However, it was our experience that solution focused or problem focused therapy were also two clinical effective approaches to many psychiatric problems. In fact, we had a mature consult, in which as far as two thirds of patients had become, some way chronic. Problem was, as far as we can imagine, if that was a disease's effect or a lack of a deeper intervention, which were wider than those classic. So, we classified our patients in resistant or not resistant, and doing so we add brief therapy to the first group, reevaluating every week each intervention and the course of the illness. By doing so, we found that chronicity was, in same cases, just the result of limited treatments. Here we have analysed some chronic patients with a bad course and the alternatives that let them to recover.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2290

EV1308

Clozapine induced blood dyscrasias and a therapeutical approach

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Introduction Clozapine is a neuroleptic commonly used in treatments resistant to schizophrenia. However, despite the benefits, clozapine might cause some serious side effects. Hence, it is of the utmost necessity to keep an exacting control of the patients.

Objectives To study some of the therapeutical approaches to the treatment of clozapine induced neutropenia and agranulocytosis.

Methods Review of some articles in Mental Health Journals.

Results The treatment with clozapine, substratum of aminergic and muscarinic receptors, entails a 0.9% risk of causing agranulocytosis, and approximately a 2.7% risk of causing neutropenia. Both occur, over 80% of them, during the first 18 weeks of treatment. Thus, before starting it, it is necessary to draw some blood and analyze the complete blood count (CBC). Also, we must analyze CBCs weekly during the first 18 weeks. Other dyscrasias like leukopenia, leukocytosis, anaemia, eoshinophilia, thrombocythaemia or thrombocytopenia can also be observed. When agranulocytosis appears, it can be treated by discontinuing the clozapine treatment, but also using granulocyte-colony stimulating factor or lithium, both separated or combined with clozapine. Lithium produces reversible leukocytosis onceplasma levels of > 0.4 mmol/L are reached. Despite the simultaneous treatment with lithium, clozapine can trigger some neurological side effects, it seems that seizure risk remains invariable.

Conclusions Some of the clozapine's side effects, like neutropenia or agranulocytosis, are potentially lethal. Their treatment consists of discontinuing clozapine or initiating granulocyte-colony stimulating factor or lithium. These are good options that can give rise to a later continued treatment with clozapine.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2293

EV1309

Misuse of trihexyphenidyl: Factors associated to the prescription

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Introduction Trihexyphenidyl (THP) is an anti-Parkison and anticholinergic drug. It is essentially prescribed by psychiatrists in order to treat abnormal movements and Parkinsonism induced by antipsychotics. However, in unusual practice, the THP is widely used by patients.

Aims To assess different factors associated to the prescription of trihexyphenidyl in patients treated with neuroleptics.

Methods A cross-sectional, descriptive, comparative and analytical study among 153 patients followed in outpatients clinics and treated by antipsychotics.

Results During a six-month period, 153 patients were interested by the study. In total, 79.73% of them were receiving a treatment by THP. Mean age was 47.79 years old. Almost patients were married (44.1%), having a primary level education (46.7%) and jobless (66.7%). Mean factors associated to THP prescription were: hospitalization in a psychiatry unit ($P = 0.025$), good evolution of mental disorder during hospitalization ($P = 0.008$), regular follow-up ($P = 0.005$), episodic evolution and existence of residual symptoms ($P = 0.001$), personality disorder ($P = 0.025$) and somatic comorbidities ($P = 0.001$). Prescription was crucial in order to indicate necessity of THP. Doses of neuroleptics were a determinant factor ($P = 0.0001$). Forty-one percent of patients were receiving more than one treatment ($P = 0.0001$). In most cases, prescription consists of classic antipsychotics (67.60%).

Conclusion Prescription of THP should be argued, considering different factors associated to the prescription, in order to prevent misuse of the drug.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2294

EV1310

Light as an aid for inpatient recovery: A systematic review

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Introduction The indoor light environment of hospital wards may affect functions and symptoms that are central to the process of inpatient recovery, including sleep, anxiety, well-being, and mood.

Objective To assess whether interventions in light improves recovery in hospitalized patients across all medical specialties.

Methods We systematically searched and reviewed the literature for RCT's on adult inpatients where any light intervention were compared to standard care or placebo. We reviewed effects of light on various outcomes, and compared differences in administration, timing, color, and intensity of the light.

Results We identified 2330 titles, of which 32 met our predefined selection criteria. Choice of administration, timing, wavelengths, and intensity varied. However, most studies investigated bright light therapy with high intensity and short exposure time, others low-intensity light at night filtered of wavelengths in the blue spectrum, and yet others the use of dawn simulation. Comparators were either placebo lamps with low intensity or regular indoor light. Most studies were performed on psychiatric inpatients, showing that bright light therapy is an effective aid in recovery of major depression. Across medical specialties, several studies reported improved sleep quality during the light intervention. Other studies found a lower rate of delirium. In elderly patients with dementia, studies found light interventions to relieve agitation and confusion.

Conclusions Light may ease a broad range of symptoms and behaviors across inpatient categories. The intervention is inexpensive, well tolerated, and non-invasive. This study underlines intelligent lighting design as an interesting, yet under-explored, non-pharmaceutical treatment.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2295