mediated a concomitant irreversible suppression of burst and spike rates, a decrease of the burst duration and the number of spikes in bursts as well as dose-dependent network desynchronization (decrease of Cohen's kappa). The comparison of the different antipsychotics with regard to their half-maximal effective dose values (EC-50) for inhibiting the spike rate yielded an increasing order of EC_{50} values, i.e. a declining order of toxic potency, of aripiprazole (8.77 μM) < clozapine (9.36 μM) < haloperidol (9.77 μM) < risperidone (15.9 μM) < raclopride (22.7 μM). No significant correlations were identified between EC_{50} values of the distinct antipsychotics and their binding affinity to the dopamine D(2), the serotonin 5-HT(1A), 5-HT(2A), 5-HT(2C), and the M(1) and M(2) muscarinic acetylcholine receptors.

Conclusion In MEAs, a dose-dependent neurotoxic effect of typical and atypical antipsychotics alike occurred at supratherapeutic doses via a yet unknown mechanism that did not involve actions on major receptor targets of these compounds.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2012

EV1028

Increased libido as a buproion-SR side effect: Clinical description of a case

L. Gallardo Borge*, C. Noval Canga, L. Rodíguez Andrés, I. Sevillano Benito, M. Hernández García, A. Álvarez Astorga, R. Hernández Antón, S. Gómez Sánchez, G. Isidro García, P. Marqués Cabezas
Hospital Clínico Universitario, Servicio de Psiquiatría, Valladolid, Spain
* *Corresponding author.*

Introduction Bupropion is a dual antidepressant, a norepinephrine and dopamine reuptake inhibitor. Its main use is in affective disorders as major depression. Antidepressants have been commonly associated with sexual side effects in the libido, sexual arousal, orgasm and erectile function. Bupropion has negative influence in sexual function, even it could increase the libido. Due to this, it could be a good option in patients with active sexual life and affective disorder.

Clinical report A 58-year-old female with a long history of depression disorder for 5 years. History of lots of side effects with different treatments, sexual dysfunction with serotonin-antidepressants. Treated with bupropion SR 150 mg/day and alprazolam, she suffered a relapse. The bupropion was increased to 300 mg/day. Three days later she appeared in the consultation room, presented a sense of pre-orgasmic of 72 hours of evolution, high increased libido, tiredness, muscle tension and insomnia. This sense did not improve after the sexual act. It had never happened previously. The side effect improved when the bupropion was reduced to 150 mg/day and disappeared with its withdrawal.

Conclusions The case made a relationship between the increased of bupropion's dose and the appearance of unusual sexual side effects (increased of libido and pre-orgasmic sense). Not only bupropion is one of the antidepressants that do not cause sexual dysfunction, if not it was reported in some trials that could be a treatment against this dysfunction due to its prosexual effects. The mechanism is unknown but could be related with norepinephrine or dopamine transmission.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2013

EV1029

Lithium treatment and thyroid dysfunction – data from an inpatient psychiatric department

M. Lázaro[1,*], A. Mota[1], A. Moreira[2], R. Alves[1], M.A. Nobre[1]
[1] *Centro Hospitalar Psiquiátrico de Lisboa, Clínica 5, Lisbon, Portugal*
[2] *Área de Pedopsiquiatria, Centro Hospitalar Lisboa Central, H.D. Estefânia, Lisboa, Portugal*
* *Corresponding author.*

Introduction Lithium is among the most effective therapies for bipolar disorder. Lithium treatment may cause hypothyroidism, goiter or to a lesser extent hyperthyroidism, since it can affect several aspects of thyroid functioning. The prevalence of lithium-associated hypothyroidism varies extensively between studies, reaching up to 47%, and affecting more females than males (5:1).

Objective Determine the prevalence of thyroid dysfunction in an acute inpatient psychiatric department dedicated to affective disorders and its association with lithium therapy.

Aims To review the relation between lithium treatment and thyroid dysfunction.

Methods Observational, descriptive and retrospective study with clinical and laboratorial data concerning all inpatient episodes of 2015 in our Psychiatric Department. A non-systematic literature search was performed in PubMed.

Results The present study documented a high prevalence of thyroid dysfunction, particularly in women. Most cases were due to either hypothyroidism or subclinical hypothyroidism. Patients treated with lithium were more often under thyroid hormone replacement therapy (levothyroxine).

Conclusions The evidence that lithium treatment is associated with hypothyroidism is well established and this condition is easily treatable with levothyroxine. This study highlights the importance of baseline screening of thyroid function and regular long-term monitoring in patients treated with lithium.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2014

EV1031

Metabolic syndrome and its association with psychotropic medications in psychiatric patients from CAISM–IGSS (Center for Comprehensive Care Mental Health/Guatemalan Institute of Social Security)

J. Lopez
Guatemala

Introduction The use of antipsychotics represents an integral part of the psychiatric practice, unfortunately the use seems to be associated with an elevated frequency of metabolic alterations causing an important weight disorder and glucose and lipid homeostasis, diminishing life expectations for these patients, likely to develop metabolic syndrome without proper control.

Objectives This study intended to find the association between metabolic syndrome in patients with psychotropic treatments used in the Guatemalan Institute of Social Security (IGSS).

Methodology Cohort Study ($n = 43$ patients) who were treated combined with antipsychotics and mood stabilizers or antidepressants, conducting checkups at the beginning, then two to four months after, evaluating diagnosis of metabolic syndrome according to the criteria stated by the International Diabetes Federation (IDF).

