

eosinophilia have been described. This work describes a case of transient eosinophilia caused by clozapine.

Methods Description of a clinical case.

Results A 22-year-old female patient, with a treatment resistant psychotic disorder initiated clozapine in a slow titration to 300 mg. Ten days after initiating clozapine, the patient presented with eosinophilia (started with $6.6 \times 108/L$ and peaked at $10.0 \times 108/L$). Two weeks later, the patient presented with a skin rash in the arms and legs. The case was discussed with internal medicine service and other causes of eosinophilia were excluded. Since the eosinophilia was mild, the rash was not severe and the patient did not present any other symptoms or signs, it was not considered necessary to stop clozapine. During the next three months, with close monitoring, the eosinophilia and the skin rash slowly resolved.

Conclusions This is a case of a patient who presented mild eosinophilia and skin rash, associated to clozapine, with spontaneous resolution. We draw attention to the need of close monitoring and exclusion of other causes of eosinophilia and rash. Furthermore, other hematologic disorders should be considered besides agranulocytosis, namely eosinophilia, when prescribing clozapine.

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

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EV1067

Polycystic ovarian syndrome in patients with schizophrenia treated with atypical anti-psychotics: A case control study

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Objective Objective was to compare the prevalence of probable polycystic ovarian syndrome (PCOS) in females treated with atypical anti-psychotics with normal controls.

Aims To compare the prevalence of PCOS in patients treated with atypical anti-psychotics and normal controls. To study the hormone profiles in these two groups.

Methods Cases consisted of 102 reproductive age females with schizophrenia treated with atypical anti-psychotics for ≥ 6 months and had gained $\geq 10\%$ body weight. Control group was 123 age and BMI matched females. Menstrual history, physical examination for hirsutism, acne, androgenic alopecia, anthropometrics measures, Ultrasound abdomen and hormone analysis were done.

Results Mean age of cases = 33.17 years (SD 8.9) and controls = 33.08 years (SD 5.6). Mean BMI of cases = 25.92 (SD 5.2) and controls = 25.03 (SD 4.3). Polycystic ovarian morphology of ovaries on ultra sound scan was significantly more in cases 49 (48%) than controls 16 (13%) ($P < 0.001$). Probable PCOS was significantly more in atypical anti-psychotic treated females ($n = 22$, 21.56%) than in normal controls ($n = 10$, 8.13%) ($P = 0.04$). Atypical anti-psychotic treated patients with PCOS had significantly lower mean LH levels 6.69 mIU/L than those without PCOS 10.30 ($P = 0.35$). There was no significant difference in testosterone, FSH, prolactin, TSH and free T4 levels.

Conclusion Treatment with atypical anti-psychotics is associated with higher prevalence of PCOS. This has not been reported previously. The hormonal profile in these patients may be different with low testosterone and LH levels.

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

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EV1068

Unconventional side effects of antidepressants: Focus on emotional blunting

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Objectives The aim of this study was to investigate the unconventional side-effects of selective serotonin reuptake inhibitors (SSRIs) and tricyclics (TCAs) antidepressants during long-term treatment of depression, with a special focus on emotional blunting and, in particular, on the possible changes of some features of loving relationships.

Methods Two hundred outpatients (130 women and 70 men, mean age \pm SD: 43.4 \pm 11.1 years) were enrolled. They were suffering from mild or moderate depression, according to DSM-5 criteria, treated with one antidepressant for at least six months and involved in a long-term loving relationship. A specifically designed test, the so-called "sex, attachment, love" (SALT) questionnaire was built to assess the possible changes of the loving relationship.

Results The results showed differences between the two genders, in particular women taking TCAs reported more sexual side effects than men, whereas men taking SSRIs complained a reduction of the feelings of love and attachment towards the partner.

Conclusions Antidepressants seem to have a dimorphic effect on some elements of loving relationships, however these results need to be further explored.

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EV1069

Citalopram-induced delusions in an older adult

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Introduction Selective serotonin reuptake inhibitors (SSRIs) are the most prescribed antidepressants worldwide. In older adults, citalopram is generally well tolerated and safe in the therapeutic dose range of 20 to 40 mg/day. In literature, there are cases of SSRI-induced psychosis, but mainly with fluoxetine. There are only three reported cases of citalopram-induced delusions, however, these case-reports did not involve an older adult.

Objectives and aims To provide a case of citalopram-induced psychosis in an older adult, followed by the review of available literature.

Methods A case report is presented and discussed followed by a literature review.

