SSRIs. Fluoxetine and sertraline are also likely to be safe, even when combined with atorvastatin, simvastatin, and lovastatin.
Conclusion Though the absolute risk of concomitant use of SSRIs with statins seems to be negligible, even this risk can be minimized by using lower statin doses and monitoring the patient.
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EV1089

Hyponatremia associated with selective serotonin-reuptake inhibitors

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Introduction Psychotropic agents have been implicated in the cause of hyponatremia, including the majority of selective serotonin reuptake inhibitors (SSRIs). The reported incidence of hyponatremia caused by SSRIs varies widely up to 40%. Important risk factors are older age and concomitant use of diuretics. Though there are numerous retrospective studies available, an update of current knowledge SSRI induced hyponatremia is warranted.
Objectives and aims To review the incidence, risk factors, mechanism, times of onset and resolution, and treatment of hyponatremia associated with selective serotonin-reuptake inhibitors (SSRIs).
Methods An English language literature search was conducted using Pubmed, EMBASE and Cochrane library (December 1980–December 2015) using the search terms selective serotonin-reuptake inhibitor, hyponatremia, syndrome of inappropriate secretion of antidiuretic hormone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, and sertraline.
Results Numerous case reports, observational studies, and case-controlled studies, as well as one prospective clinical trial, have reported hyponatremia associated with SSRI use, with an incidence of 15%. Risk factors for the development of hyponatremia with SSRIs include older age, female gender, and concomitant use of diuretics, low body weight, and lower baseline serum sodium concentration. Predisposing factors, such as volume status, diuretic use, or concomitant use of other agents known to cause SIADH, may predispose to the development of hyponatremia. In published reports, hyponatremia developed within the first few weeks of treatment and resolved within 2 weeks after therapy was discontinued.
Conclusion Practitioners should be on the alert for this potentially life-threatening adverse event, especially in older adults.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Drug safety warnings in psychiatry: Adverse drug reactions' signaling from 2002 to 2014

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Monitoring drug-related side effects in psychiatric patients is highly recommended. In fact, frequent exposure to long-term polipharmacotherapy, poor compliance to pharmachological treatment and co-morbidity with organic illnesses requiring the prescription of other drugs are causes of pharmacokinetic/pharmacodynamic interactions. These vulnerability factors result in a certain increase in ADRs (adverse drug reactions). This study performs an analysis of the Italian medicine agency (AIFA) data, in the section "signal analysis", to attempt an assessment of the safety warnings among the different psychotropic drug classes, belonging to the ATC class: N03 (anti-epileptics), N05 (anti-psychotics), N06 (psycho-analectic drugs). Then we analyzed, in a descriptive way, the different association between the drug and the related ADR, evaluating the different safety profiles, in relation to experimental studies, supporting the importance of the signal. In the last years, among the new 25 ADRs, 10 were related to antidepressant drugs (8 SSRI, 1 mirtazapine, 1 agomelatine). In relation to anti-psychotic drugs, 6 new correlations were found between drug and ADR onset, mainly among atypical anti-spychotics. Other correlations (6 above all) were found among anti-epileptic drugs. Among benzodiazepines, a signal linked to rabdomylysis onset was found. It is also recommended an evaluation of safety profile in relation to zolpidem prescription. The results of our systematic review are a motivational input, considering the continuous increase of safety warnings, to attentively monitor drug's prescription. Spontaneous ADRs' signaling is a classical system to provide the required attention in relation to a potential risk.
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Protection of proteins and lipids of blood plasma by different lithium salts under ethanol-induced oxidative damage

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Introduction The creation of new lithium compounds with antioxidant activity is relevant problem for psychiatry. The aim of this work was study of the protective effect of lithium salts against ethanol-induced oxidative damage to proteins and lipids of human blood plasma in vitro.
Methods We used lithium ascorbate and lithium carbonate 0.6 mmol/L which correspond to the therapeutic dose (in terms of lithium ions). Antioxidant carnosine (β-Ala-L-His) was used as comparison drug. We used the blood of 12 healthy donors. The heparinized blood samples were incubated in presence of tested preparations for one hour at 37 °C. The final ethanol concentration in samples was 0.5%. Oxidative modification of proteins was determined as the level of carbonylated proteins with 2.4–dinitrophenilhydrazine, lipid peroxidation products–as the level of TBA-reactive products by spectrometry. Statistical analysis was performed with "Statistika 10" program.
Results The addition of ethanol in the blood led to a significant increase in carbonylated proteins and TBA-reactive products in the plasma (carbonylated proteins: without ethanol 0.26 ± 0.01 nmol/mg of protein; with ethanol 0.33 ± 0.02 nmol/mg; TBA-reactive products: without–3.2 ± 0.1 nmol/mL; with–4.0 ± 0.2 nmol/mL, $P < 0.05$). In the presence of carnosine such increase of oxidized products of biomolecules is not observed, i.e. carnosine had a protective effect against ethanol-induced oxidative