EPV1374

Antipsychotics induced constipation in patients with mental disorders. treatment suggestion with prucalopride in refractory cases. case report and literature review

P. Mpouras[1], P. Argitis[2]*, O. Pikou[3], A. Karampas[2], S. Karavia[2], F.-E. Kakavitsas[1] and Z. Chaviaras[2]

[1]General Hospital of Corfu, General Medicine, corfu, Greece; [2]General Hospital of Corfu, Psychiatric, Corfu, Greece and [3]General Hospital of Corfu, Dermatology, corfu, Greece
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2014

Introduction: Successful stabilization of patients with mental disorders requires most of the times the use of more than one antipsychotic medications with increase prevalence of clozapine in refractory cases. Constipation consists one of the most debilitating side effect of the therapy, which gradually progresses to a chronic state of bowel movement dysfunction, with recurrent episode of paralytic ileus of various severity.
Objectives: We describe the case of a middle age male treated with clozapine for refractory mental disorder, who developed ileus and subsequent bowel dysfunction not amenable to laxatives.
Methods: The acute episode have been treated conservatively with nasogastric decompression, intravenous replacement of fluids and electrolytes, antibiotics chemoprophylaxis and low molecular weight heparin. His overall physical status was unremarkable for obesity, diabetes, hypertension, allergies, previous operations and a former endoscopic evaluation conducted in the recent past, which had ruled out malignant neoplastic disease.
Results: A course of per os prucalopride have been instituted, which showed preliminary promising results in restoring proper bowel movements, without any serious side effect and without the need to discontinue his course with antipsychotics. Prucalopride is a 5 HT4 agonist which selectively binds to the receptors of the intestine, resulting in muscular contractions as well as clorium secretion from the mucosa promoting an osmotic defecation.The substance has been extensively use in the treatment of irritable bowel disease of the chronic constipation type.
Conclusions: We suggest the more systematic use of this agent in this group of patients after proper endoscopic evaluation and restoration of all secondary causes of constipation.

Disclosure: No significant relationships.
Keywords: CONSTIPATION; PRUCALOPRIDE

EPV1373

Clinical factors affecting functioning in patients with schizophrenia or schizoaffective disorder

C. Neily*, N. Charfi, G. Smaoui, N. Feki, R. Omri, L. Zouari, J. Ben Thabet, M. Maâlejboauli and M. Maalej

Hedi Chaker hospital, Psychiatry Department, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2015

Introduction: Schizophrenia is often associated with impaired functioning abilities due to its disabling symptoms.
Objectives: to determine the clinical factors that impact the functioning in stabilized patients withschizophrenia and schizoaffective disorder.
Methods: We conducted a cross-sectional, descriptive and analytical study. It was carried out on an outpatient population with schizophrenia or schizoaffective disorder diagnosis. We used the Functional Assessment Staging Scale (FAST) to measure the functional capacity, the PANSS to assess psychosis symptom severity and the Calgary scale to screen for comorbid depression.
Results: Seventy-five patients were included with 61 males (81.3%). The mean age was 39.81 $\pm$ 9.96 years. The mean sore of the Fast scale was 33 $\pm$ 14.95. 90% of our patients scored higher than 11 on the FAST scale revealing a functioning deficiency. 18.7% scored higher than 6 on the Calgary scale revealing a comorbid depression . No significant correlations were found between the FAST score and the age of patient, the gender,the age of onset of psychosis, the duration of untreated psychosis and the number of life-time episodes. Scores of PANSS were significantly higher among patients with a functioning deficiency ($p<0.00$).No significant correlation was found between the FAST score and the Calgary score.
Conclusions: Our study suggests that the severity of residual positive and negative symptoms affects negatively the functioning of patients with schizophrenia or schizoaffective disorder. Thus, targeting those symptoms in the treatment may have significant functional benefits.

Disclosure: No significant relationships.
Keywords: functioning; schizophrénia

EPV1374

Is it psychosis? Heads or tails. A case report

B. Rodado León[1]*, M. Huete Naval[2], A. García Carpintero[3], M. Jiménez Cabañas[3], A. Bermejo Pastor[3] and M. Pérez Lombardo[4]

[1]Hospital Clínico San Carlos, Instituto De Psiquiatría Y Salud Mental, Madrid, Spain; [2]Hospital Clínico San Carlos, Institute Of Psychiatry And Mental Health, Madrid, Spain; [3]Hospital Clínico San Carlos, Institute Of Psyquiatry And Mental Health, Madrid, Spain and [4]Hospital Clínico San Carlos, Psychiatry, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2016

Introduction: Psychotic disorders usually come with diagnosis difficulties, especially when the clinical presentation is recent or if there are organic factor associated. Regarding this, we propose the clinical case of a man 47 years old without psychiatric history, who is brought to the hospital after being run over by the subway. At his arrival, he verbalizes delirious thoughts of persecution and harm.
Objectives: The objective is to emphasize the importance of making an appropriate somatic study in psychosis cases, especially when we don't know the time of setting or we can't make a psychiatric interview in optimal conditions.
Methods: The study included a blood test including methemoglobine, cranial tomography, serologies and a heavy metals test. We reviewed the scientific literature in Pubmed and Web of Science about the possible association between the psychiatric and the dermatological symptoms.
Results: During his admission, the patient recognizes delusional thoughts of harm since he was young and he was so frightened because of this that he tried to commit suicide in the subway. Moreover, he also thinks that silver can heal any disease, so he

has licked silver coins for years. The final diagnosis was schizophrenia, and argyria due to a chronic silver intoxication.
Conclusions: Heavy metals intoxications can be associated to acute psychotic disorders, so we must take them into account. As well, schizophrenia can cause bizarre believes which can lead to the intoxication.

