

Fig. 1

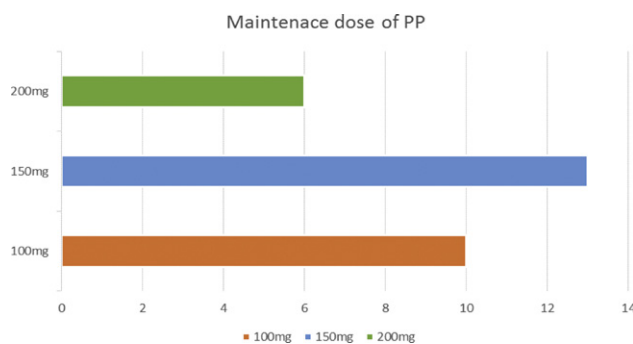


Fig. 2

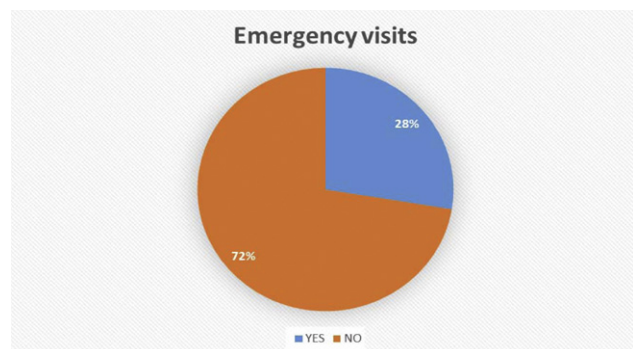


Fig. 3

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1556>

#### EV1227

### Vitamin B12 deficiency induced psychosis – a case report

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Vitamin B12 is one of the most essential vitamins affecting various systems of the body. Cases of neuropsychiatry disorders due to its deficiency are more common in elderly patients with prevalence of 10–20%. The most common psychiatry symptoms reported in the literature associated with vitamin B12 deficiency was depression, mania, psychotic symptoms, cognitive impairment and delirium. Here, we report a case of vitamin B12 deficiency in a 52-year-old male who presented with psychotic features: persecutory

delusions, tactile and auditory hallucinations. Patient had neither recorded psychiatry history nor any drug abuse. Medical history includes hypertension, diabetes mellitus and glaucoma. The patient was not a vegetarian. All relevant laboratory evaluations and head CT were normal except vitamin B12. The patient was treated with antipsychotics (risperidone 3 mg/day) and intramuscular vitamin B12. One week after, there was total remission of psychotic symptoms. In the follow-up during the next four months, psychiatry symptoms did not recur at any time. This case reports a rare case of vitamin B12 deficiency induced psychosis. Although there was concurrent administration of an antipsychotic along with vitamin B12, it underlines the importance of evaluation of vitamin B12 and other potential reversible causes of psychosis.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1557>

#### EV1228

### QTc interval in patients diagnosed with schizophrenia receiving different defined daily dose (DDD) of antipsychotics

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**Introduction** Both 1st and 2nd generation of antipsychotics are associated with prolonged QTc interval. Prolonged QTc can lead to ventricular tachycardia and Torsade's de pointes, ultimately resulting to cardiac arrest and sudden death. Prolonged QTc interval due to increased DDD has not yet been investigated.

**Objective** To investigate whether increased DDD of antipsychotics, causes further prolonged QTc, by patients diagnosed with schizophrenia.

**Aims** To learn more about antipsychotics impact on the QTc interval in patients diagnosed with schizophrenia.

**Methods** An observational study of unselected patients diagnosed with schizophrenia. Enrolled from January 2013 through March 2015 with follow-up until June 2015 in the region of central Denmark. Data was collected from ECG records and patient journals.

**Result** ECGs were available in 58 patients. We observed no relation between increased DDD of antipsychotics and prolonged QTc. There were no differences in average QTc interval for the whole sample of patients receiving different DDD of antipsychotics.

**Conclusion** We do not recommend increased attention to patients treated with higher DDD of antipsychotics.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1558>

#### EV1229

### Normalization of mortality rate and life expectancy in schizophrenia: Challenges and options

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Studies of mortality-rates and life expectancy in schizophrenia have consistently shown that the standardized mortality rate (SMR) are raised compared to the general population. In a meta-analysis (2007) of 38 studies with 22,296 deaths, all cause SMR was 2.98. SMR in a French cohort study (2009) in 3470 patients