EPP0364

Correlation between reduced hepatotoxicity and affinity of antipsychotics to specific serotonin receptors in a spontaneous reporting database

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Introduction: Drug-Induced Liver Injury (DILI) is one of the most common causes of hospitalization due to liver failure and represents a considerable challenge in clinical practice. One risk factor is the long-term use of a drug. Antipsychotics are regularly prescribed over a long period of time. Therefore, potential hepatotoxicity is of particular importance here. However, DILI related to antipsychotics are still insufficiently understood.
Objectives: Within a combined pharmacoepidemiologic and pharmacodynamic approach, we examined the association between DILI and the receptor affinity of various common prescribed antipsychotics.
Methods: Disproportionality analyses were used to calculate reporting odds ratios (RORs) for reports in which drug-related hepatic disorders were reported as an adverse reaction related to antipsychotics. MedDRA terms for Drug related hepatic disorders were used to identify cases. Data were extracted from VigiBase the WHO global database of reported potential side effects of medicinal products. For pharmacodynamic evaluation, we calculated Pearson correlation coefficients between affinity for various receptors and the corresponding RORs.
Results: We observed a statistically significant (r (12) = -. 74, p = 0.002384) negative correlation between 5-hydroxytryptamine receptor 1A receptor affinity and drug related hepatic disorders. Furthermore, we observed a statistically significant (r (8) = -. 69, p = 0.02577) negative correlation between 5-Hydroxytryptamine receptor 2B receptor affinity and drug related hepatic disorders. No statistically significant association was found for other receptors.
Conclusions: In this exploratory pharmacoepidemiological and pharmacodynamic approach, no particular risk for increased hepatotoxicity related to affinity for a specific receptor was found. Interestingly, a negative correlation to two serotonin receptors was found. These findings are consistent with results from the animal model, in which improved liver function and reduced fibrogenesis were observed under $5HT_{2B}$ antagonists.

Disclosure of Interest: None Declared

EPP0365

Off-label use of atypical antipsychotics- Where are we?

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Introduction: Nowadays, In the exercise of psychiatric clinical activity, the prescription of atypical antipsychotics is a widespread practice.
However, despite the approval in the treatment of psychoses and bipolar affective disorder, where its effectiveness is clearly demonstrated, these drugs are off-label prescribed in most of the clinical situations.
Objectives: This work aims to clarify which atypical antipsychotics are most frequent prescribed and the clinical conditions where their off-label prescription is more common.
Methods: Bibliographic research in the Pubmed® database using the terms "atypical antipsychotics and off-label use"
Results: According to the scientific literature consulted, the off-label prescription of atypical antipsychotics may represent about 70% of the total prescription of these psychotropic drugs.
Risperidone, olanzapine, quetiapine and aripiprazole are the most off-label prescribed among the atypical antipsychotics.
The psychiatric conditions where atypical antipsychotics are most often off-label prescribed are addictive disorders, anxiety disorders, post-traumatic stress disorder, personality disorders, eating disorders, insomnia and dementia, where therapeutic benefits are demonstrated when carefully selected.
Conclusions: The off-label prescription can be interpreted from two points of view. On the one hand, it can guide innovation in clinical practice and improve symptoms in patients who do not respond to standard treatments. On the other hand, it may be associated with negative consequences due to the lack of data on safety and efficacy in these situations.
Despite widespread prescribing of atypical antipsychotics, there is no evidence-based recommendation beyond psychoses and bipolar affective disorder.
Thus, when prescribed, we must proceed with careful monitoring and consider the risks and benefits in relation to off-label prescription.

Disclosure of Interest: None Declared

EPP0366

Prescription of benzodiazepines and related drugs in the Psychiatry Department in the Psychiatry department of Tahar Sfar, Mahdia hospital

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Introduction: Benzodiazepines are the most widely prescribed drugs worldwide for insomnia and anxiety disorders. However, few studies have been conducted on the professional practice of these drugs for patients with psychiatric disorders .
Objectives: To describe the prescribing practices of benzodiazepines for patients with psychiatric disorders at the Psychiatry Department of the EPS Taher Sfar Mahdia.
Methods: This is a retrospective study of patients who were admitted for the first time to the psychiatry department of the EPS Taher Sfar in Mahdia and had a prescription of benzodiazepines during their hospitalization.

