

EPV0833

Risperidone Induced DRESS Syndrome: A case report

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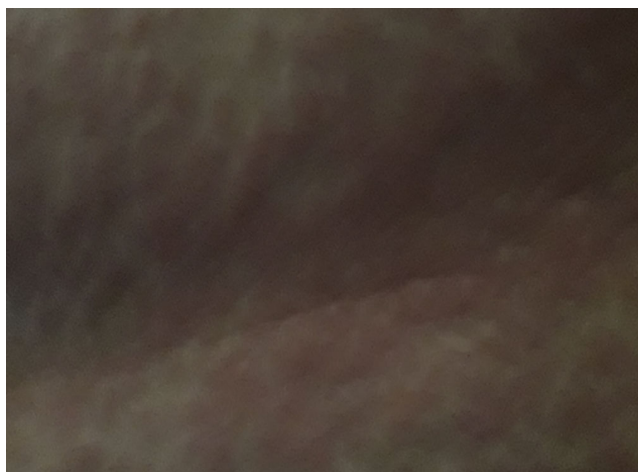
Introduction: DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms) syndrome, also called DIHS (Drug-Induced Hypersensitivity Syndrome) is a rare drug-induced systemic hypersensitivity reaction that can be potentially life-threatening (Choudhary et al. J Clin Aesthet Dermatol 2013; 6 -7). Risperidone is an antipsychotic drug with significant antagonist activity at the 5-HT₂ and the D₂ receptors. It has been reported that risperidone may be effective in controlling agitation, delusion, hallucination, and withdrawal behavior in geriatric patients (Yunusa & El Helou. Front Pharmacol 2020;11:596).

Objectives: The aim of this study is to demonstrate the case of developed DRESS syndrome following the use of risperidone.

Methods: The 81-year-old female patient was admitted to the Dermatology Clinic due to skin rash, high fever and leukocytosis following the use of risperidone. The patient was consulted to Psychiatry.

Results: In her history it was determined that risperidone 0.5 mg/d was started to the patient with depression due to agitative symptom. On the 4th day of treatment, targetoid lesions, starting from the back and spreading first to the trunk and then to the extremities, were observed. Further laboratory examinations revealed that the fever was measured at 39.5 C°, liver enzymes were elevated (ALT= 119 IU/l, AST= 124 IU/l), and significant leukocytosis (WBC=12.000) was present along with the lesions. The patient was planned to be hospitalized to Dermatology Clinic on the 5th day and risperidone was stopped. The patient's agitation increased and following the risperidone discontinuation thereupon the lesions tended to fade and desquamation began. After the treatment of the DRESS syndrome, aripiprazole was given to the patient for agitative symptom. The level of agitation symptoms decreased, and the patient tolerated aripiprazole well without any observed side effects.

Image:



Conclusions: When initiating medication for the elderly population to address agitation, considering such rare side effects can prevent the patient from being hospitalized due to DRESS syndrome. To the best of our knowledge, this is the first case report associated with DRESS syndrome and risperidone treatment thus, it is necessary to be very careful when starting psychotropic medication for elderly patients.

Disclosure of Interest: None Declared

EPV0834

Clinical Insights into Antipsychotics and Rifampicin Interaction: A Case Report

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Introduction: Antipsychotics are the primary class of drugs used to manage schizophrenia. These medications help control and reduce the severity of these symptoms, allowing individuals with schizophrenia to better function. On the other hand, rifampicin, used as treatment for tuberculosis, is a powerful inducer of several drug-metabolizing enzymes which have the potential to decrease the plasma levels of antipsychotics. Therefore, the presence of multiple pharmacokinetic interactions can alter how antipsychotics are metabolized, leading to a notable clinical impact when these medications are administered concurrently.

Objectives: The objective is to share valuable clinical experiences and insights to aid healthcare providers in making informed decisions when faced with the challenge of co-administering antipsychotics with rifampicin, ultimately ensuring the safety and efficacy of treatment for their patients.

Methods: It will be discussed a case of a 41-year-old woman with the diagnosis of schizophrenia under treatment with paliperidone palmitate and clozapine who had a sudden relapse after starting treatment for latent tuberculosis with rifampicin as a framework for a literature review based off Pubmed.

Results: The antituberculosis drug rifampicin induces drug-metabolizing enzymes in the liver, having the greatest effects on the expression of cytochrome P450 (CYP3A4) and therefore can lead to a decrease in the plasma levels of antipsychotic medications that also rely on these pathways for clearance. In this particular case, although specific data on clozapine and paliperidone concentrations were not reported, fluctuations in symptomatology following rifampicin introduction were probably explained by an inducing effect of this drug on their metabolism. So, when initiating rifampicin treatment and when discontinuing it, clinicians should carefully assess the dosages of any concomitant medications that may potentially interact with rifampicin. To ensure effective therapy during rifampicin treatment, it is crucial to monitor both the patient's clinical response and their blood drug concentrations, making dosage adjustments as necessary.

