33 (7.3%) delusional disorder and 34 (7,6%) schizoaffective disorder. The off-label use of clozapine was 19,1 %. The average mean dose used was 246,2 mg/day and 59% of the patients on clozapine were on polytherapy. Only 14,7% of these patients had a previous trial with clozapine on monotherapy.
Conclusions: Rates of polytherapy, previous trials of clozapine monotherapy, off label use, rates of discontinuation and other variables are to be considered to precisely map the adequate use of clozapine in clinical settings.

Disclosure: No significant relationships.
Keywords: clozapine; Patterns of use; PSYCHOTIC DISORDERS

EPV1145

Amisulpride-induced late-onset rabbit syndrome: Case report and literature review

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Introduction: Amisulpride is an atypical antipsychotic. Rabbit syndrome(RS) may be seen after antipsychotics use a few days or long-term application. RS occurs after more frequent typical antipsychotics and also in rare cases atypical antipsychotics.Its characterized by the involuntary rhythmic movements of the lips however involves no tongue movements.
Objectives: Case report and reflection on its etiology
Methods: Case report and literature review
Results: A 28-year-old female with a diagnosis of schizophrenia applied with the complaints and symptoms of withdrawal, do not want to leave the house, physical anergy and avolition that started after stopped taking her medications. She was admitted to the psychiatry service and amisulpride treatment was started and was gradually increased to 800 mg/day. After 30 days of hospitalization, the patient was discharged with mild recovery. 14 days after the discharge, because of the abnormal involuntary movements in mouth, the patient applied. In clinical examination without tounge involvement, rhythmic motions were observed in the lips and jaw. Neurological examination, labrotory tests and cranial screening were all normal. She was evaluated by a private psychiatrist and was diagnosed with RS. Amisulpride treatment changed to olanzapine treatment with 15 mg/day. After two months, RS spontaneously regressed.
Conclusions: The resolution of the involuntary movements following discontinuation of amisulpride in our case, supported the diagnosis of RS. Although the mechanism by which RS emerges as a side-effect of amisulpride is not fully understood, the drug's high affinity for and selective binding to dopaminergic D2 and D3 receptors are thought to be responsible for this involuntary motion disorder.

Disclosure: No significant relationships.
Keywords: Antipsychotics side-effects; amisulpride; rabbit syndrome,

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Management of antipsychotic-related sexual dysfunction

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Introduction: Sexual dysfunction (SD) can often be a side-effect of treatment with antipsychotics (APS). It often jeopardizes long-term adherence to treatment, while deeply affecting the patient's quality of life. The pathogenic mechanisms may be associated with post-synaptic dopamine antagonism, a_1-antagonism and prolactin elevation. APS-induced hyperprolactinemia has been linked to the occurrence of galactorrhea, gynecomastia, amenorrhea and SD.
Objectives: To synthesize the available evidence on the management of APS-related sexual dysfunction, with a main focus on the second-generation antipsychotics.
Methods: A search for randomized controlled trials (RCT) published between 2021 and 2011 on PubMed was made using the keywords "sexual"; "dysfunction"; "antipsychotic" and "treatment", from which resulted sixteen articles. Only six of those were considered relevant for the study's objectives.
Results: Three studies focused on the comparison between different APS and prolactin levels and SD occurrence, showing that treatment with aripiprazole is mostly related to prolactin levels with the normal range and a lower incidence of sexual dysfunction. Addition of aripiprazole to previous APS may be associated with normalization of sexual function and pose as a possible management option. Adjunctive treatment with tadalafil showed no significant effect on its primary outcome.
Conclusions: There seems to be a general consensus that patients treated with first-generation antipsychotics (FGA), along with risperidone, paliperidone and amissulpride show higher prolactin levels and incidence of SD. Whether there is a causal relationship between these two variables still remains a question. Larger and more prolonged trials are still needed to evaluate APS-related sexual dysfunction and its management.

Disclosure: No significant relationships.
Keywords: sexual; Treatment; dysfunction; antipsychotic

EPV1147

A case report of eosinophilia associated with risperidone withdrawl in a patient with schizophrenia

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Introduction: Risperidone, a second generation antipsychotic, shows high affinity with serotoninergic and dopaminergic D2 receptors, but also adrenergic and H1 histaminergic receptors. Previous studies have shown an increase in eosinophile count associated with the second-generation antipsychotics through the histaminergic path.