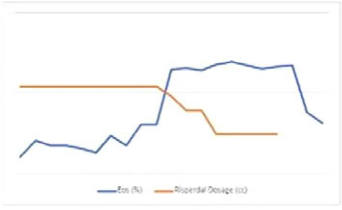
Objectives: The presentation of a case in which eosinophilia was associated with risperidone withdrawl which has not been described so far.
Methods: A 46-year-old woman with schizophrenia diagnosed at the age of 22 was admitted in our inpatient psychiatric clinic with psychotic symptoms relapse after she voluntarily discontinued risperidone. The patient was fully evaluated with full laboratory tests, a brain CT scan, EEG and her medical and psychiatric histories were recorded.
Results: Risperidone was reinitiated but due to the persistence of symptoms it was switched to clozapine which lead to full remission. It was observed though, that while gradually decreasing risperidone dosage (Figure 1.), eosinophile count was raising and it was normalized after complete discontinuation. Eosinophilia was also present in other instances that the patient discontinued taking risperidone according to her personal history. Other causes of eosinophilia (allergic, inflammatory) were fully excluded.



Eos (%)	Risperidone Dosage (cc)
1,6	12
1,8	12
2,9	12
4	12
19,2	9
20	6
18,8	6
22,3	3
24,2	3
21	3
21,7	0
5,7	0

Conclusions: Risperidone discontinuation could lead to an elevated eosinophile count. There is limited research in this topic and it is yet to be clarified whether the elevation is due to stopping one antipsychotic or switching between two different antipsychotics. It is important to run laboratory tests regularly with every treatment modification.

Disclosure: No significant relationships.
Keywords: risperidone withdrawl; eosinophilia

EPV1148

Treating Patients with Aripiprazol: A Safe Gamble?

B. Leal*, D. Vila-Chã, S. Garcia, I. Pinto, R. Mateiro, M. Avelino, M. Martins and J. Salgado

Centro Hospitalar Psiquiátrico de Lisboa, Clínica 1, Lisboa, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1838

Introduction: Aripiprazole (ARI) is an atypical antipsychotic drug with D2 partial agonist properties, usually prescribed to treat mood disorders (major depression or bipolar disorder) and schizophrenic disorder (schizophrenia or schizoaffective disorder). Dopamine receptor agonists, as is ARI, have been implicated in some cases of impulse-control problems, such as gambling disorder (GD), increased spending, hypersexuality and compulsive eating.
Objectives: Currently, it is hypothesized that aripiprazole may cause impulse-control problems because it can produce a hyperdopaminergic state in the mesolimbic pathway (reward system) through its predominant action on dopamine D3 receptors. We intend to do a non-systematic review of the scientific information regarding this subject.
Methods: The authors revised the published literature about this topic, selecting relevant articles, systematic reviews and case reports, with the topic words: "aripiprazol", "gambling disorder" and "dopamine receptor" in scientific data base.
Results: Overall, a few cases of ARI-induced pathological gambling as well as ARI-induced hypersexuality have been reported. In one study it was verified that comorbid psychiatric and substance use disorders were common among those who have experienced GD or worsened GD after beginning ARI treatment. In another study, it was verified that the group of patients who reported this alleged side-effect were mostly young (mean age, 33.6 years), mostly men (88.2%) and most lived alone.
Conclusions: Attributing to dopamine agonists the only factor that can explain the onset of GD is simplistic and dangerous. Many other potential risk factors, including individual vulnerability factors (temperament, genetics) as well as environmental factors, must be considered.

Disclosure: No significant relationships.
Keywords: Gambling Disorder; Aripiprazol; Dopamine receptor

EPV1149

Clozapine induced pneumonia: A case report of diagnostic difficulties in the time of Covid-19

R. Softic[1]*, A. Tahirovic[2], G. Sulejmanpasic[2], A. Memic Serdarevic[2], A. Cesir[2] and N. Becarevic[1]

[1]University Clinical Center Tuzla, Of Psychiatry, Tuzla, Bosnia and Herzegovina and [2]Clinical Centre University of Sarajevo, Psychiatric Clinic, Sarajevo, Bosnia and Herzegovina
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1839

Introduction: Clozapine is a drug that can cause several side effects. Among the less commonly described is a drug-induced lung disease. Due to its non-specific clinical presentation, it represents a diagnostic challenge. The diagnosis is made based on: 1. Association of exposure to the agent and development of symptoms, 2. Pulmonary infiltration, 3. Exclusion of other causes, 4. Withdrawal of symptoms when the agent is excluded from therapy. To date, there have been only a few descriptions of this condition.
Objectives: Case report of rare side effect of clozapine.
Methods: Case report
Results: Case report: male patient (37) with schizophrenia, was hospitalized after a brutal suicide attempt. The PCR test for COVID-19 that was routinely performed on admission was negative. After the introduction of clozapine into therapy, the patient became febrile. There was a drop in oxygen saturation, a Lung CT scan showed inflammatory changes *(„ground-glass opacities")*, and COVID-19 pneumonia was suspected. Due to the worsening of the mental state, the dose of clozapine was increased. The physical condition further deteriorated: febrile, sO2 declining. After repeated PCR tests for COVID-19 (all negative), interstitial pneumonia caused by clozapine was suspected, and clozapine was excluded from therapy. The physical condition started to improve. Quetiapine was introduced, and occasional episodes of agitation were relieved with intramuscular diazepam. In the following days, the patient's mental state improved and he was discharged.
Conclusions: Despite its superiority over other antipsychotics, clozapine was with good rationale ranked third in treatment guidelines for schizophrenia.

