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.