Conclusions: This case report offers valuable guidance to clinicians on safely and effectively managing drug interactions between antipsychotic medications and rifampicin, ensuring the well-being of

their patients during treatment. The co-administration of these medications lacks robust clinical evidence, and notably, there is insufficient data regarding its impact on plasma antipsychotic levels, a crucial factor in determining clinical effectiveness.

Disclosure of Interest: None Declared

EPV0835

A Comparison of medication management with separate psychotherapy to medication prescribing with psychotherapy

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Introduction: Little research has been conducted on outcomes in mental health care by intensity of level of service. Mental health care has evolved in the United States to psychiatrists or psychiatric nurse-practitioners overseeing medications in 15-minute appointments while non-physicians provide the psychotherapy.

Objectives: We wished to compare these two models when one psychiatrist worked in two settings, providing the medication management alone model in one setting and the medication + psychotherapy model in the second setting.

Methods: All patients were seen by the same psychiatrist at (1) a community mental health center (CMHC) and (2) a private practice (PP) providing services to the same type of patients over 2 years. Patients were assessed with the My Medical Outcomes Profile (MYMOP2) and the Brief Psychiatric Rating Scale (BPRS). In the CMHC, patients were seen for a 15 – minute visits every 1 to 3 months. Patients were offered psychotherapy, ranging from 1/2 hour monthly to 1 hour every other week. Some patients received weekly psychotherapy due to an interest by the clinician. In the PP, patients were seen every 1 to 4 weeks by the psychiatrist who also provided psychotherapy when that was desired. Visits ranged from 15 to 75 minutes. Other practitioners could have also provided psychotherapy. Analysis was conducted for patients who completed at least four outcome ratings. Multi-level modeling techniques as implemented in SPSS were used to determine if patients improved over time.

Results: There were no differences in age, socioeconomic status, type of insurance, and type of diagnosis among the two groups. Follow-up occurred for two years. On average, no improvement occurred in outcome measurements in the CMHC setting while statistically significant improvement occurred in the PP setting. The cost of care was statistically significantly greater in the CMHC setting, due to the facility fees billed and collected for each patient (and approved by the government) of \$176 additional per visit.

Conclusions: Further work can be done on establishing minimal levels of service delivery that can produce improvement for large populations in community settings. Since it is unlikely that we can generate control groups of no treatment, perhaps analyses like this one, comparing treatment models, can establish a benchmark from which we can understand the necessary level of treatment. The PP setting may have afforded more attention for patients than the CMHC setting, though at a lower cost to the government. The

psychiatrist believed that he wanted patients to improve equally in both settings, but he could have been more enthusiastic in the setting in which he also did psychotherapy and therefore had better relationships with patients. On the other hand, this may be the point – better relationships with patients may be associated with better outcomes.

Disclosure of Interest: None Declared

EPV0836

Psychological vulnerability and problematic psychotropic drug use among medical residents: exploring the relationship

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Introduction: Psychological vulnerability and problematic psychotropic drug use among medical residents are critical and intricate areas of study in the field of healthcare and mental well-being. This topic looks into the potential links between the psychological vulnerabilities experienced by medical residents, which are frequently associated with the demanding nature of their profession, and their use of psychotropic drugs in a way that poses problems or risks. Exploring this relationship is critical for understanding the mental health challenges that medical residents face and developing effective strategies to support their psychological well-being.

Objectives: to identify the psychological factors linked to problematic psychotropic drug use in medical residents.

Methods: We conducted a cross-sectional descriptive and analytical study among Tunisian medical residents between August and September 2022. We used a self-administered questionnaire with a data collection form, the DAST-10 (Drug Abuse Screening Test) scale, and the DASS-21 (Depression, Anxiety, and Stress Scale) in an online survey. Data was analyzed using the 20th version of the SPSS software.

Results: The sample consisted of 80 medical residents. Among them, 23.8% (n=19) had reported a previous use of psychotropic drugs, and 15% (n=12) a misuse (without a prescription and/or without following the prescription). The DAST-10 revealed that 6 residents (31.6%) had problematic use of psychotropic drugs.

A high level of stress on the DASS-21 scale was associated with a problematic use (p=0.01) and a misuse (p=0.01) of psychotropic drugs. Furthermore, residents with high stress levels were more likely to demonstrate problematic use of psychotropic drugs (p=0.004). Such problematic use was correlated with personal history of anxiety disorders (p=0.01).

Furthermore, residents with problematic psychotropic drug use had higher anxiety and depression scores on the DASS-21 scale (p>0.05).

Conclusions: Our findings revealed a concerning prevalence of psychotropic drug use among medical residents and an association with high stress levels. This result emphasizes the need for targeted interventions to support young doctors' mental health.

Disclosure of Interest: None Declared