Acetate 800 mg in two divided doses daily (64%), while the others received 1200 mg in three divided doses(32%). The mean Liverpool Adverse Events Profile score initially was 28.34 ± 6.28 which significantly improved after 4 weeks treatment to 22.80 ± 4.35 ($p < 0.05$). The improvement in newly diagnosed focal seizures patients was significantly more than other patients ($p < 0.05$). No major side effects were observed.
Conclusions: Eslicarbazepine Acetate as a monotherapy is effective in treating focal epilepsy. Better results of this drug are found in newly diagnosed focal epilepsy patients.

Disclosure: No significant relationships.

EPV0522

Glucagon-like peptide-1 receptor agonists in patients treated with antipsychotics

A. Delgado*, J. Velosa, R. Avelar, J. Franco and M. Heitor
Psychiatry, Hospital Beatriz Angelo, Loures, Portugal
*Corresponding author.
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Introduction: Glucagon-like peptide-1 (GLP-1) is an endogenous peptide that stimulates insulin secretion and decreases glucagon secretion. The use of GLP-1 receptor agonists (GLP-1RA) showed efficacy reducing the weight and glucose levels in patients with and without type 2 diabetes. This effect was also associated with a decreased risk of major cardiovascular events.
Objectives: Our aim is to review the role of GLP-1RA in psychiatric patients at cardio-metabolic risk due to antipsychotics treatment.
Methods: We reviewed articles published in PubMed using the keywords: "GLP-1" "glucagon like peptide" "antipsychotics" and "psychiatry".
Results: The number need to treat (NNT) to achieve clinical meaningful weight loss was 3.8. GLP-1RA treatment was also associated with greater reductions in body mass index, fasting glucose, HbA1c and visceral fat. This effect is true for antipsychotic treatment in general and for those on clozapine and olanzapine in particular. Overall, the GLP-1RA are well tolerated with nausea being the most common related adverse effect. Other variables such as age, sex, psychosis severity, nausea or any adverse drug reaction did not affect the weight loss.
Conclusions: Studies showed a promising role in the management of antipsychotics induced weight gain, particularly in clozapine and olanzapine treated patients. Although these promising results, the route of administration, with a daily or weekly subcutaneous injection, and the GLP-1RA associated financial costs, can be viewed as important factors which can limit the wide use of this type of treatment in psychiatric patients.

Disclosure: No significant relationships.
Keywords: GLP-1RA; glucagon like peptide; obesity; Antipsychotics

EPV0523

Levetirazetam psychosis

C. Vilella Martín*, M.Á. Alonso De La Torre López, P. García Vázquez, I. Gonzalez Rodríguez, S. Nuñez Sevillano and A. Serrano García
Psychiatry, Complejo Asistencial Universitario de León, León, Spain
*Corresponding author.
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Introduction: Levetirazetam is an antiepileptic drug with psychiatric adverse reactions. It includes psychosis, paranoia or hallucinations. The frequency is less than 1%.
Objectives: To describe and study a case of Psychosis produced by Levetirazetam
Methods: Retrospective review of clinical records and complementary test, including psychiatry, electrophysiology and neurology. Diagnosis schales such as Salamanca Questionnaire were used as suport.
Results: A 42-year-old woman diagnosed with tuberous sclerosis and undergoing treatment with levetirazetam acudes to the emergency department for behavioral disorders. She has presented an episode of aggression against a relative threatening him with a kitchen knife. The family reports that since the change in antiepilepticus 1 month ago, the patient has presented strange behaviors. Te Patient is conscious, uncooperative. Barely Approachable. Suspicious of her surroundings, with psychomotor restlessness, self-reference ideas and sparse speech. Auditory hallucinations seem to be present, as well as depressed and irritable mood. Psychic and somatic anxiety is found. Levetirazetam is discontinued, being replaced by valproic acid. Risperidone is started at a 3 mg dose. Treatment is well tolerated, and clinical stability is achived. Cluster A personality traits are found. Complementary test Blood and Urine simples, Imaging tests (CT and MRI), electroencephalogram and Electrocardiogram show no alterations
Conclusions: Levetirazetam can cause psychiatric adverse effects. it is important to make a proper diagnosis before a first psychotic outbreak in later life. Drugs that can produce psychiatric side effects should be identified and patients should be inform.

Disclosure: No significant relationships.
Keywords: levetirazetam; psychosis; tuberous sclerosis; Paranoia

EPV0524

Galactorrhea as a side effect of antidepressant drugs. A case report

A.I. Willems Aguado[1]*, L. Garcia[2] and C. Rodriguez[3]
[1]Salud Mental, CSM Cangas del Narcea, Cangas del Narcea, Spain; [2]Csm Eria, SESPA, Oviedo, Spain and [3]Csm La Calzada, SESPA, Gijon, Spain
*Corresponding author.
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Introduction: Galactorrhea wiht antidepressants SSRIs or SNRI is a rarely adverse effect. Some authors believe that the risk of galactorrhea in women who use SSRIs is 8 times higher than in patients treated with other types of drugs. Serotonin is believed to be a potent physiological stimulator of prolactin release.Prolactin stimulates the growth of the mammary glands and the galactorrhea. The SSRIs would activate the serotonergic pathways, these in turn would stimulate the release of prolactin directly in the pituitary and in the hypothalamus, inhibiting the release of dopamine and increasing the release of stimulating factors. The main inhibitor of prolactin secretion is dopamine.

