damage. Lithium ascorbate showed a protective effect like carnosine. Lithium carbonate revealed no detectable influence on biomolecules in the conditions of our experiment.
Conclusion Lithium ascorbate has a protective effect on blood plasma proteins and lipids under ethanol-induced oxidative damage of biomolecules.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1092

Drug prescriptions associated with long acting. Pharmaco-economic aspects

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Introduction The polypharmacy is a very controversial subject; it brings together problems of interaction between drugs, side effects, and rationality of co-prescriptions, pharmaco-economic aspects. The long acting is useful to solve adherence to treatment but they are often prescribed in polytherapy.
Method The aim of this studies is to compare long-acting haloperidol, fluphenazine, risperidone and paliperidone regard to prescribing associations and pharmaco-economy. Also we want to consider for each long-acting which and how many drugs are associated and the implications in terms of pharmaco-economics. We examined all prescriptions (126 patients) over a period of 12 months in a mental health center, identifying which long acting had the best pharmaco-economic profile.
Results Despite being the less prescribed and not being associated with other psychiatric drugs, paliperidone palmitate shows the best pharmaco-economic profile.
Conclusions The costs of a drug are in relationship not only with unit price but also with the question of safety in order to oppose the overmedication.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1093

Rasagiline and venlafaxine: The serotonin syndrome

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Rasagiline is a highly potent irreversible monoamine oxidase (MAO)-B inhibitor, antiparkinsonian drug that may be used with caution in patients treated with antidepressant drugs because of the possible appearance of severe adverse effects. It is presented the case report of a woman treated with rasagiline and venlafaxine that presents confusion and a serotonin syndrome. Pathogenesis, physiopathology and treatment are discussed. Growing evidence suggests that Parkinson disease and depression are linked. Antidepressant drugs and PD treatment should be used with caution because of possible drug interaction.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1094

A rare instance of tardive dyskinesia with SSRI use: A case study

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Introduction Case presentation of a middle aged lady Mrs. C.K., who developed tardive dyskinesia (TD) after a trial of an SSRI.
Case report A 49-year-old Australian aboriginal lady, presented with involuntary movement of her face (bucco-linguo masticatory), movements after a 3 months trial of sertraline (maximum dose of 100 mg daily) for her depressive illness. There was no history of trials with anti-psychotics or any other medications, which may have caused the oral dyskinesias. Routine examinations including cognitive testing, EEG and MRI revealed no pathological findings. Her sertraline was ceased and she was commenced on mirtazapine 15 mg at night, which was hiked to 30 mg after 1 week and continued on this dose over the next 3 months. She exhibited good improvement in her depressive symptoms and a significant attenuation of her TD's. Involuntary movement scale rating: she was rated on the abnormal involuntary movement scale (AIMS) and showed gradual improvement in the severity of her orofacial dyskinetic movement. Her scores were–initial presentation (scored 22/36); at 4 weeks (9/36); 8 weeks (6/36) and at 16 weeks (4/36).
Discussion Although TD's are seen in approximately 1 to 5% of mental health patients treated with anti-psychotics (and some other medications like Levodopa, Metochlorpromide, etc.), research studies on SSRI's causing TD's are rare and few (Leo et al., 1996; Gerber et al., 1998).
Conclusions To alert and educate clinicians about a relatively rare adverse-effect of SSRI producing an involuntary movement disorder.
Disclosure of interest
The author has not supplied his/her declaration of competing interest.

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EV1095

Sexual dysfunction associated with antidepressants and how to prevent it. Is vortioxetine effective?

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Introduction One of the most common, and many times hidden, secondary effects of antidepressants drugs use is sexual dysfunction (SD). It has been noted that as many as 20% of patients will discontinue treatment with an SSRI, with one-third of these patients doing so due to adverse reactions.
Methodology A review was conducted aiming to clarify the pathogenesis of sexual dysfunction in depressed patients or taking antidepressants and how to prevent and manage it. The literature search was conducted in PubMed data reviewing articles dating between 2015 and 2016.
Results (1) the sexual response cycle is negatively affected in individuals suffering from major depressive disorder, even before initiation of any psychotropic medication. The serotonergic system plays a largely inhibitory role on sexual desire, orgasm, and ejaculation with involvement of the hippocampus and amygdala. Tricyclic antidepressants increase the level of prolactin and indirectly suppress the level of testosterone. (2) Bupropion and vortioxetine are the only antidepressants that have level 1 evidence supporting that

they either have a more favorable SD profile. (3) SD with vortioxetine was not statistically higher when compared with placebo, and was statistically lower compared with other SSRIs or SNRIs. (4) There is evidence that antidepressants that are also 5–HT1A receptor agonists (e.g. vortioxetine and vilazodone) may facilitate sexual performance.

