

Methods: We report the case of Ms. M.W., aged 51, with a history of high blood pressure stabilized under nebivolol and a neurological bladder diagnosed 10 years ago with episodic pollakiuria, admitted to the psychiatric department for repeated suicide attempts. She had never used psychoactive substances and had no family psychiatric history. The patient presented depressive symptoms evolving for 5 months. The diagnosis of a characterized depressive episode with melancholic features was made and the patient was treated with sertraline. From the first intake of the drug, the patient presented acute urinary retention (UR) requiring the placement of a permanent bladder catheter. The urinary symptoms improved upon stopping the treatment. Sertraline was changed to olanzapine and escitalopram. The patient stopped the treatment after one month because of the worsening of urinary symptoms requiring the installation of a suprapubic catheter. The urinary problem, together with the cessation of treatment, were responsible for a worsening of psychiatric symptoms leading to multiple suicide attempts. Given the advanced stage of the neurological bladder demonstrated by the urodynamic tests, our patient was treated with paroxetine, quetiapine and oxazepam along with psychotherapeutic education. The evolution was characterized by improvement in psychiatric symptoms and the urinary symptoms were stable.

Results: The lack of improvement after treatment discontinuation could be explained by an underlying neurological bladder manifesting with pollakiuria. The current literature on UR induced by psychotropic treatments is quite rare limited in case reports. This effect occurs especially when selective serotonin reuptake inhibitors (SSRIs) are prescribed in combination with other antipsychotics. Unlike first generation antipsychotics, atypical antipsychotics have muscarinic receptor antagonist properties which can induce UR. Among atypical antipsychotics, olanzapine has been shown to have the greatest antimuscarinic effects. Regarding SSRIs, they are associated with a lower risk of UR than other antidepressants and sertraline had the highest risk of UR.

Conclusions: SSRIs can induce UR particularly in combination with atypical antipsychotics. Coordination of care across multiple specialties and understanding the side effects of psychotropic medications can enable faster diagnoses and adequate management.

Disclosure of Interest: None Declared

EPV0819

False-Positive Urine Drug Screening in a Patient on Quetiapine

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Introduction: Urine drug tests are commonly used in psychiatry settings, mainly for the purpose of screening for substance abuse and excluding drug-induced psychiatric disorders. When carefully interpreted, these tests offer critical information for clinical judgement. However, certain psychotropic medications can trigger false-positive results in common urine drug screenings. For example, aripiprazole has been reported to cause false-positive urine amphetamine test results, and haloperidol has been associated with false-

positive urine drug tests for lysergic acid diethylamide (LSD). It is clinically significant to recognize some false-positive urine drug results and interpret certain results cautiously in clinical settings.

Objectives: We present a case of false-positive urine drug screening for tricyclic antidepressant (TCA) in a patient on quetiapine and aim to highlight the importance of accurate result interpretation in urine drug tests.

Methods: Details of the case were described. Information was gathered based on medical records.

Results: Mr. A, a 25-year-old construction worker, first presented at our hospital's emergency room on a Saturday in January 2023. He was brought by the police because he was aggressive and mentioned his colleagues were monitoring him. Being a foreigner, he did not have any prior medical records in our hospital. Urgent blood tests were performed, and organic causes were ruled out. He was started on quetiapine and lorazepam in the emergency room and was then admitted to our hospital.

A urine drug test was ordered on the following Monday, the third day of his admission. Surprisingly his urine drug screening revealed positive results for TCA and benzodiazepines. Initially as the patient was psychotic and could not give reliable history, we considered a few differential diagnoses, such as schizoaffective disorder and major depressive disorder with psychotic features, based on the presumption that TCA had been prescribed by the psychiatrist in Mr. A's home country. After further treatment, Mr. A became less psychotic and was able to share that he had a past psychiatric history of schizophrenia, but he had stopped antipsychotic medications four months ago.

Conclusions: This case report described a false-positive urine drug test for TCA while the patient was taking quetiapine. In this case, initially other diagnoses, such as schizoaffective disorder, were considered based on the incorrect assumption that patient was taking TCA.

False positive urine drug results can be confusing and misleading for clinicians. This report underscores the possibility of such false positives arising from quetiapine and emphasizes the critical importance of careful result interpretation.

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Syndrome of Irreversible Lithium-Effectuated Neurotoxicity: Silent, but not innocent

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Introduction: Lithium is one of the main drugs used in Bipolar Affective Disorder. However, it has a narrow therapeutic window, which requires close monitoring and progressive dose adjustment, according to serum levels, clinical response and the appearance of side effects. The term 'SILENT' explains descriptively persistent neurological sequelae related to lithium salt intoxication when symptoms persist for more than 2 months after stopping treatment. SILENT Syndrome is more common in females, at ages ranging