Results A 64-year-old woman without somatic illnesses was referred by a general practitioner with depressive symptoms. One week after initiation of citalopram 10 mg/day she suddenly developed delusions, predominantly in the early morning. No other medical evidence was found that could explain her delusions. After discontinuation of citalopram her delusions quickly resolved.

Conclusion This is the first case report of a SSRI-induced delusion in an older adult. Citalopram has been reported to be one of

the safest SSRIs. Although most SSRI's have a mild side-effect profile, care should be taken when initiating SSRIs since unpredictable adverse effects may occur.

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EV1070

Anti-psychotics: To withdraw or not to withdraw?

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Introduction Anti-psychotics constitute a class of psychotropic drugs used for the treatment and prophylaxis of several disorders, including schizophrenia, bipolar disorder and psychotic depression. Frequently, clinicians are asked by their patients to withdraw this medication. In some cases, that may be related to notable side effects. However, it may actually indicate an inadequate control of the psychiatric disorder with poor insight.

Aims The goal of this work is to systematically review the scientific literature in order to understand if there are consistent data that support anti-psychotics withdraw in specific clinical situations.

Methods The literature was reviewed by online searching using PubMed®. The authors selected scientific papers with the words "anti-psychotics" and "withdraw" in the title and/or abstract, published in English.

Results and discussion Anti-psychotics improve prognosis and enhance patients' quality of life. There are few data in the literature regarding recommendations that support anti-psychotic withdraw in psychiatric patients. Very specific conditions must exist for withdrawing anti-psychotics, like neuroleptic malignant syndrome, cardiac side effects, and change of diagnosis or prolonged remission after a first and single psychotic event. When that decision is made, it should be done slowly and carefully and both the patient and his family should be involved.

Conclusions There is no evidence in the literature that supports withdraw of anti-psychotics for the majority of psychiatric situations. When specific conditions are present that possibility must then be considered, however, with careful consideration and after discussion with the patient and parties involved in patient's care.

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EV1071

Selective serotonin reuptake inhibitors, anti-psychotics and metabolic risk factors in schizophrenia and bipolar disorder

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Objective The aim of this study was to investigate the relationship between metabolic factors and use of selective serotonin reuptake inhibitors (SSRIs) combined with olanzapine, quetiapine or risperidone.

Method Data from a cross-sectional study on 1301 patients with schizophrenia or bipolar disorder were analyzed. The main outcome variables were levels of total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, triglycerides and glucose.

Results One defined daily dose (DDD) per day of an SSRI in addition to olanzapine was associated with an increase in total cholesterol of 0.16 (CI: 0.01 to 0.32) mmol/L ($P=0.042$) and an increase in LDL-cholesterol of 0.17 (CI: 0.02 to 0.31) mmol/L ($P=0.022$). An SSRI serum concentration in the middle of the reference interval in addition to quetiapine was associated with an increase in total cholesterol of 0.39 (CI: 0.10 to 0.68) mmol/L ($P=0.011$) and an increase in LDL-cholesterol of 0.29 (0.02 to 0.56) mmol/L ($P=0.037$). When combined with risperidone, no such effects were revealed. No clear-cut effects were seen for HDL-cholesterol, triglycerides and glucose.

Conclusion The findings indicate only minor deteriorations of metabolic variables associated with treatment with an SSRI in addition to olanzapine and quetiapine, but not risperidone. These results provide new insight in the cardiovascular risk profile associated with concomitant drug treatment in patients with severe mental illness, and suggest that SSRIs can be combined with anti-psychotics without a clinically significant increase of adverse metabolic effects.

Disclosure of interest Co-author Dr. Ole Andreassen has received speakers' honoraria from GSK, Lundbeck and Otsuka.

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EV1072

Clozapine: Since the very beginning?

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Introduction Psychosis in childhood and adolescence could be defined as having hallucinations, with the hallucinations occurring in the absence of insight. A broader definition includes symptoms such as delirious thoughts, disorganized speech, disorganized behavior, cognitive and mood symptoms and what is called negative symptoms. Several researches have been done focused in the treatment of first episode of psychosis showing clozapine as a keystone in the treatment of psychosis, especially in refractory first episodes.

Objectives Clozapine has unique efficacy in improving treatment-resistant patients with chronic schizophrenia but the moment of instauration remains unclear. There have always been doubts about the right moment to start clozapine, after two or more previous anti-psychotics or as first option.

Materials and methods We report a 18-year-old woman with family history of severe psychosis. Her mum reasserted patient's symptoms contributing to a longer period of non-treating psychosis (about 10 months). Auditory hallucinations, incongruent mood and