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A report of use of baclofen in intractable hiccupsR. Dhakad^{1*}, V. Niranjana², P. Rastogi² and V. Pal²¹Psychiatry, MGM Medical College, Indore, India and ²Psychiatry, MGM Medical College, INDORE, India

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doi: 10.1192/j.eurpsy.2021.2058

Introduction: Hiccups are an involuntarily powerful spasm of the diaphragm, followed by a sudden inspiration with a closure of the glottis. Hiccups lasting longer than one month is termed intractable hiccups. Intractable hiccups can be caused by structural or functional disturbances of the medulla, afferent or efferent nerves to the respiratory muscles or metabolic and endocrine disorders, drugs, general anaesthesia and emotional problems.

Objectives: Authors present a case report about curing a patient of intractable hiccups using baclofen along with literature review.

Methods: A case report along with literature review forms the basis of discussion.

Results: A 30-year female diagnosed with schizophrenia stable on 2mg risperidone for 3 years presented to the outpatient department with complain of intractable hiccups for 6 months. Frequency of hiccups was around 10-12 times per minute and continued throughout the day leading to significant socio-occupational distress. patient had been receiving medical treatment for last 4 months for the same including Metoclopramide, chlorpromazine along with trying breath holding and drinking cold water but symptoms persisted. Her ECG, chest X-ray, complete blood counts were unremarkable, CT scan of brain was normal. Patient was started on baclofen 10mg thrice daily. Within 1-week patient had dramatic response and complete remission was achieved in 2 weeks.

Conclusions: Baclofen is effective in hiccups because it is an analogue of GABA, that decreases excitability and inhibits the hiccup reflex, which reduces synaptic transmission. Baclofen is used to treat hiccups, and can be used either as a first-line treatment or if patient does not respond to other medications.

Disclosure: No significant relationships.

Keywords: baclofen; intractable hiccups; schizophrenia; GABA adrenergic

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Hypersalivation and coarse tremors as uncommon side effects of acamprosate : A case report

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doi: 10.1192/j.eurpsy.2021.2059

Introduction: Mr. X, a 39-year-old man presented to us with a history of alcohol use from the last 12-15 years in a dependence pattern with tolerance, uncomplicated withdrawal symptoms and salience. He was detoxified, given parenteral thiamine supplements and oral lorazepam to reduce withdrawal symptoms. He was contemplating to quit alcohol and thus about 4-5 days after his detoxification, tablet acamprosate 1998 mg/day was added, in three

divided dosages. He was discharged after 10 days and had no withdrawal signs or cerebellar deficits. In the next follow-up after two weeks, he reported to be abstinent from alcohol, but now complained of new onset coarse tremors and excessive salivation. He had no other extra pyramidal or cerebellar symptoms, no hepatic or renal dysfunction and no neurological deficits. The Patient had a drooling score of 6 on Drooling Severity and Frequency Scale(DSFS).

Objectives: Acamprosate and naltrexone are the only two drugs approved by the US Food and Drug Administration for achieving abstinence in patients with Alcohol Dependence Syndrome. Acamprosate is well tolerated and has a few drug interactions. It has a comparatively benign side effect profile which includes diarrhea, intestinal cramps, itching, dizziness, muscle weakness, headache, flatulence, nausea, anxiety, and insomnia. Here we report hypersalivation and coarse tremors as unusual side effects of acamprosate.

Methods: Cross-sectional

Results: Here we report hypersalivation and coarse tremors as unusual side effects of acamprosate.

Conclusions: The probable mechanism responsible for this is thought to be acamprosate induced decrease in dopamine release in ventral tegmental area due to diminished glutamate activity.

Disclosure: No significant relationships.

Keywords: Acamprosate; Hypersalivation

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Lithium in severe affective disorders: Balancing safety with efficacy

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doi: 10.1192/j.eurpsy.2021.2060

Introduction: Lithium has been one of the oldest substances used in psychiatric treatments and remains the first-line treatment for prevention of manic and depressive episodes of bipolar disorder (BD), but it has also a wide spectrum of side-effects.

Objectives: The goal is to review efficacy, and clinical use of lithium, such as its side effects, and its benefit-to-risk ratio.

Methods: Non-systematic literature review based on scientific databases such as PubMed.

Results: The first modern use of lithium was for the treatment of mania. Lithium has also proven useful in major depression, particularly for augmentation of antidepressants, for aggressive behavior and it has a specific antisuicide effect. Lithium's prophylactic and antisuicidal effects are most unique. However, the use of lithium became problematic due to the serious toxicity since lithium also a narrow therapeutic index, with therapeutic levels between 0.6 and 1.5 mEq/L.

Conclusions: Awareness of the benefits and risks of lithium is essential for the use of this lifesaving agent. Lithium levels must be carefully monitored and lithium dosage adjusted as necessary.

Disclosure: No significant relationships.

Keywords: lithium; bipolar affective disorder; Suicide; side effects