EPV1167

Effectiviness and safety of antidepresants in bipolar depression

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doi: 10.1192/j.eurpsy.2022.1851

Introduction: Depressive episodes are associated with higher morbidity, mortality (mostly suicidality. Despite the high prevalence and the devastating impact of this condition, there is a long-standing debate about its treatment, particularly about the use of antidepressants. International guidelines and expert consensus recommend to avoid AD for bipolar depression, or to use AD with caution and as second line treatment only if the depressive episode shows poor response to mood stabilizers (MS) and to some second generation antipsychotics (SGA) (cariprazine, lurasidone, quetiapine and olanzapine combined with fluoxetine) in monotherapy and in combination. Contrary to the advice of guidelines and experts, 50%–80% of acute bipolar depressive episodes are treated with AD in everyday clinical practice.
Objectives: To evaluate the effectiveness and the safety of AD acute treatment in patients with bipolar depression
Methods: Literature review (PubMed)
Results: Short-term safety, switching and suicidality did not differ significantly, and no suicide attempt was observed. Concerning long-term safety, patients with bipolar depression had a significant reduction of depressive and total recurrences during the first year.
Conclusions: Acute AD treatment of bipolar depression is effective in the short term and safe in the short- and long-term

Disclosure: No significant relationships.
Keywords: Antidepressants; bipolar depression

EPV1165

Monitoring sertraline and clozapine levels

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doi: 10.1192/j.eurpsy.2022.1852

Introduction: One of the most frequent side effects seen when prescribing sertraline and clozapine together is the appearance of a seizure crisis. This event is usually related to an increase of plasmatic concentration due to interactions of these drugs with blood components.
Objectives: To investigate the effects of clozapine when combined with other drugs, especially its effects increasing plasmatic concentration.
Methods: A patient was treated sith 300 mg/day of clozapine followed by a treatment with sertraline 50 mg/day, which increases plasmatic concentration. The combination of these treatments produced seizures. Other works published about interactions are reviewed.
Results: It is important to monitor clozapine dosages to avoid increasing plasmatic concentration, especially if other drugs that have this effect are also administered.
Conclusions: It is important to monitor clozapine dosages to avoid increasing plasmatic concentration, especially if other drugs that have this effect are also administered.

Disclosure: No significant relationships.
Keywords: sertraline clozapine side effects

EPV1166

Olanzapine and its use for methamphetamine-induced psychosis

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doi: 10.1192/j.eurpsy.2022.1853

Introduction: Over time the prevalence of methamphetamine associated psychosis (MAP) has increased globally including Asia and Europe. Shoptaw et al looked at an RCT and concluded that olanzapine is superior to haloperidol in terms of tolerability and the side effect profile as it causes fewer extrapyramidal symptoms. Another study by Xue et al compared the efficacy of olanzapine and haloperidol and found that they had comparable effects but the onset time in the olanzapine group was significantly earlier than the haloperidol group. Srisurapanont et al analyzed 6 RCTs and concluded that quetiapine and olanzapine are probably superior than aripiprazole and risperidone.
Objectives: The purpose of this review is to find out if olanzapine is better than other antipsychotics in treating methamphetamine-induced psychosis.
Methods: PubMed, SCOPUS, and Web of Science literature databases were screened and filtered by using specific search terms, inclusion/exclusion criteria. Texts of the selected articles and trials were reviewed and the search terms generated a total of 248 results from the databases. After applying the criteria 200 citations were left and 15 papers were reviewed.
Results: The literature review concluded that olanzapine can be used as an effective treatment for methamphetamine-induced psychosis. Olanzapine can help to reduce the psychotic symptoms in MAP with a quicker onset and lesser side effects.
Conclusions: Olanzapine can help in the treatment of methamphetamine-associated psychosis and can be considered as the first-line therapy. Research is further needed with a higher pool of candidates in the future to compare the efficacy and tolerability of different typical and atypical antipsychotics.

Disclosure: No significant relationships.
Keywords: Psychosis; Methamphetamine; Methamphetamine induced psychosis; Olanzapine