osteopenia/osteoporosis (50% with mild iHPRL and 48% with moderate/severe iHPRL) than those with normal prolactin levels (25.7%). A strong and significant relationship between the presence of osteoporosis and the treatment with risperidone was found (p=0.007).
Conclusions: Osteopenia and osteoporosis are associated with hyperprolactinemic antipsychotic. Risperidone was related with a significant increased osteoporosis risk. The rutinary and systematic control of the BMM is crucial in these patients to avoid progressive bone demineralization. Managing strategies should be individualized to avoid bone demineralization and to preserve physical health.

Disclosure of Interest: None Declared

EPP0512

Associations between overweight/obesity and increased levels of serum inflammatory markers from prodromal stages to chronic psychosis

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Introduction: Chronic subclinical inflammation is considered to be an important contributor to the development of schizophrenia. Meta-analyses confirm the presence of higher levels of inflammatory markers in schizophrenia and its prodromal stages compared to controls, however studies differ in terms of associated cytokines. Obesity is a common problem in patients with schizophrenia and, at the same time, it is recognized as a source of subclinical inflammation in the general population.
Objectives: The aim of the study was to verify if there is an association between the presence of overweight/obesity and higher levels of CRP and IL-6 in various stages of psychotic disorders and if these factors may influence the course of the disease
Methods: Study was performed in four study groups: 31 healthy controls (HC), 16 patients with ultra-high risk of psychosis (UHR), 30 with first episode of psychosis (FEP) and 71 with chronic schizophrenia (SCH). The severity of psychopathological symptoms in SCH was assed using the Positive and Negative Syndrome Scale (PANSS). The serum levels of inflammatory markers were measured using sensitive ELISA tests.
Results: Study groups significantly differed in the levels of CRP and IL-6. The presence of overweight/obesity was associated with significantly higher levels of CRP in CON and UHR and IL-6 in CON, FEP and SCH. IL-6 was positively correlated with the severity of positive symptoms in PANSS in SCH, however neither IM or BMI were associated with other psychopathological symptoms or number and frequency of exacerbations in schizophrenia patients.
Conclusions: Overweight/obesity is associated with subclinical inflammation in both healthy controls and patients with various stages of psychotic disorders. Subclinical inflammation may be correlated with the course of the disease, however we did not find any direct associations between overweight/obesity and the severity of symptoms. Further studies are needed to verify, if reduction of BMI would be beneficial in reducing levels of inflammatory markers and alleviating disease course.
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Disclosure of Interest: None Declared

Addictive Disorders 04

EPP0513

High dose piracetam on alcoholic cerebellar degeneration: A case report

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Introduction: Chronic alcohol use is related to alcoholic cerebellar degeneration that is caused by B1 (thiamine) deficiency and associated with the degeneration of Purkinje cells in the cerebellar cortex.
Objectives: This report aims to present a case with cerebellar ataxia and tremor due to alcoholic cerebellar degeneration that is unexpectedly regressed after starting piracetam infusion treatment in the inpatient Alcohol and Drug Addiction Research, Treatment and Education Center (AMATEM).
Methods: We investigated the case prospectively. The patient was informed and consent was obtained.
A 57-year-old, divorced, retired, male with alcohol use disorder for 48 years (mostly high alcohol, cologne for 2 years) presented to our hospital with upper and lower limb tremors and balance problems for 2 years. Neurological examination revealed dysmetria, cerebellar tremor, hypoesthesia of lower extremities, ataxia so he was unable to tandem-walk. CIWA-Ar score:13. The blood test, including hemogram, biochemical, HbA1C, TFT, serum copper and ceruloplasmin levels, results were all normal. Diazepam 50 mg was started and titrated down by 5 mg per day and discontinued, 600 mg parenteral and 250 mg p.o thiamine initiated for 3 days and continued orally, propranolol 20 mg/day and ecopirin 100 mg/day were continued. Cranial CT, cranial MRI, and EMG were ordered. The patient was consulted to the neurologist for movement disorder.
Results: MRI appearance of the cortical sulcus, fissure, cisterna, and cerebellar folia were obvious. The ventricular system was assessed as ecstatic secondary to atrophy. Therefore the alcoholic cerebellar degeneration was diagnosed and increased propranolol to 30 mg/day dose. Furthermore iv infussion piracetam was empirically started at secuencely dose of 60 g/day for 3 days, 45 g/day for 3 days, 30 g/day for 3 days. Upper and lower limb tremor disappeared and ataxa regressed after the treatment was arranged.