Conclusions In case of SD pharmacologic and non-pharmacologic options are available. Vortioxetine seems to be a good pharmacologic option, with better NNH than SNRI and less SD.

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

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EV1096

Aripiprazole once monthly outpatient experience

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Introduction Aripiprazole once monthly (AOM) is one of the most recently introduced antipsychotics with a different mechanism of action, which seems to bring clinical and tolerability implications [1].

Objectives We describe the patient profile that may benefit from AOM treatment.

Methods This is a single-centre, retrospective, one year follow-up study of 13 cases of ambulatory AOM use. We analyze clinical and functional evolution, and the tolerability profile of patients in a real clinical practice basis.

Results Mean age was 53.69; 53.8% were males and 46.2% females. The most frequent diagnosis was Schizophrenia and other chronic psychosis (69.3%). Only 7.7% had co-morbidity with substance use disorder (cocaine); 61.6% were on previous treatment with other injectable anti-psychotics; 84,6% of the sample received AOM as monotherapy. Reasons for switching to AOM are shown on Fig. 1. Events during switching are shown on Fig. 2. Outcomes with AOM long-term treatment were positive in 84.61% of cases and are shown on Fig. 3.

Conclusions Switching to AOM could be considered as a good strategy to improve tolerability, functionality and ultimately adherence to treatment in patients in middle age of life with a chronic psychotic disorder [2].

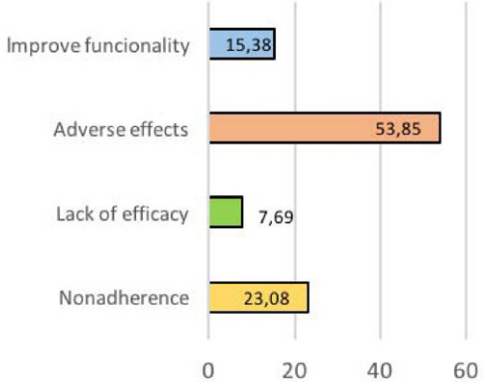

Fig. 1 Reasons for switching.

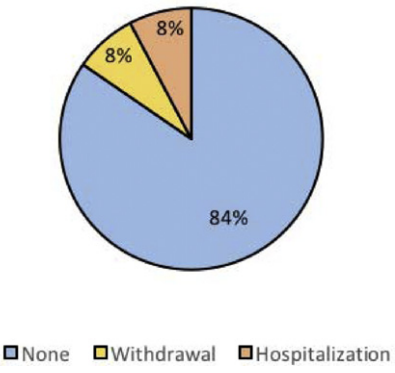

Fig. 2 Events during switching.

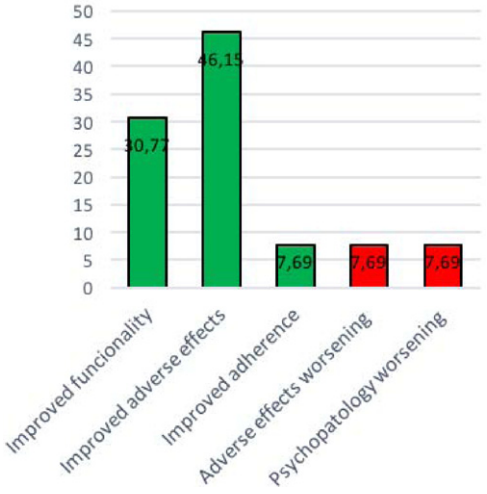

Fig. 3 Outcomes with AOM.

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

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EV1097

Clinical vignette – Aripiprazol long acting injection monotherapy as long-term treatment for bipolar disease

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Introduction Over the last decade a number of effective maintenance treatments for bipolar disorder (BPD) have been developed. Lithium remains the best-established option, but valproic acid, lamotrigine, olanzapine, and quetiapine are also effective maintenance drugs. However, oral administration contributes to lower adherence rates with these drugs. In the United States and Europe,