

EPV1420

Multiple inpatient admissions for cannabis-induced psychotic disorder - sociodemographic, clinical and treatment evaluation

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Introduction: Current evidence contradicts the idea that cannabis-induced psychotic disorder (CIPD) has an overall benign prognosis, with up to half of these patients being with a schizophrenia spectrum disorder later in life.

Objectives: To characterize sociodemographic and clinical characteristics and treatment plan of inpatients with multiple admissions for CIPD over a one-year period, compared to those with a single admission.

Methods: Retrospective observational study of inpatient episodes with CIPD between January 1st 2018 and September 30th 2021 in a tertiary psychiatric inpatient unit. Statistical analysis was performed using SPSS software, version 27.0.

Results: Our sample included 80 inpatients, 15 (18.8%) with multiple admissions for CIPE within one year period and 65 (81.3%) with a single admission. The multiple admissions group had a median of 1 ±0,915 admissions within the same year. Being readmitted for CIPE was associated with outpatient compulsory treatment at discharge (OR 3,01 (95% CI 1,27-7,18, p=0,034). These patients had 3.14 higher odds of future admissions to psychiatry unit (CI 95% 1.70-5.78, p<0.001). We found no statistically significant differences regarding the sociodemographic and clinical characteristics, daily vs. occasional use of cannabis in patients with multiple admissions for CIPE.

Conclusions: Patients with multiple admissions for CIPD tend to have more relapses and require assertive treatment measures. However, they did not differ regarding the sociodemographic and clinical characteristics studied from patients with single admissions. This suggests that additional assessment of these patients might be important to predict the course of the disease.

Disclosure: No significant relationships.

Keywords: inpatient treatment; clinical biomarkers; Cannabis; Psychosis

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Cariprazine as a useful treatment for patients with schizophrenia and antipsychotic-induced extrapyramidal symptoms: a case report and literature review

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Introduction: The discovery of second-generation antipsychotics represented an authentic breakthrough for the management of psychotic disorders. Nevertheless, they still don't adequately manage some aspects of these disorders, such as negative symptoms (NS), cognitive impairment, or extra-pyramidal symptoms (EPS). New-generation antipsychotics present different pharmacological mechanisms and have been reported to ameliorate these aspects. Among them, cariprazine acts as a D2/D3 partial agonist with variable affinity with serotonergic receptors, and many studies show its efficacy for preventing and treating positive symptoms as well as for the management of NS and EPS.

Objectives: To report a case of a patient diagnosed with schizophrenia with highly invalidating antipsychotic-induced EPS that remitted after switching to cariprazine, while maintaining clinical stability. To review literature about cariprazine and its relationship with NS and EPS.

Methods: We describe the case of a 66-year-old woman diagnosed with schizophrenia and under treatment with three-month injectable paliperidone 175mg. During her follow-up at outpatient clinic, she presented a progressively highly invalidating non-trembling parkinsonian syndrome attributable to medication. Paliperidone plasmatic levels were within therapeutic range. An antipsychotic switch was agreed, and cariprazine was started.

Results: The switch from a second-generation antipsychotic to cariprazine entailed the remission of a highly invalidating EPS while improving some of the NS and maintaining psychopathological stability.

Conclusions: Assessing and differentiating NS and EPS is of an utmost importance during the follow-up of patients under antipsychotic treatment. Cariprazine is an interesting alternative when treating patients diagnosed with psychotic disorders that present mostly NS and antipsychotic-induced EPS.

Disclosure: No significant relationships.

Keywords: cariprazine; schizophrenia; extra-pyramidal syndrome; negative symptoms

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A late-onset Ornithin Transcarbamyase deficiency case as an organic psychosis

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Introduction: Ornithine transcarbamyase (OTC) deficiency is the most frequent congenital defect among the urea cycle enzymatic disorders, due to mutations affecting the OTC gene (Xp21.1) that are inherited with an X-linked pattern. As it happens with sex-linked genetic disorders, late-onset OTC deficiency is more prevalent among women, so that females may be asymptomatic over the years and manifest symptoms only when they are submitted under severe metabolic stress, such as pregnancy, infections or new medications. The enzymatic defect involves a blockage affecting the main biochemical route that converts ammonia into urea. This leads to analytic hyperammonemia and the outburst of gastrointestinal, neurological and psychiatric symptoms with variable severity.