

EV1329

Psychiatry heal thyself: a lifestyle intervention targeting mental health staff to enhance uptake of lifestyle interventions for people prescribed antipsychotic medication

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Introduction People experiencing severe mental illness (SMI) face a shortened life expectancy of up to 20 years, primarily due to preventable cardiovascular (CV) diseases. Lifestyle interventions are effective in reducing CV risk, yet examples of service-wide interventions are lacking. Staff culture remains a barrier to the successful implementation of lifestyle interventions. The Keeping the Body in Mind (KBIM) program, established by SESLHD (Australia), aims to close the gap in life expectancy through multidisciplinary teams, including clinical nurse consultants, dietitians, exercise physiologists, and peer support workers. Prior to the KBIM rollout, an individualized lifestyle intervention called Keeping Our Staff In Mind (KoSiM) was offered to all district mental health staff.

Objective KoSiM examined the effectiveness of a staff intervention to improve physical health, confidence, knowledge and attitudes of mental health staff.

Methods Mental health staffs were invited to participate in an online survey and a 4-week individualized intervention including personalised health screening and lifestyle advice, with a 16-week follow-up. Outcomes assessed included: attitudes, confidence and knowledge regarding metabolic health, weight, waist circumference (WC), blood pressure, sleep, diet, physical activity and exercise capacity.

Results Of a total of 702 staff, 204 completed the survey (29%). Among those completing the survey, 154 staff (75%) participated in the intervention. A mean decrease in waist circumference of 2 ± 2.7 cm, ($P < 0.001$) was achieved. Among staffs that were overweight or obese at baseline, 75% achieved a decrease in WC.

Conclusion Improving staff culture regarding physical health interventions is an important step in integrating lifestyle interventions into routine care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2314>

EV1330

Prolactine borderline, a case report

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Introduction It is known that antipsychotic drugs can increase prolactinaemia, we report a case in which the use of aripiprazole after treatment with paliperidone helped regaining normality levels.

Case report During treatment with PALiperidone 12 mg/day the patient, a 27-year-old female diagnosed with borderline personality disorder, developed hyperprolactinaemia with galactorrhea and menstrual disorders. During hospitalization, aripiprazole is introduced while paliperidone is progressively decreased. Antipsychotic were prescribed because delusions of reference and auditory pseudo-hallucinations arose suddenly in a woman without history of previous psychotic breaks. Before treatment with aripiprazole, prolactinaemia was 156,96 ng/mL (pregnancy test was negative) and after stopping, paliperidone was 23,60 ng/mL.

Discussion If hyperprolactinaemia symptoms appeared (galactorrhea...), aripiprazole is a good option if antipsychotic treatment is required. In this case, paliperidone was decreased slowly, while aripiprazole was increased, until minimum effective dose was reached.

Conclusions Hyperprolactinaemia is a common side effect in antipsychotic treatments and if symptoms appeared aripiprazole is a good option.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2315>

EV1331

Delirium associated with sertraline, a case report

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Introduction Delirium is a clinical entity consisting of acute loss of consciousness, with attention deficit and fluctuating evolution. Antidepressive medication can cause these symptoms or worsen them.

Case report We report the case of a 84-year-old blind female who was diagnosed of delirium in relation to intoxication with sertraline. The patient was admitted into a short-stay psychiatric unit for three days. She presented behavioural disturbances consisting in auto and heteroaggressive behaviour, altered consciousness and visual hallucinations (rocks, turtles). When dosage of sertraline was doubled from 50 mg/day to 100 mg/day visual hallucinations started. There were not other medical causes found, so sertraline was suspended, achieving clinical improvement.

Discussion This case report shows how a patient with antidepressive treatment can display delirium. The three main causes of delirium that are infections, side effects and methabolic syndrome.

Conclusions In the case of treating a patient with delirium, the presence of previous illness has to be investigated. It is indispensable to describe the presence of previous illness, medication and recent changes of the dosages in the medical history in a patient with Sertraline.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2316>

EV1332

Drug eruption due to bupropion, a case report

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Introduction We present a clinical case of eruption caused by the use of bupropion. Bupropion is known to cause hypersensitivity reactions.

Case report We report the case of a 48-year-old female who was diagnosed of depressive disorder. She went to emergency because a few days after prescribing bupropion (150 mg/24 h) scaly skin eruptions were found distributed along the skin. In the present case, after its introduction, bupropion was found to be a probable etiological agent. The patient was successfully treated with corticosteroids. Because of that, bupropion dosage was stopped and replaced with fluoxetine. No remissions and exacerbations were noticed in a month's follow up.

Discussion In this case report, we present a patient with an eruption related to bupropion. The aetiological spectrum of erup-