EPV0829

Neuroleptic malignant syndrome with haloperidol and quetiapine treatment in a schizophrenia patient: A case report and 1 year follow up

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Introduction: Neuroleptic malignant syndrome is a rare but also life-threatening adverse reaction associated with mostly antipsychotic use. It is mostly related with the administration of D2 dopamine receptor-blocking antipsychotics or sudden discontinuation of antiparkinsonian drugs.
Objectives: In this article, we present a 55-year-old male patient diagnosed with schizophrenia who was admitted to the emergency department with acute onset confusion and fever. He had been on haloperidol and quetiapine treatment for several years.
Methods: His Creatine kinase (CK) levels were elevated (2928 - 11462 U/l within 1 day. U/l). She was admitted to the intensive care unit with an initial diagnosis of NMS. The patient's all antipsychotic treatment was discontinued.
Results: At a follow-up examination after 6 days, myoglobin, CK, and leukocyte values were noted to start decreasing. The rigidity and altered mental status improved after 6 days. After 9 days he was discharged. He was admitted to the psychiatry outpatient clinic. He was suffering from auditory hallucinations therefore the antipsychotic treatment has been started and it was planned to reach the target dose of 10mg olanzapine PO by increasing the weekly dose to 2.5 mg. However, due to the increase in the patient's auditory hallucinations, the treatment was rearranged and the target dose of 15mg was reached. After that, the patient's positive symptoms regressed significantly. The patient has been on 15 mg olanzapine treatment for the last 1 year with no positive symptoms.
Conclusions: What is the most appropriate treatment choice after NMS? There is no easy, single answer to this question. Although we were aware that there have been reported NMS cases with olanzapine use for this patient it was chosen since it is one of the second-generation antipsychotics that the patient did not use by examining the treatment history. This case shows that this syndrome may develop even after a long and stable neuroleptic treatment and the patient may continue to benefit from different antipsychotic treatments.

Disclosure of Interest: None Declared

EPV0830

Bilateral pretibial edema associated with risperidone: A case report

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Introduction: Risperidone is a benzisoxazole derivative and is an antipsychotic drug that is frequently used in psychiatric disorders with high binding to 5HT-2A, D2, α1-adrenergic and α2-adrenergic receptors. It is a second generation antipsychotic and the most common side effects are known as extrapyramidal symptoms, weight gain, sedation, hyperprolactinemia, dizziness, insomnia, anxiety and nausea. Edema has been reported in a few cases as a side effect of risperidone in the literature.
Objectives: In this case report, we aimed to present a case of peripheral edema developed in a patient using escitalopram combined with risperidone and to review the literature on this subject.
Methods: A 48-year-old male presented to the outpatient psychiatry clinic with symptoms of difficulty in controlling his irritability and anger, damaging the things around him, depression, loss of interest and desire, sleep disturbance, fatigue, and feelings of worthlessness. The patient also applied to the psychiatry outpatient clinic with similar symptoms 5 months ago, and had been on sertraline 50 mg/day and quetiapine 25 mg/day since then. But it was learned that he did not benefit, so his treatment was adjusted as escitalopram 10 mg/day and risperidone 1 mg/day. The patient, who came to the outpatient clinic control after 1 month and did not describe a similar complaint before, described peripheral edema that developed approximately 2 weeks after he started using psychiatric medication. On examination, 3+ pretibial peripheral edema was detected. Since the patient had a previous history of escitalopram use, it was recommended to continue escitalopram 10 mg/day treatment, and risperidone 1 mg/day was discontinued and he was called for control.
Results: It was observed that the edema completely resolved within 2 weeks following the discontinuation of risperidone treatment.
Conclusions: In conclusion, risperidone is an antipsychotic frequently used in clinical practice, and edema is a rare but important side effect and can be encountered even at low doses. Despite the low incidence, this side effect should be considered by clinicians. There is a need for controlled studies that explain the relationship between risperidone and edema, elucidate the mechanism of edema and investigate its incidence.

Disclosure of Interest: None Declared

EPV0831

Use and experience with six-monthly paliperidone in the Campo de Gibraltar area. Descriptive study.

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Introduction: Long-acting injectable antipsychotics have demonstrated advantages over therapeutic adherence and can reduce the rates of relapses and due to treatment discontinuation. The novel presentation of paliperidone palmitate six-month (PP6M) can simplify the treatment to two injections per year.

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