophrenia. However, this therapeutic class can induce a range of side effects. Although the treatment with second generation antipsychotics includes a lower risk for extrapyramidal symptoms as compared to first generation antipsychotics, there are numerous adverse events that can result from atypical antipsychotics. Since the introduction of clozapine, there has been increased awareness regarding antipsychotic-induced hematological side effects.

Objectives: The objective of this case report is to highlight the importance of the management of antipsychotic-induced neutropenia.

Methods: We report a patient with history of schizophrenia who developed neutropenia induced by Haloperidol, Chlorpromazine, Olanzapine, Amisulpride and Aripiprazole.

Results: We present a case of a 43-year-old male patient with a history of schizophrenia, admitted in our department for the management of a state of agitation in the context of a relapse of his condition. On admission, the patient experienced psychotic symptoms, including delusions and auditory hallucinations, in addition to negative symptoms, such as affective flattening, alogia, avolition and asociality. He was then started on 12 mg of Haloperidol and 200 mg of Chlorpromazine with a white blood cells count (WBC) of 5.98 x 10^9/L and absolute neutrophil count (ANC) of 2.52 x 10^9/L (WBC reference range: 4.0-10.0 x 10^9 /L; ANC reference range: 1.5-7.0 x 10^9 /L). The patient did not report adverse events on this medication.

15 days into hospitalization, a mild neutropenia was detected (WBC=3.92 x 10^9 /L and ANC=1.01 x 10^9 /L), leading to a discontinuation of the antipsychotic treatment. No signs of infection were found. After one month, the patient had a normal WBC and ANC. Aripiprazole was discussed as a first alternative and was begun at 5 mg/day and then at 10 mg/day. After one week of treatment with Aripiprazole, the patient's WBC was normal, but the ANC decreased again leading to a moderate neutropenia (ANC=0.91x 10^9 /L). The antipsychotic treatment was once again discontinued and the hematological evaluation found no other