EPV1204

Clozapine cessation

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Introduction: Approximately 30% of individuals diagnosed with schizophrenia suffer from treatment-resistant or refractory schizophrenia. The gold standard for treatment is clozapine. However, a significant number of patients discontinue clozapine treatment and this carries a poor prognosis.
Objectives: This study explores patients' motives for cessation of clozapine therapy and its prevalence.
Methods: A longitudinal, retrospective and descriptive study on a period of 20 years, at the psychiatry department A of the Razi hospital in Tunisia. Data was collected from the medical files of patients trated by clozapine using a pre-established sheet.
Results: The studied sample included 64 patient records. Treatment with clozapine was stopped spontaneously or following a medical decision in 37 patients (57.8%). The total number of clozapine stops in these 37 patients was 70. Indeed, each one of these patients had stopped treatment at least once. Clozapine was discontinued by some patients in the study sample for poor compliance(45.9%), for adverse side effects of treatment (16.2%) and by treating physicians for poor response treatment (8.1%). Clozapine was discontinued by 11 patients for hematological adverse reactions, representing 27.9% of the total number of clozapine discontinuations. Withdrawal of clozapine was indicated in 2 cases of agranulocytosis(18.2%), in 2 cases of moderate neutropenia (18.2%), in 3 cases of eosinophilia (27.2%), in 3 cases of thrombocytopenia (27.2%) and in 1 case of severe anemia (9.2%).
Conclusions: Clozapine discontinuation was essentially caused by poor patients' observation and hematological adverse reactions appearance.Future research should seek to further investigate clozapine cessation factors in order to better benefit from the medical virtues of this molecule.

Disclosure: No significant relationships.

EPV1203

Drug-induced liver injury in association with antipsychotics

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Introduction: Drug-induced liver injury is one of the leading causes for acute liver failure and drug withdrawal after marketing approval. One important risk factor is the extent of exposure of the hepatocytes to a substance, either by high doses or by long-term medication. In many psychiatric diseases, like schizophrenia long-term use of drugs is common. However, systematic data on the hepatotoxic potential of antipsychotics is scarce.
Objectives: To perform an explorative analysis of pharmacovigilance data on the risk of hepatotoxicity related to the use of antipsychotics.
Methods: We conducted an explorative case/non-case study based on data from VigiBase for 30 antipsychotics marketed in the European Union. Reporting odds ratios were calculated for antipsychotics associated with the SMQ "Drug related hepatic disorders - comprehensive search" and the SMQ "Drug related hepatic disorders - severe events only".
Results: We found several associations of antipsychotics with drug-induced liver injury including associations with severe events. 17/30 antipsychotics were associated with "Drug related hepatic disorders - comprehensive search", and for 10/30 substances were associated with severe hepatic events.
Conclusions: Several antipsychotics are associated with the risk for hepatotoxic side effects, even severe ones. Further research is warranted on patient and substance-dependent risk factors.

Disclosure: No significant relationships.
Keywords: hepatotoxicity; Antipsychotics; pharmacovigilance; drug-induced liver injury

EPV1204

Differences of use between paliperidone palmitate 3 month and paliperidone palmitate 1 month in real practice, with psychotic patients.

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Introduction: Paliperidone palmitate 1-month (PP1M) is a Long-acting injectable antipsychotic formulation, approved for the treatment of schizophrenia and schizoaffective disorder. Recently, paliperidone palmitate 3-months (PP3M) formulation was introduced, which maintains stability while offering a longer dosing interval for the maintenance treatment in patients previously treated with PP1M. Despite of this, many patients are treated with PP1M without transition to PP3M.
Objectives: To identify variables explaining maintenance of PP1M treatment instead of going to PP3M. We hypothesize that more severe patients are delayed in transition to PP3M because of expectation to complete stabilization.
Methods: A descriptive analysis of 123 patients, diagnosed with psychotic disorders, on treatment with paliperidone palmitate 1 month or 3 months, was performed. Age, sex, type of paliperidone treatment, hospitalizations after the initiaton of treatment, years since diagnosis, polytherapy and toxic habits were some of the variables measured and compared between both groups (PP1M and PP3M).
Results: Most of patients (63,41%) were on PP3M. Both groups shared characteristics like male sex predominance, schizophrenia as the most common diagnosis, having a recent onset diagnosis, same frequency of polypharmacy and same pattern of drug consumption. There was a slight difference between both groups regarding severity. PP1M and PP3M showed respectively 33% and 16,7% of admissions after initiation.
Conclusions: No clear pattern determines less transition to PP3M from PP1M. No statistical difference was found except form the difference found in admission after change of treatment (to PP1M

or PP3M), which could reflect influence of severity in treatment. Future research is needed in order to better elucidate this association.

