Objectives: The study of persistent hiccup as an adverse effect of antipsychotic medication.
Methods: Monitoring for adverse effects during admission.
Results: On the 8th day of admission, oral olanzapine 10 mg was commenced at night. On the 9th day, olanzapine was increased to 20 mg per day. Discontinuation of intramuscular medication occurred on the 16th day. After presenting no clinical improvement for 27 days with the administration of olanzapine as monotherapy, amisulpride at 2ml per day was initiated alongside the Olanzapine. In the context of medication titration, amisulpride reached 8ml per day, equivalent to 800mg per day after 2 months of hospitalisation.
Conclusions: Apart from minor constipation, no other gastrointestinal health problems were reported in his records. The onset of the hiccups occurred along the dosages of 800mg/day of amisulpride and 20mg/day of olanzapine.
There was a satisfactory response to treatment evidenced by a 30% reduction on the Positive scale of the PANSS, however, the hiccups did not recede.

Disclosure of Interest: None Declared

EPV0838

Lithium: Managing Cognitive Impairment and Sexual Problems

J. Petta*, A. L. Falcão, G. Soares and A. Lourenço
[1]Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal
*Corresponding author.
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Introduction: Patients taking lithium complain of cognitive impairment. This was assumed to be real by expert clinicians for years until relatively recent objective neuropsychological studies have failed to verify much impairment.
Second and perhaps underemphasized side effect from lithium is sexual dysfunction.
Objectives: The objective of this review is to highlight for the cognitive and sexual problems, which are two very important areas for discussion with patients. It should be brought up right when beginning to prescribe.
Methods: Data was obtained through an internet-based literature review, using the research platform PubMed and the World Health Organization website. Eight articles from the last five years were included.
Results: Due to the lack of evidence in neuropsychological studies, what was considered to be impaired cognitive function in the past has been recently considered a loss of sharp thinking in manic states or mild persisting depressions.
About sexual dysfunction it is important eliminating other possible causes, lowering lithium dose, timing sex, and taking sildenafil and 240 mg/day of aspirin may help.
Conclusions: Cognitive impairment and sexual problems are two important subjects that involve the issues of dosing, of managing and dealing with people's willingness to take lithium.
Providing psychoeducation about these possible effects can head off abrupt discontinuation impulses.

Disclosure of Interest: None Declared

EPV0839

Aripriprazole induced severe oculogyric dystonia treated with electroconvulsive therapy(ECT)

K. Bhat Shah[1]*, T. S. Bhat[2], J. S. Pawar[3] and N. Pande[4]
[1]Ophthalmology, JMF'S ACPM Medical College Dhule; [2]Psychiatry, JMF'S ACPM Medical College; [3]Psychiatry, Shri Bhausaheb Hire Medical College, Dhule and [4]Psychiatry, Orange City Hospital, Nagpur, India
*Corresponding author.
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Introduction: Aripiprazole is the third generation Antipsychotic, and Dopamine serotonin system stabiliser.It is partial agonist at D2 and 5 HT1 A and antagonist at 5 HT2.Most commonly seen adverse effects are Akathesia, fatugue,insomnia and headache the major advanatage is less propensity for extrapyramidal side effects and lmetabolic side eefects.
Objectives: To report a case of Schizophrenia treated with Aripiprazole 15mg/day developiing occular gyric crisis which was tratment resistant.
Methods: We administered Electroconvulsvive therapy, bidirectional brief pulse constant current 8 ECTS, under General anesthesia with medical fitness .
Results: Patient Showed complete resolution of Dystonia after second ECTs and Showed improvment in Pyschosis Parameterd. Assessment using Naranjo Protocol made.
Conclusions: Electroconvulsive therapy therapy is viable alternative to manage Dystonia when medical treatment fails

Disclosure of Interest: None Declared

EPV0840

ARIPIPRAZOLE-INDUCED OCULOGYRIC CRISIS (ACUTE DYSTONIA)

L. Rodriguez Andres[1]*, C. Vallecillo[2], L. Gallardo Borge[3], C. M. Capella Meseguer[4], G. Guerra Valera[5] and C. Noval Canga[6]
[1]Psychiatry; [2]Hospital Clinico Universitario de Valladolid, Valladolid; [3]Complejo Asistencial de Segovia, Segovia; [4]Hospital Universitario de Zamora, Zamora; [5]Hospital Clínico Universitario de Valladolid, Valladolid and [6]Hospital Universitario Central de Asturias, Oviedo, Spain
*Corresponding author.
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Introduction: Aripiprazole is a third generation atypical antipsychotic and a dopamine serotonin system stabilizer, effective against positive and negative symptoms of schizophrenia. Within the group of atypical antipsychotics, aripiprazole shows a relatively benign safety profile (e.g. lower metabolic impact, mild effect on cardiovascular parameters), although the reported rate of extrapyramidal side effects is measurable.
Oculogyric crisis (OGC) is a rare movement disorder characterized by a prolongued involuntary upward deviation of the eyes, lasting minutes to hours. In most cases, OCG is a drug-induced adverse event with acute or tardive onset often attributable to a functional impairment of dopaminergic neurotransmission.

