

exacerbation of the tics, interfering with his social and academic life, making it impossible to attend classes. The mother takes him to emergency services, and he is admitted to pediatrics. During the stay in pediatrics, he is diagnosed with Attention Deficit Hyperactivity Disorder, in addition to confirming the TS diagnosis. Extended-release methylphenidate is initiated (neuropsychiatry). After starting methylphenidate, the patient's tics worsen, also presenting insomnia and hyporexia. Due to the diagnosis of ADHD, school failure, and affective symptoms (hypothymia), atomoxetine is initiated. The tics become constant and incapacitating. As the dose of aripiprazole is increased, the child presents extrapyramidal effects. As a therapeutic alternative, guanfacine is initiated, progressively discontinuing aripiprazole. Currently, the child is stable from motor and vocal tics, allowing him to lead a normalized life.

Conclusions: Although guanfacine is not as effective in reducing tics as antipsychotics, since the latter produce more side effects, it is justifiable to use it. This drug is capable of enhancing the therapeutic effect and reducing the adverse effects that antipsychotics could produce. Guanfacine may be a good alternative as a first line in the treatment of Tourette Syndrome with or without attention deficit disorder and hyperactivity.

Disclosure of Interest: None Declared

EPV0830

Asenapine versus other atypical antipsychotics for schizoaffective disorder Case study

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doi: 10.1192/j.eurpsy.2024.1452

Introduction: Antipsychotics are psychotropic medications that are indicated for the treatment of psychosis and mood disorders. Due to minimal side effects and their efficacy (affecting many receptors) compared to standard antipsychotics, today atypical antipsychotics are being used more and more as first-line treatment.

The aim of this study is to show the efficacy of asenapine and its tolerability as opposed to other atypical antipsychotics.

Objectives:

1. What are the side effects identified?
2. Side effects and efficacy of asenapine vs other atypical antipsychotics?

Methods: It is a comparative, regular, clinical study, an examination case of a 53-year old female diagnosed with Schizoaffective Disorder 27 years ago and treated outside of hospital with atypical antipsychotics, such as: risperidone, olanzapine, quetiapine, aripiprazole, amisulpride. The study covers the timespan of 2010-2022.

Results: The results showed that asenapine sublingual 15 mg had fewer side effects than other atypical antipsychotics. They were mouth dryness, headache, fatigue.

The other atypical antipsychotics caused: metabolic disorders, like considerable weight gain, cholesterol and glycaemia increase, extrapyramidal side effects, hyperprolactinemia.

Asenapine sublingual 15 mg was not as effective in treating Schizoaffective Disorder as risperidol 5mg, olanzapine 15 mg, aripiprazole 20 mg, amisulpride 600 mg.

The efficacy of asenapine sublingual 15mg was the same as quetiapine 400 mg.

Conclusions: This study showed that asenapine has minimal side effects but its efficacy in treating Schizoaffective Disorder as monotherapy is lower than other atypical antipsychotics.

Key words: antipsychotics, schizoaffective disorder, side effects, efficacy

Disclosure of Interest: None Declared

EPV0831

Importance of the type of pharmacological treatment in patients with severe mental disorder

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doi: 10.1192/j.eurpsy.2024.1453

Introduction: The use of long-acting treatments is a common clinical practice in psychiatry. No disease insight and the risk of treatment discontinuation in a significant portion of our patients, increase the demand for psychiatric emergency and hospital admissions. Treatment adherence must be facilitated, taking into account possible side effects and patient's subjective satisfaction.

Objectives: -Evaluate the type of long-acting intramuscular treatment in selected patients. -Evaluate the differences in treatment satisfaction between different types of long-acting intramuscular treatments as well as frequency of psychiatric emergency and hospital admissions in the last year.

Methods: We select patients with different severe mental disorders who stay in a Medium Stay Unit, Sociosanitary Community Residence, Supervise house and Residence for the elderly in Albacete (Spain); all of them, with intramuscular neuroleptic treatment (zuclopenthixol dihydrochloride, aripiprazole long acting, palmitate paliperidone monthly, 3-monthly and 6-monthly) at least 1 year.

We evaluate their sociodemographic characteristics, the satisfaction questionnaire with the treatment (TSQM-9) and the rate of psychiatric emergencies and admissions after current intramuscular treatment in last year.

Results: We have selected 57 patients with an average age of 45.86. 78.94% with a diagnosis of schizophrenia, 12.28% with schizoaffective disorder, 5.26% bipolar disorder and 3.5% unspecified psychotic disorder.

We can see in the graphics below that the longer duration of the intramuscular treatment, the greater satisfaction in all the items of the TSQM-9 questionnaire.

31% of the patients with zuclopenthixol dihydrochloride treatment, have gone to psychiatric emergencies and 28% of psychiatric admissions in the last year. 18% of the patients with aripiprazole long acting, 17% with paliperidone palmitate long acting-monthly and 12% de 3-monthly have gone to psychiatric emergencies and 15%, 12% and 12% needed psychiatric admissions respectively. Patients with palmitate long acting-monthly have not emergencies or psychiatric admissions in the last year.