Results Risk factor with the use of clozapine and valproic acid was revealed after four months of exposure (RR = 2.32). With the use of clozapine and mood stabilizers a risk factor was prevalent with exposure after four months (RR = 2.67), and with the use of antidepressants a protective factor for the development of metabolic syndrome was revealed at four months of exposure (RR = 0.3741).
Conclusions the use of antipsychotics in combination with mood stabilizers represents a risk factor for developing metabolic syndrome, especially the association with valproic acid.
Keywords Metabolic syndrome; Clozapine; Stabilizers; Antidepressants
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2016

EV1032

Antipsychotics-induced leukopenia and neutropenia: A case report and review of literature

H. Maatallah*, H. Ben Ammar, M. Said, A. Aissa
Razi Hospital, Tunis, Tunisia
* *Corresponding author.*

Introduction Antipsychotic drugs effectively control psychotic symptoms, but may cause important side effects, significantly increasing morbidity and mortality. Hematologic abnormalities are frequent and may be life-threatening in some patients. Many prospective investigations confirmed neutropenia as a frequent occurrence with virtually all atypical antipsychotics.
Objective and methods Define epidemiological, clinical and therapeutic characteristics of antipsychotics – induced leukopenia and neutropenia through a case report and a review of literature.
Case report Patient 28 years old native of Tunis, with family history: brother who suffer of undifferentiated schizophrenia. Since the age of 16 years he has been followed for disorganized schizophrenia (DSM IV). He was initially put under Haldol Decanoate (2 months), fluphenazine (2 months), amisulpride (3 months), sulpride (2 months), olanzapine (3 months), Risperidone (1 month), aripiprazole (5 months) leukopenia/neutropenia is occurring during treatment with each molecule and which promptly resolved after discontinuation. Reduced white blood cell count has also been reported after addition of lithium. Actually an ECT is proposed for this patient.
Conclusion This case report shows the importance of hematological monitoring during the course of typical or atypical treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2017

EV1033

Sociodemographic variables and efficacy study in psychotic patients after 12 months of outpatient treatment with paliperidone palmitate (PP)

P. Manzur Rojas*, P. Botias Cegarra, M.R. Raposo Hernandez, M.I. Ibernon Caballero, A. Sanchez Bahillo, A.L. Gonzalez Galdamez, M.J. Martinez Mirete, A. Belmar Simo, M.A. Carrillo Cordoba
Centro de Salud Mental de Cartagena, Psiquiatria, Cartagena, Spain
* *Corresponding author.*

Introduction Psychotic disorders are serious mental illnesses that compromise the quality of life of patients. It is important to know the characteristics of the affected population, seek to improve the adhesion and functionality.
Objectives To describe the sociodemographic characteristics of patients treated with Palmitato Paliperidona (PP). Analyze the efficacy variables, adherence to treatment.
Methods Cross-sectional study of 15 patients in outpatient follow-up after 12 months of treatment with PP. Sociodemographic characteristics are collected, mean dose of PP, through a mirror study. Scales to measure the functionality, clinical status and attitude towards medication apply: Scale of personal and social functioning (PSP), Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression Scale (CGI-SI) and attitudes toward Inventory Medication (DAI).
Results The sample consists of 15 patients (54% male). 81% are single; 77% live alone and 94% not working. The mean dose of PP is 147 mg/month. DAI shows a good attitude to the treatment (80%). The PSP shows that 22% of patients have serious difficulties in its development. The CGI-SI shows that 67% are moderately sick and the BPRS that 33% of patients have a serious disorder.
Conclusions The demographic profile of patients after 12 months of treatment with PP coincides with male, unmarried, unemployed, living alone. Most have good adherence. The variables measured by the CGI-SI, BPRS and PSP, displayed moderately ill patients with severe difficulties or marked on their autonomy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2018

EV1034

About existence of overmedication in patients with depressive symptoms and the appearance of un-induced movement disorder

P. Manzur Rojas*, M.A. Carrillo Cordoba, A. Sanchez Bahillo, M.R. Raposo Hernandez, P. Botias Cegarra, M.I. Ibernon Caballero
Centro de Salud Mental de Cartagena, Psiquiatria, Cartagena, Spain
* *Corresponding author.*

Overmedication and the combined use of various antidepressants while increasingly seen in daily clinical practice. The drug-induced Parkinsonism, often presented as tremor, rigidity, bradykinesia and impaired postural reflexes. The syndrome is caused by multiple drug drugs can be classified into high risk, intermediate and low. This case is a 75-year-old woman diagnosed with recurrent depressive disorder, which after several adjustments in medication for depressive symptoms with poor response to treatment. It is referred by her family doctor to the neurologist at the onset of tremors in limbs, dyskinesia orolinguales, rigidity and bradykinesia. After studies to rule out organic neurology disease, is derived psychiatry for changing inducing drugs parkinsonism. The last scheduled treatment was: Mirtazapine 15 mg/day, quetiapine 25 mg/day, Clonazepam 2 mg/day, paroxetine 40 mg/day, Sulpiride 50–150 mg daily. After confirming parkinsonism signs, psychiatry proceeds to changing pharmacology, with slow decline until suspension of antipsychotics, paroxetine by venlafexina change, and also change of antihypertensive (captopril). After review at 2 months it is seen signs of improvement parkinsonism, appreciating the mental patient improvement with decreased physical discomfort and keeping the improvement in the last review (4 month) with venlafaxine 150 mg/day, Lorazepam 1 mg casual. The prevalence of drug-induced Parkinson's can go from 15 to 32% of the population. Risk factors identified are: advanced age, family predisposition, doses and drug power inductor, female gender and the presence of brain atrophy. The main objective should be to prevent the onset of Parkinson drug, to monitor patients that may be at higher risk of developing it.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2019