Disclosure: No significant relationships.
Keywords: Paliperidone palmitate; severity; Long-acting inyectable; Treatment

EPV1205

Effects of psychotropic switches on weight change: a prospective cohort study.

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Introduction: Many psychotropic drugs can induce weight gain with differences in their metabolic risk profiles (i.e. high, medium or low-risk).
Objectives: To compare the weight evolution of patients switching versus patients keeping their psychotropic drugs with different risk-profiles.
Methods: Data for patients switching or keeping the same drug were obtained from the Psyclin (from 2007 to 2015) and Psymetab (2007-2019) cohort studies, conducted at the Lausanne University Hospital, Switzerland. Patients either switched from a high to a low-risk, a high to a medium-risk, a medium to a low-risk drug, or for a drug with the same risk category. Patients not switching either kept a high, medium or low-risk drug. The evolution of weight is currently being analyzed using a linear mixed-effect model.
Results: Preliminary results showed that switching from a high to low-risk molecule had the strongest impact on weight changes. The analysis being ongoing, the quantitative results will be presented at the congress.
Conclusions: Switching from a high-risk to a low-risk molecule is likely to have the strongest impact on weight changes.

Disclosure: No significant relationships.
Keywords: psychopharmacology; Weight gain

EPV1206

Clozapine induced myocarditis: a case report.

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Introduction: Clozapine is one of the most effective antipsychotic drugs. On the other hand, it can cause serious side effects which have to be monitored. An adverse effect is myocarditis, a type B Clozapine reaction that can be fatal if it is not early diagnosed.
Objectives: To report a case of a patient with Clozapine induced myocarditis.
Methods: A 48 years old women with a schizoaffective disorder was admitted to our Hospital due to a clinical decompensation. She had a manic episode with psychotic symptoms (persecutory delusions and auditive hallucinations). Clozapine was introduced after there were no improvement with Olanzapine, Risperidone and Valproic Acid. A dose increase was made reaching 100 mg/day the first week and 200 mg/day the second week. The third week she started with a 39ºC fever, decreased oxygen saturation, leukocytosis (9560 10^3/mm^3), elevated PCR (210 mg/l) and elevated troponins (52,88 ng/l). EKG and other medical tests did not show alterations. There was not found a clear etiology, so Clozapine was retired as a cautionary measure. The differential diagnosis for etiology included viral infections, Clozapine induced myocarditis or idiopathic.
Results: A few days after the withdrawal of Clozapine, cardiac symptoms improved, suggesting it was the most probable etiology.
Conclusions: Although it is not very likely to occur, it is important to consider myocarditis as a sever Clozapine side effect.

Disclosure: No significant relationships.
Keywords: clozapine; schizoaffectivedisorder; Psychofarmacology; myocarditis

EPV1207

Neutropenia induced by Valproic Acid: A case report

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Introduction: Valproic acid (VPA) is considered a well-tolerated antiepileptic drug used in Bipolar Disorder as a mood stabilizer. Nevertheless, VPA has been related to several adverse effects. Neutropenia is included as a potential adverse effect, although in clinical practice it is not often measured with regularity.
Objectives: To report a case of a patient with Bipolar Disorder type 2 and Personality Disorder Cluster B treated with VPA with a neutropenia caused by VPA.
Methods: A 61-year-old woman assists to the outpatient psychiatric unit in order to a pharmacological treatment adjustment. A blood test is performed showing a decrease in the levels of neutrophiles in comparison with previous tests. Psychiatric history is revised finding and association between the prescription of VPA and the reduction of neutrophile levels. When this drug was removed, neutrophile levels had increased again up to normal levels.
Results: Due to the relationship between neutropenia and VPA treatment, we decided to discontinue this drug. At the beginning the patient doesn't agree with the withdrawal of VPA treatment due to its effectiveness in her mood stabilization. Psychoeducation sessions are performed in order to explain risk and benefits of potentials treatment alternatives versus maintaining the same prescription. Finally the patient accepts the switch of the mood stabilizer treatment to oxcarbazepine with a good tolerability and effectiveness.
Conclusions: Periodical blood test monitoring is needed in order to study adverse effects as neutropenia in patients with VPA treatment.

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