EPV1177

Valproate-induced hypothyroidism in schizoaffective disorder

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Introduction: Valproate is widely used in the treatment of maniac and mixed episodes and is well known to be safe with side effects being mostly related to hepatic disorders and psychomotor retardation.
Objectives: Raising attention to valproate-induced hypothyroidism that despite the increasing evidence tends to be neglected.
Methods: Here, we report a case of a 55-year-old woman, with a previous diagnosis of schizophrenia, treated for many years with 200mg of zuclopenthixol triweekly and 2mg of risperidone daily. Patient developed a maniac episode characterized by elevated mood, sense of grandiosity, increased energy and psychomotor activity, disinhibition and insomnia. No laboratory abnormalities were detected and inpatient treatment was initiated with paliperidone up to 12mg/day and valproate 1000mg/day.
Results: Patient showed progressive clinical recovery attaining full remission within 2 weeks. Despite the absence of clinical side effects and the valproate serum levels of 74.9µg/mL (range 50–100µg/mL), laboratory testing found progressive reduction F-T4 down to 0.45ng/dL (range 0.8–1.5 ng/dL) and a concomitant upregulation of TSH to 73.99mUI/L (range 0.55–4.8mUI/L). Thyroid autoantibodies and thyroid echography were negative. Considering that patient was previously medicated with risperidone, it was suspected that her hypothyroidism was caused by valproate. Normalization of thyroid function was observed after 21 days valproate withdrawal. Patient is currently being treated with 150 mg paliperidone (monthly) with no recurrence of mood or psychotic episodes and maintain normal thyroid function.
Conclusions: Our case emphasizes the need for extended laboratory testing upon prescription of new pharmacological medications as severe analytic alterations can take place in the absence of immediate clinical manifestation.

Disclosure: No significant relationships.
Keywords: valproate; Hypothyroidism

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Psychocardiology in a heartbeat: cardiac complications to consider in psychopharmacology

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Introduction: Antidepressants and antipsychotics have a wide range of cardiac side effects. Although the absolute risk is considered low, some are potentially life-threatening.
Objectives: We aim to review the main cardiological complications of antidepressants and antipsychotics and their management. We will consider 1) QTc prolongation and arrhythmia 2) heart rate 3) blood pressure 4) myocarditis.
Methods: Review of cardiological complications of antidepressants and antipsychotics.
Results: Qtc prolongation is correlated with arrhythmia risk. QTc is obtained with Bazett's formula, which has limitations. All inpatients and some outpatients starting antipsychotic should undergo ECG. Increased QTc can result in different approaches, depending on severity. Most antidepressants do not significantly affect QTc, except for escitalopram and tricyclics, mostly in overdose. Sinus tachycardia can occur with most antipsychotics. Tricyclics can also produce this effect. Other causes should be excluded, and management can be achieved with bisoprolol. Other antidepressants most commonly produce a slight decrease in heart rate or have a minimal to no effect. Antipsychotics can cause hypertension or hypotension depending on the degree of affinity to specific adrenergic receptors. Tricyclics can lead to postural hypotension. Antidepressants interfering with noradrenaline can cause hypertension. Myocarditis is mostly associated with clozapine. Patients should be screened for clinical signs and laboratory findings - especially in the presence of risk factors. Suspicion should prompt echocardiological examination and confirmation leads to cardiology referral.
Conclusions: Weighing the risks and benefits of these medications is a continuous process. Management of cardiological complications is possible and may involve a multidisciplinary approach.

Disclosure: No significant relationships.
Keywords: Antidepressants; Antipsychotics; Cardiology; Complications

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Antipsychotics and mood stabilizers on risk for hepatic failure in people with schizophrenia and bipolar disorder.

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Introduction: Patients with severe mental disease have a considerably shorter lifespan than the general population. The majority of psychiatric drugs are metabolized by the liver. Cytochromes play a central role, interactions between drugs are expected. Neuroleptics are frequently associated with weight gain, steatosis development, elevation of liver enzymes and rare acute cytolytic hepatitis, particularly with clozapine and olanzapine. Mood stabilizers, like Valproate classically gives mitochondrial steatosis with potentially important damages, and also possible acute liver failure.
Objectives: This case presents a 56-year-old patient, previously diagnosed of schizoaffective disorder, with chronic psychotic symptoms that showed high drug resistance. She had been treated in the past with most common antipsychotic drugs with no clinical response. While being in treatment with valproate and olanzapine, she was started on