the safest SSRIs. Although most SSRI's have a mild side-effect profile, care should be taken when initiating SSRIs since unpredictable adverse effects may occur.
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EV1070

Anti-psychotics: To withdraw or not to withdraw?

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Introduction Anti-psychotics constitute a class of psychotropic drugs used for the treatment and prophylaxis of several disorders, including schizophrenia, bipolar disorder and psychotic depression. Frequently, clinicians are asked by their patients to withdraw this medication. In some cases, that may be related to notable side effects. However, it may actually indicate an inadequate control of the psychiatric disorder with poor insight.
Aims The goal of this work is to systematically review the scientific literature in order to understand if there are consistent data that support anti-psychotics withdraw in specific clinical situations.
Methods The literature was reviewed by online searching using PubMed®. The authors selected scientific papers with the words "anti-psychotics" and "withdraw" in the title and/or abstract, published in English.
Results and discussion Anti-psychotics improve prognosis and enhance patients' quality of life. There are few data in the literature regarding recommendations that support anti-psychotic withdraw in psychiatric patients. Very specific conditions must exist for withdrawing anti-psychotics, like neuroleptic malignant syndrome, cardiac side effects, and change of diagnosis or prolonged remission after a first and single psychotic event. When that decision is made, it should be done slowly and carefully and both the patient and his family should be involved.
Conclusions There is no evidence in the literature that supports withdraw of anti-psychotics for the majority of psychiatric situations. When specific conditions are present that possibility must then be considered, however, with careful consideration and after discussion with the patient and parties involved in patient's care.
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EV1071

Selective serotonin reuptake inhibitors, anti-psychotics and metabolic risk factors in schizophrenia and bipolar disorder

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Objective The aim of this study was to investigate the relationship between metabolic factors and use of selective serotonin reuptake inhibitors (SSRIs) combined with olanzapine, quetiapine or risperidone.
Method Data from a cross-sectional study on 1301 patients with schizophrenia or bipolar disorder were analyzed. The main outcome variables were levels of total cholesterol, low – and high-density lipoprotein (LDL and HDL) cholesterol, triglycerides and glucose.
Results One defined daily dose (DDD) per day of an SSRI in addition to olanzapine was associated with an increase in total cholesterol of 0.16 (CI: 0.01 to 0.32) mmol/L ($P = 0.042$) and an increase in LDL–cholesterol of 0.17 (CI: 0.02 to 0.31) mmol/L ($P = 0.022$). An SSRI serum concentration in the middle of the reference interval in addition to quetiapine was associated with an increase in total cholesterol of 0.39 (CI: 0.10 to 0.68) mmol/L ($P = 0.011$) and an increase in LDL-cholesterol of 0.29 (0.02 to 0.56) mmol/L ($P = 0.037$). When combined with risperidone, no such effects were revealed. No clear-cut effects were seen for HDL-cholesterol, triglycerides and glucose.
Conclusion The findings indicate only minor deteriorations of metabolic variables associated with treatment with an SSRI in addition to olanzapine and quetiapine, but not risperidone. These results provide new insight in the cardiovascular risk profile associated with concomitant drug treatment in patients with severe mental illness, and suggest that SSRIs can be combined with anti-psychotics without a clinically significant increase of adverse metabolic effects.
Disclosure of interest Co-author Dr. Ole Andreassen has received speakers' honoraria from GSK, Lundbeck and Otsuka.

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EV1072

Clozapine: Since the very beginning?

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Introduction Psychosis in childhood and adolescence could be defined as having hallucinations, with the hallucinations occurring in the absence of insight. A broader definition includes symptoms such as delirious thoughts, disorganized speech, disorganized behavior, cognitive and mood symptoms and what is called negative symptoms. Several researches have been done focused in the treatment of first episode of psychosis showing clozapine as a keystone in the treatment of psychosis, especially in refractory first episodes.
Objectives Clozapine has unique efficacy in improving treatment-resistant patients with chronic schizophrenia but the moment of instauration remains unclear. There have always been doubts about the right moment to start clozapine, after two or more previous anti-psychotics or as first option.
Materials and methods We report a 18-year- old woman with family history of severe psychosis. Her mum reasserted patient's symptoms contributing to a longer period of non-treating psychosis (about 10 months). Auditory hallucinations, incongruent mood and