Results: A total of 234 patients were included in our study. We found that 77.8% of patients on benzodiazepines had a prescription for benzodiazepines for a period of less than 3 months. Secondly, we determined that 66.2% of patients who had a benzodiazepine's prescription had a taper dose of benzodiazepines before the withdrawal. No patients with contraindications to benzodiazepines had a prescription of these medications. The maximum indicated dosage was respected in 92.3% of the prescriptions. Lorazepam was the most used drug, accounting for 49.1% of prescriptions. Our study showed that 46.2% of prescriptions were for anxiolytic purposes only, 43.2% were for hypnotic purposes only. Our analysis also showed a higher proportion of males in the < 3 months group with 82.9% which is significantly higher than for females. (p=0.004).
Our analytical study concluded that gender (p=0.004), professional status (p=0.014), history of addiction (p=0.003), cannabis use (0.025) were related to the duration of benzodiazepine prescription. We noted that 89.9% (n=71) of patients with a documented history of addiction had been prescribed benzodiazepines for less than 3 months. We were also able to conclude that there were correlations between the duration of prescription and medical and/or surgical history (p=0.002), the molecule prescribed (p=0.0001) as well as the renewal of the prescription (0.0001).
However, we did not find a correlation between the associated psychiatric disorders and the duration of prescription. As well for associated psychotropic drugs and duration of prescription
Conclusions: We can conclude that misuse of benzodiazepines exists, but to a much lesser extent than in the literature. A larger-scale study would be essential to establish a Tunisian overview of benzodiazepine prescription practices.

Disclosure of Interest: None Declared

EPP0367

Effectiveness of Omega-3 polyunsaturated fatty acids reducing severe symptoms in patients diagnosed with Borderline Personality Disorder (BPD)

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Introduction: Omega-3 polyunsaturated fatty acids (PUFAs) have been studied in relation to mental illness. Among the most important omega 3 fatty acids, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) stand out, both derived from alpha-linolenic acid. Both EPA and DHA are essential fatty acids. Consequently, mammals are not capable of synthesizing them and must incorporate them through the consumption of products such as fish oil. The interest about the role of omega 3 fatty acids for the treatment of patients with impulsiveness, hostility and aggressiveness is growing and originated from the finding of a low level of EPA and DHA in the central nervous system of these individuals.
Objectives: To determine the evidence on the effectiveness of omega-3 acids in reducing severe symptoms in patients diagnosed with Borderline Personality Disorder.
Methods: A literature review was carried out in Epistemonikos, using the descriptors: "borderline personality disorder" AND "Omega-3". 7 results are obtained. The results of a time limit of 10 years with meta-analyses and systematic reviews were filtered, obtaining 7 results and selecting 3 of them for their relevance to the PICO question. Subsequently, the search was repeated using the same descriptors and time limit in the Cochrane Library, NICE, and Pubmed; no selection was made by coincidence of those previously selected.
Results: The first systematic review studied the effectiveness of omega-3 fatty acids in symptomatology associated with BPD, with differentiation of the domains of affective, impulsive and cognitive-perceptual symptoms. Within the meta-analysis, 5 randomized controlled trials (RCTs) were included that compared omega-3 fatty acids with placebo or any active comparator, four of these RCTs verified the effect of omega-3 acids in 137 patients with BPD or behavior related to the BPD.
The second systematic review, conducted in the Cochrane Collaboration, performed a meta-analysis of randomized comparisons of drug versus placebo. Twenty-seven trials testing first- and second-generation antipsychotics, mood stabilizers, antidepressants, and omega-3 fatty acids were included. For supplemental omega-3 fatty acids, significant effects were found in one study (n = 49) for reduction in suicidality (RR = 0.52, 95% CI 0.28 to 0.95) and depressive symptoms (RR = 0.48, 95% CI 0.28 to 0, 81).
Conclusions: Available data indicate that marine omega-3 fatty acids improve BPD symptoms, particularly impulsive behavioral dyscontrol and affective dysregulation, reducing depressive symptoms and suicidal tendencies. Marine omega-3 fatty acids could be considered as a complementary therapy for the improvement of severe symptoms associated with patients with BPD.

Disclosure of Interest: None Declared

EPP0368

Lurasidone augmentation to clozapine in treatment resistant schizophrenia: A pilot study

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Introduction: Treatment resistant schizophrenia still represents a major clinical and pharmacological challenge.30% of patients diagnosed with schizophrenia is characterised by a poor response to at least two different antipsychotics administered for a proper period of time and at adequate doses. Clozapine still represents the gold standard for treatment resistant patients. Unfortunately, a significant percentage of these are only partial responders. Augmentation strategies must be set up and atypical antipsychotic drugs are used in clinical practice. Promising findings have been observed in patients treated with Lurasidone as an add-on therapy with Clozapine. This novel second-generation antipsychotic has a unique receptor profile, showing 5-HT1a partial agonism and 5HT7 antagonism. These properties could also explain its procognitive effect, as several preclinical studies in literature have demonstrated.
Objectives: The aim of our study is to highlight the advantages of add on therapy with Lurasidone compared with treatment as usual