Disclosure: No significant relationships.
Keywords: schizophrénia; heavy metals; PSYCHOTIC DISORDERS; argyria

EPV1376

Combination of clozapine, cariprazine and fluoxetine in treatment-resistant schizophrenia patient with prominent negative symptoms: A Case report

I. Everte[1]*, A. Pamše-Romāne[2] and M. Taube[2]

[1]Strenci Psychoneurological hospital, 4th Department Of Psychiatry, Strenci, Latvia and [2]Riga Centre of Psychiatry and narcology, Department Of Depression And Crisis Situations (20th), Riga, Latvia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2017

Introduction: Despite pharmacological advances in the treatment of schizophrenia, significant number of patients are still treatment-resistant. Clozapine is recommended as first-line treatment for treatment-resistant schizophrenia (TRS) in guidelines. Despite the greater efficacy of clozapine over other antipsychotics in the management of TRS, a significant number of patients fail to attain adequate response or develop adverse effects, and more interventions are needed.
Objectives: To describe a clinical case of treatment-resistant schizophrenia patient with prominent negative symptoms treated with combination of clozapine, cariprazine and fluoxetine, and to review the literature.
Methods: Clinical case presentation through review of the clinical file and non-systematic review on PubMed and ResearchGate.
Results: A 41 year old female patient presented to inpatient clinic with low mood, occasional commanding and commenting verbal hallucinations, occasional suicidal thoughts, blunted affect, anhedonia, asociality, she was apathetic, lacked motivation to get up from bed, had night's sleep disturbance. Patient was diagnosed with Schizophrenia in 2009, she has been hospitalized in Psychiatric wards for 16 times. She has received treatment with combinations of several antipsychotic drugs and antidepressants, had side-effects and have not reached full remission. During treatment with clozapine (up to 175mg per day) in combination with cariprazine (up to 4.5mg per day) and fluoxetine (up to 20mg per day), gradually negative symptoms decreased, patient became more active, showed interest in daily and rehabilitation activities, night's sleep improved.
Conclusions: Patient with treatment-resistant schizophrenia benefited from combination of clozapine, cariprazine and fluoxetine. Further research is necessary on treatment combination strategies for TRS.

Disclosure: No significant relationships.
Keywords: A case report; psychiatry; schizophrénia; treatment-resistant schizophrenia

EPV1378

Correlates of late-onset antipsychotic treatment resistance

D. Fonseca De Freitas[1,2]*, D. Agbedjro[2], G. Kadra-Scalzo[3], E. Francis[4], I. Ridler[5], M. Pritchard[2], H. Shetty[6], A. Segev[7], C. Casetta[8], S. Smart[9], A. Morris[10], J. Downs[10], S. Christensen[11], N. Bak[11], B. Kinon[12], D. Stahl[5], R. Hayes[2] and J. Maccabe[13]

[1]King's College London & University of Oxford College London, Psychological Medicine & Department Of Psychiatry And Nuffield Department Of Primary Care Health Sciences, London, United Kingdom; [2]Institute of Psychiatry, Psychology & Neuroscience, King's College London, Psychological Medicine, London, United Kingdom; [3]Institute of Psychiatry, Psychology, and Neuroscience, King's College London, Department Of Psychological Medicine, London, United Kingdom; [4]University College London, Institute Of Epidemiology And Health Care, London, United Kingdom; [5]Institute of Psychiatry, Psychology & Neuroscience, King's College London, Biostatistics And Health Informatics, London, United Kingdom; [6]South London and Maudsley NHS Foundation Trust, Maudsley Biomedical Research Centre, London, United Kingdom; [7]Tel Aviv University, Sackler Faculty Of Medicine, Tel Aviv-Yafo, Israel; [8]Università degli Studi di Milano, Department Of Health Sciences, Milano, Italy; [9]Cardiff University, Mrc Centre For Neuropsychiatric Genetics And Genomics, Cardiff, United Kingdom; [10]King's College London, Institute Of Psychiatry, Psychology & Neuroscience, London, United Kingdom; [11]H. Lundbeck A/S, H. Lundbeck A/s, Copenhagen, Denmark; [12]Lundbeck Pharmaceuticals LLC, Lundbeck Pharmaceuticals Llc, Deerfield, United States of America and [13]King's College London, Academic Psychiatry, London, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.2018

Introduction: There is emerging evidence of heterogeneity within treatment-resistance schizophrenia (TRS), with some people not responding to antipsychotic treatment from illness onset and a smaller group becoming treatment-resistant after an initial response period. It has been suggested that these groups have different aetiologies. Few studies have investigated socio-demographic and clinical differences between early and late onset of TRS.
Objectives: This study aims to investigate socio-demographic and clinical correlates of late-onset of TRS.
Methods: Using data from the electronic health records of the South London and Maudsley, we identified a cohort of people with TRS. Regression analyses were conducted to identify correlates of the length of treatment to TRS. Analysed predictors include gender, age, ethnicity, positive symptoms severity, problems with activities of daily living, psychiatric comorbidities, involuntary hospitalisation and treatment with long-acting injectable antipsychotics.
Results: We observed a continuum of the length of treatment until TRS presentation. Having severe hallucinations and delusions at treatment start was associated shorter duration of treatment until the presentation of TRS.
Conclusions: Our findings do not support a clear cut categorisation between early and late TRS, based on length of treatment until treatment resistance onset. More severe positive symptoms predict earlier onset of treatment resistance.

Disclosure: DFdF, GKS, EF and IR have received research funding from Janssen and H. Lundbeck A/S. RDH and HS have received