Objectives: The objective is to reveal this rare complication through the report of a clinical case
Methods: A 45-year-old woman with a diagnosis of mixed anxiety-depressive disorder. Treatment with 20 mg of escitalopram was started, with a good therapeutic response, but with breast pain and swelling. She was switched to duloxetine 60 mg, with a good response and adequate tolerance. At 6 months of treatment, she begins to present breast pain and yellow-green breast discharge, with elevated prolactin levels and normal cranial MRI.
Results: She was diagnosed with functional hyperprolactinemia, and treatment with vortioxetine was started. Finally, the Prolactin levels normalize.
Conclusions: Galactorrhea is a very rare and annoying side effect that can lead to discontinuation of treatment and requires a change in the therapeutic strategy.

Disclosure: No significant relationships.
Keywords: galactorrhea; side effects; case report; antidepressant drugs

EPV0525

Clozapine in severe psychotic disorders: Balancing safety with efficacy

R. Almeida Leite, A. Costa*, J. Borges and A. Mesquita

Psychiatry And Mental Health, Baixo Vouga Hospital Centre, Aveiro, Portugal

*Corresponding author.
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Introduction: Clozapine is a member of the dibenazepine class of antipsychotic drugs and has been designated an atypical antipsychotic drug. Clinical studies have shown that clozapine is effective in ameliorating the core symptoms, as well as the negative symptoms, in severe psychotic disorders and is therapeutically effective in treating about 30% of schizophrenic patients who are resistant to standard antipsychotic drugs.
Objectives: The goal is to review pharmacology, efficacy, and clinical use of clozapine, such as its side effects, and the benefit-to-risk ratio of this antipsychotic drug.
Methods: Non-systematic literature review based on scientific databases such as PubMed, using key words such as "clozapine", "efficacy", "side effects" and "resistant schizophrenia".
Results: Clozapine was developed as the first atypical antipsychotic with activity for both the negative and positive symptoms of schizophrenia. The primary indications for clozapine are treatment-resistant psychotic disorder, defined as persistent moderate to severe delusions or hallucinations despite two or more clinical trials with other antipsychotic drugs, and patients who are at high risk for suicide. Concerns over a number of safety considerations are responsible for much of the underutilization of clozapine, such as agranulocytosis, metabolic side effects and myocarditis. These side effects can be detected, prevented, minimized and treated, but there will be a very small number of fatalities.
Conclusions: Awareness of the benefits and risks of clozapine is essential for increasing the use of this lifesaving agent.

Disclosure: No significant relationships.
Keywords: clozapine; side effects; resistant schizophrénia; EFFICACY

EPV0526

Psychedelics and psychiatric disorders: A emerging role

C. Peixoto[1]*, F. Queirós Santos[2], D. Rego[1] and H. Medeiros[1]

[1]Psychiatry, Hospital do Divino Espírito Santo de Ponta Delgada, E.P.E., Ponta Delgada, Ponta Delgada, Portugal and [2]Psychiatry, Centro Hospitalar Universitário do Algarve, Faro, Portugal

*Corresponding author.
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Introduction: Recently there has been renewal in interest of psychedelic research. Classic psychedelics such as lysergic acid diethylamide (LSD), psilocybin and mescaline act pharmacologically as agonists at the 5-HT2A receptor. The entactogens like methylenedioxymethamphetamine (MDMA), acts as a serotonin, dopamine and noradrenaline agonist. All of these drugs are potential candidates in the treatment of multiple psychiatric illnesses.
Objectives: The authors intend to review the literature on the clinical application of psychedelic drugs in psychiatric disorders.
Methods: Non-systematic review of the literature.
Results: In recent clinical trial the psychedelic is given with psychotherapeutic input. In a supportive setting, psychedelics produced immediate and significant anti-depressant and anxiolytic effects that were endured for several months. Randomized clinical trials support the efficace of psilocybin in the treatment of depression and those with anxiety and depression symptoms provoked by life-threatening cancer. There have also been studies showing efficacy in both alcohol and tobacco dependence. When administered safely LSD can reduce anxiety and have anti-addictive property. Randomized clinical trials support the efficacy of MDMA in the treatment of PTSD. Psychedelics were well-tolerated, few adverse effects have been reported. The most common adverse effects were transient anxiety, short-lived headaches, nausea and mild increases in heart rate and blood pressure, with no persisting adverse effects. Serious adverse events, such as persistent psychosis and suicidality, have not been demonstrated.
Conclusions: Psychedelics appear to be effective in multiple psychiatric disorders and are well-tolerated, although further evidence is required, to better see they therapeutic potential.

Disclosure: No significant relationships.
Keywords: Psilocybin; MDMA; psychedelics; LSD

EPV0528

Research progress of metabonomics of blood endogenous small molecules in depression

Y. Zhang, J. Ding* and X. Cui

Pharmacy Lab, Xi'an Mental Health Center, Xi'an, China

*Corresponding author.
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Introduction: Depression (MDD) is a serious mental illness, which greatly affects the quality of life of patients. Nowadays, the clinical diagnosis of MDD lacks sufficient objective basis, and the effect of drug treatment is unsatisfactory. Therefore, biomarkers are very important for the risk prediction, classification, diagnosis and prognosis of MDD.