Image:

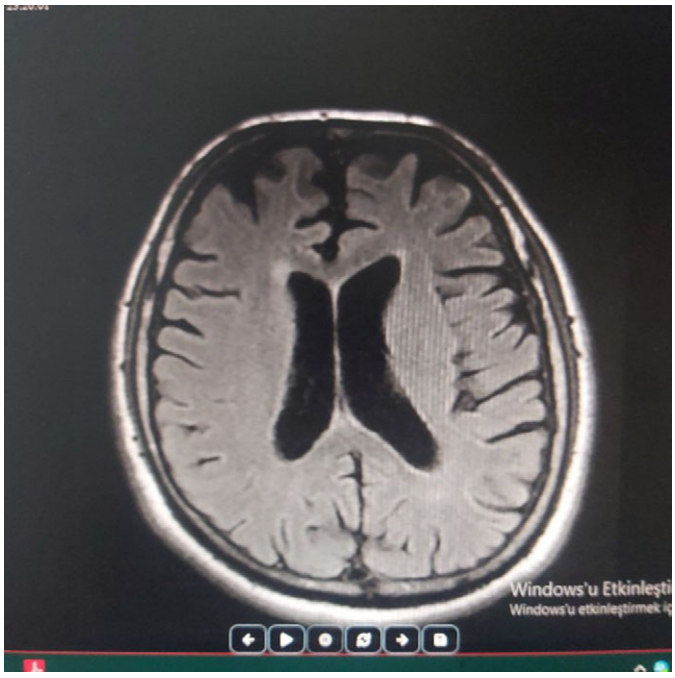


Image 2:

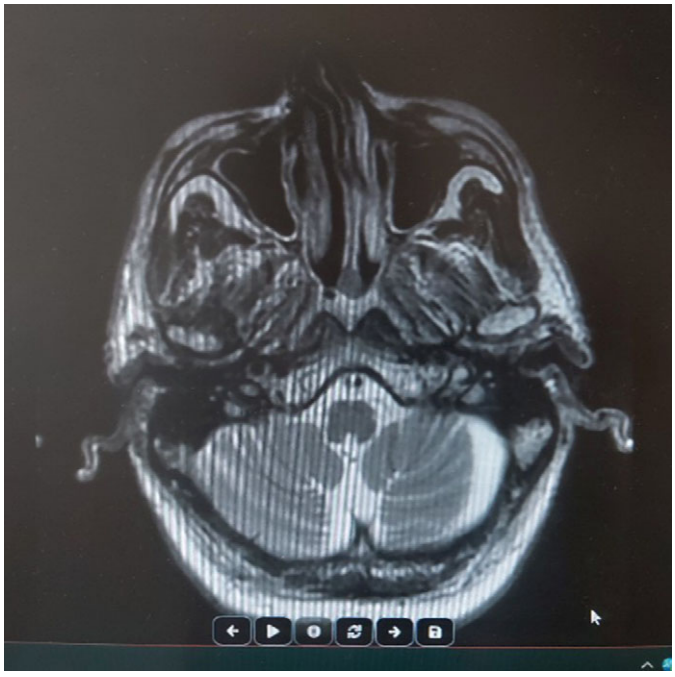
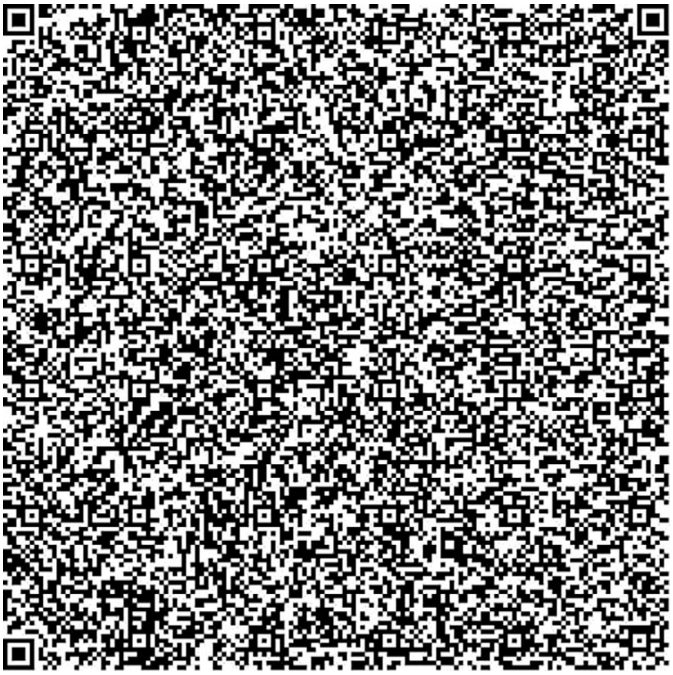


Image 3:



Conclusions: Several authors proposed that serotonergic system among other neurotransmitters in the cerebellum might be affected in ACD. Recent studies investigating the use of buspirone in the treatment of ataxia has showed positive results (1-3).
The mechanism of action of the piracetam is unclear. Supposed that piracetam binds to the polar head groups of membrane bilayers and induces distinct changes in membrane structure. Its actions in the nervous tissue include indirect modulation of several neurotransmitter systems, neuroprotective and anticonvulsant effects and positive influence on neuronal plasticity.
In conclusion, we suggest that high dose piracetam has a potential antiataxic effect in ACD.
Cessation of drinking and nutritional supplementation are the only treatments available for ACD. However, gait does not improve in most patients. Pysical therapy, canes, walkers, and wheelchairs are helpful in maintaining mobility (4). Similarly, we observed that the patient's need for care has been continuing.

Disclosure of Interest: None Declared

EPP0514

Prevalence and predictors of self-reported alcohol abuse and its association with other mental health conditions in the residents of Fort McMurray after multiple traumas

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