Disclosure: No significant relationships.
Keywords: Side effects; clozapine; Pneumonia

EPV1150

Hydroxychloroquine induced QT prolongation in a schizoaffective patient being treated for a COVID-19 infection: A Case Report.

R. Amazan[1]*, P. Korenis[2] and S. Gunturu[2]

[1]Bronxcare health system, Psychiatry, Bronx, United States of America and [2]Bronx Care Health System-Affiliated with the Icahn School of Medicine at Mount Sinai, Psychiatry, New York, United States of America
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1840

Introduction: Hydroxychloroquine an antimalarial medication has been approved in March 2020 by FDA for treatment of hospitalized patient with COVID-19 infection. Even thus, its efficacy has been controversial, it still being used worldwide. This medication also causes some serious side effects. Here we present a case of a woman with a very long history of treatment resistant schizoaffective disorder, on clozapine, who develops QT prolongation after receiving hydroxychloroquine for the treatment of COVID-19 infection.
Objectives: Despite the controversy, this case aims to shed light on the importance of monitoring QTc via EKG in patient receiving hydroxychloroquine[7]. More importantly to avoid antipsychotic while patient is receiving this medication since both hydroxychloroquine and most antipsychotic can increase QTc.
Methods: This case report was written by reviewing chart of the patient and also via direct interaction and interviews with the patient.
Results: This case report showed and increased in QTc interval after receiving hydroxychloroquine, which is also reported by others including Moussa Sleh et al in their article on Effect of Chloroquine, Hydroxychloroquine, and Azithromycin on the Corrected QT Interval in Patients With SARS-CoV-2 Infection[4]. The increase in Qtc could have been worse if Clozapine was not stopped during this time.
Conclusions: COVID-19 pandemic has caused more than 700000 deaths around the globe and more than 150000 deaths in the United States of America. Psychiatric patients are also getting hospitalized and receiving treatment with hydroxychloroquine. Holding antipsychotics and monitoring of QTc via EKG resulted crucial in limiting the adverse effect of QT prolongation of both medications.

Disclosure: No significant relationships.
Keywords: Hydroxychloroquine; schizoaffective; QT prolongation; Covid-19

EPV1152

Diagnosis and treatment of tremor in psychiatric patients

P. Van Harten

GGz Centraal, Scientific Research, Amersfoort, Netherlands
doi: 10.1192/j.eurpsy.2022.1841

Introduction: Tremor is the most common movement disorder in adults. Due to the visibility, feelings of shame are often present. Many (psycho)pharmacological drugs can induce tremor or increase its severity as a side effect. Sometimes the burden of this side effect is greater than the burden of the psychiatric problem.
Objectives: Knowledge of the different kinds of tremor in psychiatry, and the drugs that may be responsible. Differential diagnosis Treatment of tremor in psychiatry.
Methods: A literature search on the most recent insights into classification, diagnosis, differentiation and treatment was carried out with emphasis on drug-induced tremor and its treatment.
Results: The basic classification is resting, action and intention tremor. Tremors may be due to neurological and metabolic syndromes. Differentiation can often be made according to the time of onset, relation with starting or increasing the dosage of the medication and the course. Rest tremor is often related to antipsychotics and antiemetics and action tremor to lithium, antidepressants, valproic acid, and other anticonvulsants, but also to many drugs used in somatic conditions. The development of intention tremor should alarm the doctor because it could be an intoxication. Treatment of drug-induced tremor consists of reducing the dose or discontinuing the drug in question or switching to another drug with less risk of tremor. If this is not effective, adding a tremor suppressant may help (propranolol, primidone in action tremor and anticholinergics or amantadine in resting tremor.
Conclusions: Tremor is a common side effect of many (psycho) pharmacological agents and treatment is often possible.

Disclosure: No significant relationships.
Keywords: Drug-induced; extrapyramidal; Tremor; Antipsychotics

EPV1153

Incidence of clozapine-induced hematological side effects in a Tunisian population

M. Shiri[1]*, A. Ouertani[2], S. Madouri[2] and U. Ouali[2]

[1]Razi hospital, Psychiatry A, Manouba, Tunisia and [2]Razi Hospital, Psychiatry A, manouba, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1842

Introduction: Clozapine is commonly associated with adverse hematological outcomes. However, incidence of blood dyscrasias in the north African population is scarce.
Objectives: The aim of this study was to assess the incidence of hematological side effects in a Tunisian sample of clozapine treated patients.
Methods: We conducted a retrospective longitudinal chart review of 64 patients on clozapine enrolled in our clozapine consultation between January 1, 2000 and September 2020.
Results: Our sample consisted of 15 women (23.5%) and 49 men (76.5%), mean age was 41.34 ±9.32 years. Patients were diagnosed with schizophrenia in 70.3% of the cases, 7 (10.9%) had a bipolar disorder and 12 (18.8%) had a schizoaffective disorder.We found blood dyscrasias in 21 patients (32.8%). Hematological abnormalities were as follow: 2 cases of agranulocytosis, 8 cases of neutropenia, 13 cases of thrombocytopenia, 5 cases of leukocytosis, 5 cases of eosinophilia and 3 cases of anemia. The incidence rate of hematological side effects was 0.1 case/year- person. The mean clozapine dose at the time of onset of the hematological side effect was 309.52 mg/day(range 25-600 mg/day).The median duration of clozapine treatment prior to developing hematological side effects was 119.71±126.52 days.Clozapine discontinuation was decided in