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#### EV1063

### SSRIs and QT interval prolongation management. A review

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**Introduction** In 2011, the FDA issued an alert recommending not to prescribe citalopram high doses, due to QT prolongation risk. We explored the clinical background of QT interval prolongation related to serotonin selective reuptake inhibitors (SSRI) use and the clinical implications of safety issues.

**Methodology** A review was conducted to clarify the mechanisms associated with the occurrence of TdP when using SSRI and investigating therapeutic measures to avoid/minimize these effects. The literature search was conducted in PubMed data reviewing articles between 2001 and 2016.

**Results** (1) Related to risk factors/intraclass differences: risk factors are increase in QTc interval  $\geq 60$  ms from the pretreatment value, advanced age, female sex, acute myocardial infarction and electrolytic abnormalities among others. Citalopram appears more likely than others to induce this phenomenon but its importance is under current debate. (2) Related to dose: drug-induced QTc interval prolongation and TdP was associated to citalopram in doses  $> 40$  mg/day. However, psychotropic drug-induced sudden cardiac death may be an outlier in the absence of identified risk factors for QTc interval prolongation and TdP. (3) Related to poly-pharmacy/management: there is an additive effect when using SSRI and antipsychotics (EKG control is recommended in those cases). Cross-sectional studies showed that SSRI use was not associated with QT interval prolongation. This could be explained by the EKG intra-intersubject variability.

**Conclusions** There is little evidence that drug-associated QTc interval prolongation by itself is sufficient to predict TdP. Future research needs to improve its precision to better understand the factors that facilitate/attenuate that progression. Clarifying this may lead to a safer SSRI use.

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#### EV1064

### Lithium and EKG abnormalities. A review

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**Introduction** The literature concerning possible cardio-toxic effects of lithium therapy in man is reviewed.

**Methodology** A review was conducted to clarify the mechanisms associated with the occurrence of conducting abnormalities when using lithium and investigating (if so) whether these alterations depend on the dose. The literature search was conducted in PubMed data reviewing articles between 1982 and 2015.

**Results** (1) Related to pathopsychology/risk factors: reports indicate T wave morphology changes with lithium therapy. Of particular concern are cases of sinus mode dysfunction or sinoatrial block and the appearance or aggravation of ventricular irritability. The incidence of cardiac complications, in general terms, may increase with age. Recent findings (a retrospective study

of bipolar patients) of lithium-associated hypocalcaemia showed that hypocalcaemia resulting from medical diseases and bipolar patients with lithium-associated hypocalcaemia had significantly higher frequencies of conduction defects. (2) Related/unrelated to dose: therapeutic and toxic levels of lithium have infrequently been associated with serious cardiac dysfunction. Several case reports demonstrate two important points about Brugada syndrome unmasking: electrocardiograph abnormality severity may correspond to lithium levels and unmasking may occur in the therapeutic range of lithium. Other report shows a case of lithium induced sinus-node dysfunction in a patient with serum lithium levels in therapeutic range.

**Conclusions** Lithium abnormalities are rare and mostly not related to dose. Conducting heart anomalies may occur, especially when several factors are present (such as age or co-morbid illnesses that affect calcium serum levels).

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#### EV1065

### Prolactin levels in patients with severe mental disorders: Are we doing well? An observational study of Seville area population

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**Introduction** It is well known that hyperprolactinemia increases the risk of hypogonadism, osteoporosis and cardiovascular diseases. Atypical anti-psychotics are directly related with its development. Despite its importance, pharmacological hyperprolactinemia it is not considered and treated by psychiatrists as much as expected. Nowadays, long-acting aripiprazole is one of the main treatments that barely increase the prolactin (PRL) levels.

**Objectives** To determine the number of cases in which PRL levels are detected. To quantify the reduction of PRL levels with patients treated with long-acting aripiprazole.

**Methods** Observational, descriptive study, from February 2015 to July 2016, of 52 patients treated with anti-psychotics, in two Sevillian community mental health centers.

**Results** In 56% of cases, PRL level was measured at least one time: in 77% of cases with prescription of long-acting aripiprazole, PRL levels are reduced.

**Conclusion** First step to reduce the impact of hyperprolactinemia in patients is to determine the PRL levels in a systematic way being this practice a must to be considered. In the study carried out and described in this abstract, reduction of PRL levels in target populations using long-acting aripiprazole is observed.

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#### EV1066

### Eosinophilia associated with clozapine – A case report

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**Objectives** Clozapine is an atypical anti-psychotic used in the treatment of schizophrenia and other psychotic disorders. It is associated with several side effects, namely, hematologic disorders, the more common being agranulocytosis. Some cases of