Objectives: OGC is seldom reported in children and young adults during treatment with aripiprazole, althouh it is commonly used in youths.
Methods: We report a case of an aripiprazole-induced oculogyric crisis in a 19 year old girl who diagnosed with schizophrenia (paranoid).
Results: There was a complete remission of the OGC's following aripiprazole dose reduction, suggesting the clinical manifestation was a dose-dependent phenomenon.
Conclusions: The present report should raise awarness among clinicians for this relevant possible adverse event, that can happen also with the use of aripiprazol, not only with typical or more antidopaminergic antipsychotics. Future research in the field should emphasize neurobiological dysfunctions as the basis of EPS/OGC in patients.

Disclosure of Interest: None Declared

EPV0841

Metformin as a tool to control antipsychotic-induced metabolic syndrome - case report

L. Horosan[1]*, D. E. Nistor[1], I. Paunica[2] and R. A. Stoica[2]

[1]Psychiatry, Prof. Dr. Alexandru Obregia Psychiatry Hospital and [2]Diabetes Nutrition and Metabolic Disease, Prof. Dr. N. Paulescu Institute of Diabetes Nutrition and Metabolic Disease, Bucharest, Romania
*Corresponding author.
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Introduction: The decreased capacity of testing reality causes patients with psychosis consequences regarding their families, professional life, and social interactions, with an overall reduction in quality of life. In these cases, antipsychotic treatment is mandatory to recreate the patient's connection with the environment. Second-generation antipsychotics (SGAs), particularly clozapine and olanzapine, can have severe metabolic side effects that impact body weight, insulin resistance, and glucose metabolism. The specific mechanism that determines such metabolic processes is not yet fully understood. Recent research has demonstrated that metformin may be utilized to regulate metabolic processes. The ultimate purpose of using this adjunctive therapy is to effectively control both physical and mental health difficulties among psychiatric patients.
Objectives: The primary purpose of this report is to underline the importance of adverse metabolic reactions of antipsychotics and to study the effectiveness of metformin regarding this matter.
Methods: Our patient is a 33 years-old man who was diagnosed with schizoaffective disorder around the age of 32. He was initially treated with olanzapine; during the first year, he gained more than 20kg. Severe weight gain was a significant health factor that determined us to search for therapeutic alternatives. Metformin was added, monitoring BMI and abdominal circumference. Because of the severe body weight gain, switching from olanzapine to aripiprazole was attempted, but the psychiatric symptoms worsened. Paliperidone was considered and administered, concomitant with rising doses of metformin. Although an initial increase in body weight was documented when paliperidone was administered, his body weight deescalated significantly after metformin reached a therapeutic dose of 2000mg per day.
Results: Metformin co-administered with antipsychotic medication helped to control the severe metabolic adverse effects in this case. Reaching a lower BMI index after adding metformin to paliperidone was a therapeutic goal and essential for the patient's physical and psychological health.
Conclusions: Metformin is a complex treatment widely prescribed as an antidiabetic drug. Lately, attention has shifted towards its effects on controlling the adverse metabolic effects of antipsychotics. This case underlines the importance of the metabolic syndrome as an adverse reaction of the SGAs and presents the results of this treatment option for schizoaffective disorder treated with antipsychotics. Although the current recommendation is to switch to another antipsychotic with lower metabolic risk, the new drug may not control the psychiatric symptoms in all cases. Therefore, metformin is an adjuvant solution in situations where antipsychotic treatment can cause severe metabolic reactions with a significant impact on the patient's physical health.

Disclosure of Interest: None Declared

EPV0842

Subcutaneous ketamine in the treatment of depression and suicide risk: case report.

M. A. Cigognini[1]* and D. V. D. Meene[2]

[1]Psychiatry, Institute and Department of Psychiatry of Clinics Hospital of the University of São Paulo Medical School, São Paulo and [2]Psychiatry, Instituto de Neurosciência & Comportamento, Blumenau, Brazil
*Corresponding author.
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Introduction: Several studies have shown that ketamine, an NMDA receptor antagonist, represents a promising alternative in treating depression and suicide. The intranasal or intravenous use of ketamine, currently used, has limitations in terms of cost and complexity. The subcutaneous (SC) route may be an affordable alternative for the treatment of depression and suicidality.
Objectives: To evaluate the response of SC ketamine (0,5 mg/kg) applications on depressive, anxiety, and suicide symptoms.
Methods: A patient with unipolar depression and suicide attempt was submitted to 3 sessions of SC ketamine (0,5 mg/kg). The applications had 2 days of intervals. Clinical evaluations were measured by BDI, BSI, and BAI. The vital signs were monitored under 2 hours after injections and the potential side effects.

	BDI	BSI	BAI
Application 1	26	14	18
Application 2	03	00	00
Application 3	02	00	00

Results: Changes in measurement instruments according to applications can be seen in Tab 1:

	BP	HR	RF	OX	ECG
Nine measurements (average)	123/80	78,86	17,55	99%	NP