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EV1135

Intramuscular maintenance treatment with ultra-high-dose long-acting injectable aripiprazole in an elderly patient suffering from chronic refractory schizophrenia: A case report

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Long-acting injectable (LAI) aripiprazole is increasingly appreciated in the course of a maintenance treatment of schizophrenia due to efficacy in delaying – and decreasing relapse, and low rates of feared side effects. In line with the prescribing information, the maximal starting – as well as maintenance dose was restricted to 400 mg following a 26-day interval between the single doses.
We present a 72-year-old female inpatient (66 kg) with an acute exacerbation of chronic refractory schizophrenia, exhibiting primarily positive symptoms including excessive persecutory delusions, self-care deficit, poor insight and insufficient adherence to continuous intake of oral medication. Since she developed a post-injection syndrome after an accidental intravascular administration of olanzapine LAI 405 mg, the antipsychotic treatment was switched to aripiprazole LAI 300 mg once monthly. Due to insufficient clinical response, aripiprazole LAI was gradually increased up to 1200 mg per month under continuous plasma level monitoring. Here, 2 single injections of aripiprazole LAI 300 mg were delivered into both gluteal muscles concurrently, every 14 days.
Consequently, we observed a clinically meaningful improvement (a total-score reduction from 111 to 75 on the Positive and Negative Syndrome Scale), as well as no objectifiable side effects, assessed by "The Dosage Record Treatment Emergent Symptom Scale" and "The Barnes Akathisia Rating Scale", despite multi-morbidity and rather advanced age of the patient.
Our safe experience with applying the almost threefold higher monthly dose over 12 weeks may encourage researchers to further investigate the efficacy, tolerability as well as handling of highly dosed aripiprazole LAI in refractory schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1136

Neurological symptoms in schizophrenia: A case report

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Introduction Patients with epilepsy and schizophrenia could present atypical clinical presentations with neurological symptoms that are not frequently presented in schizophrenia.
Case Report We report the case of a 41-year-old male who was diagnosed of schizophrenia and was admitted into a long-stay psychiatric unit. He started at 33 years old with a depressive disorder. After prescribing venlafaxine, symptoms did not remit and the patient started to present apathy, anhedony, impoverished speech, social isolation and blunted affect. Then, the patient started to present behavioral disturbances consisted in regressive behavior, aggressive behavior, inappropriate language, echolalia, sexual disinhibition, impulsivity, worsening of executive functions and soliloquies. A neurological study was made with CT scan and electroencephalography, and no evidences of neurological abnormalities were found. After that, clozapine was prescribed, with an improvement of some symptoms like apathy, anhedony and aggressive behavior, but persisting the impulsivity, regressive behavior, inappropriate language, sexual disinhibition and echolalia.
Discussion Patients with schizophrenia and epilepsy could not respond appropriately to antipsychotic drugs. In this patient, the psychiatric symptoms more frequently seen in schizophrenia responded well to clozapine, but neurological symptoms did not improve with the standard treatment, causing a severe disability to the patient that was the main reason for his prolonged admission.
Conclusions It is recommended to make a detailed neurological exploration in all psychiatric patients, in order to explore atypical symptoms and comorbidities that could reveal new diagnosis and therapeutic objectives.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Obsessive symptoms in schizophrenia: A case report

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Introduction Schizophrenia could be presented with obsessive thoughts or an obsessive-compulsive disorder. It is known that some antipsychotics like clozapine could cause obsessive symptoms or worsen them.
Case Report We report the case of a 53-year-old male who was diagnosed of schizophrenia. The patient was admitted into a long-stay psychiatric unit due to the impossibility of outpatient treatment. He presented a chronic psychosis consisted in delusions of reference, grandiose religious delusions, and auditory pseudohallucinations. He often presented behavioral disturbances consisted in auto and heteroaggressive behavior, being needed the physical restraint. Various treatments were used, including clozapine, but obsessive and ruminative thoughts went worse. Because of that, clozapine dose was lowed, and it was prescribed sertraline and clomipramine. With this treatment the patient presented a considerable improvement of his symptoms, ceasing the auto and heteroaggressive behavior, presenting a better mood state, and being possible the coexistence with other patients. Psychotic symptoms did not disappeared, but the emotional and behavioral impact caused by them was lower.
Discussion This case report shows how a patient with schizophrenia could present severe behavioral disturbances due to obsessive symptoms. If obsessive symptoms are presented, clozapine must be at the minimum effective dose and antidepressants with a good antiobsessive profile.

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