assessment: structural clinical interview–SCID, ICD–10; Hamilton anxiety rating scale–HAM-A, and the self-report scale for assessment of anxiety–state-trait anxiety inventory–STAI-Form Y. The testing using these instruments was conducted four weeks after the start of the treatment, then after eight weeks, after 12, 24 and 48 weeks, i.e. at the end of the treatment. The patients in the study group received 150–300 mg of trazodone per day, starting at the week 6 of interferon treatment.
Results The research showed that in the beginning of the interferon treatment approximately one quarter of the patients exhibited symptoms of anxiety in both groups. The administration of trazodone showed beneficial effects in reduction of anxiety induced by the treatment with pegylated interferon.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1415

EV1086

Effectiveness of long-acting aripiprazole in schizoaffective disorders: A naturalistic longitudinal study

A. Nivoli*, M. Antonioli, L. Folini, L. Floris, G. Meli, M. Paolo, L. Lorettu
University of Sassari, Department of Psychiatry, Sassari, Italy
* *Corresponding author.*

Introduction Intramuscular paliperidone palmitate (PP) is a long-acting, atypical anti-psychotic for once monthly intramuscular (IM) administration in the treatment of patients with schizophrenia.
Objective To study the effectiveness (efficacy and quality of life) of ARP in the maintenance treatment of schizoaffective disorder.
Methods A non-randomized, prospective naturalistic study was performed in out-patients with schizoaffective disorder unsuccessfully treated with oral anti-psychotics. Efficacy of ARP over time was evaluated by using brief psychiatric rating scale (BPRS 24-items), quality of life was evaluated by using QL-Index, both at T0 and at most recent visit (T1). Data were analyzed with Student's *t*-tests and Pearson correlations (α value, two tailed). Paired *t*-test was applied for BPRS and for Ql-Index total scores (T0–T1).
Results Data were available for 8 outpatients consecutively prescribed ARP and naturalistically treated attending at the psychiatric clinic, university of Sassari. Mean time on ARP treatment was 207.14 days (sd 137.2). BPRS mean total score at T0 was 57 (sd 13.2) and at T1 was 39.7 (sd 10.8). QL-Index mean total score was at T0 5.43 (sd 1.6) and at T1 7.14 (sd 2.7). Paired sample test showed a statistically significant difference in decreasing symptoms at BPRS over time ($P = 0.001$) and QL-Index total score ($P = 0.023$). The analyses showed a significant improving at the following BPRS subitems: anxiety ($P = 0.005$), mood elevation ($P = 0.014$) conceptual disorganization ($P = 0.048$), emotional withdrawal ($P = 0.05$), tension ($P = 0.02$) and distractibility ($P = 0.03$).
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1416

EV1087

Successful treatment of OCD-bipolar co-morbidity with clozapine – aripiprazole combination

U. Ouali*, Y. Zgueb, A. Ouertani, F. Nacef
Razi Hospital, Psychiatry A, Mannouba, Tunisia
* *Corresponding author.*

Introduction Co-morbid obsessive-compulsive disorder (OCD) in bipolar disorder (BD) negatively affects clinical course and outcome, and considerably complicates its treatment.
Objective To show a therapeutic approach still rarely used in case of resistant bipolar disorder associated with OCD.
Methods Presentation of the clinical case of Mr. M.H., who is treated in our department since 2008 for OCD-bipolar co-morbidity, followed by a literature review.
Results Mr. M.H. is a 29-year-old male patient. He developed BD associated to OCD at age 20. In order to control bipolar symptoms, the patient received several trials of anti-psychotics combined with mood stabilizers with little improvement. Resistant BD was diagnosed, and clozapine 300 mg daily introduced, leading to significant improvement in bipolar symptoms but worsening in OC symptoms. Treatment of OCD with fluoxetine and with cognitive-behavioral therapy (CBT) was unsuccessful. Introduction of aripiprazole 20 mg daily led to decided improvement of OC-symptoms. After one year, clozapine was gradually tapered down to 150 mg daily without reappearance of bipolar symptoms but further improvement of OC-symptoms.
Conclusion Treatment of OCD-bipolar co-morbidity is difficult given the risk of manic switch with antidepressants and the risk of benzodiazepine dependence. CBT could represent an alternative, however, it did not show any efficacy in our patient. Worsening of OCD under clozapine is described in the literature. Adjunction of aripiprazole to clozapine seems an interesting therapeutic option: it diminishes OC symptoms without destabilizing the patient's mood state.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1417

EV1088

Interactions between SSRI's and statins: Clinical relevance versus statistical significance

S. Petrykiv[1,*], L. De Jonge[2], M. Arts[3]
[1] *University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands*
[2] *Leonardo Scientific Research Institute, Department of Geriatric Psychiatry, Groningen, The Netherlands*
[3] *University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands*
* *Corresponding author.*

Introduction Depression and hypercholesterolemia are two of the most commonly treated conditions in the developed countries, while the lipid–lowering agents and antidepressants are among the most widely prescribed drugs in the world. There is a common concern that selective serotonin reuptake inhibitors (SSRIs) can trigger statin adverse effects, especially myopathy. However, the supporting evidence originates from studies in-vitro and big epidemiological studies. Recent pharmacokinetic insights indicate that the magnitude of pharmacokinetic interaction between SSRIs and statins is likely to be below the threshold for clinical significance.
Objectives and aims Explorative study on pharmacokinetic effects of SSRIs on statin drugs.
Methods We performed a detailed literature review through PubMed, EMBASE and Cochran's Library to assess the clinical relevance of combined SSRIs and statin use. To address pharmacokinetic interactions between two drug groups, we focused on:
– cytochrome P450 enzyme metabolism of statins;
– CYP enzyme inhibition by SSRIs;
– SSRIs–statin drug interactions;
– non-CYP pharmacokinetic pathways.
Results With regard to pharmacokinetic drug interactions and the risk of statin related myopathy, escitalopram, citalopram, and paroxetine are to be safe in co-therapy with all statins. Rosuvastatin and pravastatin are almost certain to be safe in co-therapy with all

https://doi.org/10.1016/j.eurpsy.2017.01.1418 Published online by Cambridge University Press

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1418

EV1089

Hyponatremia associated with selective serotonin-reuptake inhibitors

S. Petrykiv[1,*], L. De Jonge[2], M. Arts[3]
[1] *University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands*
[2] *Leonardo Scientific Research Institute, Department of Geriatric Psychiatry, Groningen, The Netherlands*
[3] *University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands*
[*] *Corresponding author.*

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.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1419

EV1090

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

V. Prisco[1,*], T. Iannaccone[1], A. Capuano[2], M. Fabrazzo[1], F. Catapano[1]
[1] *University of Naples SUN, Department of Psychiatry, Naples, Italy*
[2] *University of Naples SUN, Department of Experimental Medicine, Section of Pharmacology L. Donatelli, University of Naples SUN, Naples, Italy*
[*] *Corresponding author.*

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1420

EV1091

Protection of proteins and lipids of blood plasma by different lithium salts under ethanol-induced oxidative damage

V. Prokopieva[1,*], E. Yarygina[1], E. Plotnikov[2]
[1] *Mental Health Research Institute, Tomsk National Research Medical Center, Russian Academy of Sciences, Laboratory of Clinical Psychoneuroimmunology and Neurobiology, Tomsk, Russia*
[2] *Tomsk Polytechnic University, Department of Physical and Analytical Chemistry, Tomsk, Russia*
[*] *Corresponding author.*

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