Image:

	Prevent	Relieves your symptoms	Time to start working	Easy or difficult to use	Easy or difficult is it to plan	Convenient or inconvenient to take	Good thing for you	Good treatment outweigh bad things	Global satisfaction
ZPX (2-4 M)	4,1	4,1	4,7	4	4,31	3,02	3,5	3,4	4,4
ARP 1M	5,9	6,2	5,2	4,7	6,2	6,2	4,12	4,05	5,34
PPLP1M	4,69	5,94	5	4,56	6,3	5,87	4,82	5,2	5,32
PPLP3M	5,8	6,1	5,8	5,12	6,5	6,3	5,15	5,8	6,01
PPLP6M	7,03	6,88	6,4	8,13	7,1	7,2	6,4	7,26	8,17

Image 2:

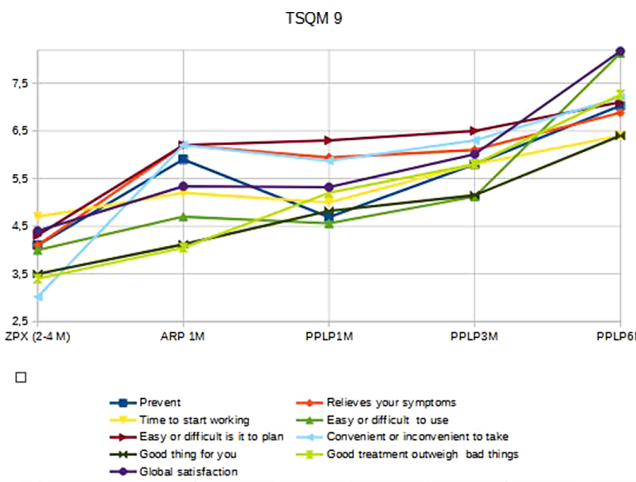
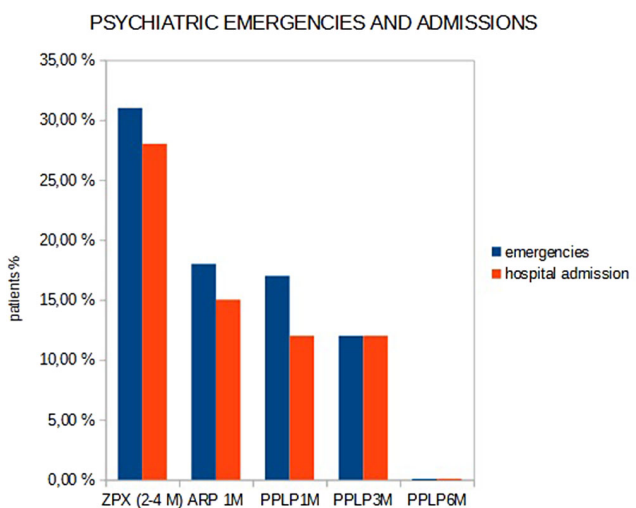


Image 3:



Conclusions:

- The longer long acting of the intramuscular treatments, the better patient satisfaction.
- With the longer duration treatment (Palmitate paliperidone LD 6 month), we have lower psychiatric emergencies and hospital admissions.

Disclosure of Interest: None Declared

EPV0832

Aripiprazole induced reversible ptosis and oromandibular dystonia

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doi: 10.1192/j.eurpsy.2024.1454

Introduction: Aripiprazole is an atypical antipsychotic orally indicated for the treatment of schizophrenia, bipolar I, major depressive disorder. It is also indicated as an injection for agitation associated with schizophrenia or bipolar mania. Aripiprazole exerts its effects through agonism of dopaminergic and 5-HT1A receptors and antagonism of alpha-adrenergic and 5-HT2A receptors (Cosi et al., 2006). Ptosis is known as the drooping of the upper eyelid, and the patient usually presents with the complaint of the defect in vision and cosmesis (Shahzad & Siccardi, 2023). Oromandibular dystonia and orofacial dyskinesia are uncommon neurological disorders with involuntary, mainly choreic (dance-like) movements, or excessive, involuntary and sustained or repetitive muscle contractions that may involve the face, lips, tongue, and/or jaw (Bakke, 2016).

Objectives: The aim of this study is to present a case of ptosis and orofacial spasm, which are neurological side effects that may be very rare side effects of aripiprazole.

Methods: The 22-year-old woman was referred to the psychiatric service via the emergency service, due to thoughts of harming herself and irritability. The patient was planned to be hospitalized due to decreased sleep, increased speech, and persecution delusions for the last days. After the patient stayed in the service for 25 days, the patient was prescribed olanzapine 10 mg for discharge. At the follow-up appointment, it was learned that the patient had gained weight due to olanzapine and was switched to aripiprazole on 4th of July. The patient's aripiprazole dose was gradually increased to 10 mg/day. The patient's relatives gradually noticed drooping eyelids, involuntary oral movements, and impaired speech due to aripiprazole. Cranial MRI and cranial MRI angiography performed to rule out organic pathologies resulted normal. Accordingly, the aripiprazole dose was reduced to 5 mg/day by his mother, and at the last follow-up appointment on August 4, aripiprazole was stopped and paliperidone was started, and the neurological symptoms completely resolved 4 days later.

Results: Since aripiprazole is frequently used in the field of psychiatry, its side effects are often wondered about. Extrapyramidal system side effects of antipsychotics are more common than ptosis. And In terms of the incidence of various extrapyramidal side effects, overall, no significant effects of age, sex, mean dose, study duration, or measuring method could be demonstrated. It is very important to distinguish between organic pathology and drug side effects, especially since ptosis accompanies neuromuscular diseases, ischemic, demyelinating brain lesions and intracranial aneurysms.

Conclusions: As a result, patients who are started on antipsychotics should be closely watched for side effects to increase patient comfort and drug compliance. Also organic pathologies must be excluded before making a final decision that it is a drug side effect.

Disclosure of Interest: None Declared