Results: A total of 234 patients were included in our study. We found that 77.8% of patients on benzodiazepines had a prescription for benzodiazepines for a period of less than 3 months. Secondly, we determined that 66.2% of patients who had a benzodiazepine's prescription had a taper dose of benzodiazepines before the withdrawal. No patients with contraindications to benzodiazepines had a prescription of these medications. The maximum indicated dosage was respected in 92.3% of the prescriptions. Lorazepam was the most used drug, accounting for 49.1% of prescriptions. Our study showed that 46.2% of prescriptions were for anxiolytic purposes only, 43.2% were for hypnotic purposes only. Our analysis also showed a higher proportion of males in the < 3 months group with 82.9% which is significantly higher than for females. (p=0.004).
Our analytical study concluded that gender (p=0.004), professional status (p=0.014), history of addiction (p=0.003), cannabis use (0.025) were related to the duration of benzodiazepine prescription. We noted that 89.9% (n=71) of patients with a documented history of addiction had been prescribed benzodiazepines for less than 3 months. We were also able to conclude that there were correlations between the duration of prescription and medical and/or surgical history (p=0.002), the molecule prescribed (p=0.0001) as well as the renewal of the prescription (0.0001).
However, we did not find a correlation between the associated psychiatric disorders and the duration of prescription. As well for associated psychotropic drugs and duration of prescription
Conclusions: We can conclude that misuse of benzodiazepines exists, but to a much lesser extent than in the literature. A larger-scale study would be essential to establish a Tunisian overview of benzodiazepine prescription practices.

Disclosure of Interest: None Declared

EPP0367

Effectiveness of Omega-3 polyunsaturated fatty acids reducing severe symptoms in patients diagnosed with Borderline Personality Disorder (BPD)

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Introduction: Omega-3 polyunsaturated fatty acids (PUFAs) have been studied in relation to mental illness. Among the most important omega 3 fatty acids, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) stand out, both derived from alpha-linolenic acid. Both EPA and DHA are essential fatty acids. Consequently, mammals are not capable of synthesizing them and must incorporate them through the consumption of products such as fish oil. The interest about the role of omega 3 fatty acids for the treatment of patients with impulsiveness, hostility and aggressiveness is growing and originated from the finding of a low level of EPA and DHA in the central nervous system of these individuals.
Objectives: To determine the evidence on the effectiveness of omega-3 acids in reducing severe symptoms in patients diagnosed with Borderline Personality Disorder.
Methods: A literature review was carried out in Epistemonikos, using the descriptors: "borderline personality disorder" AND "Omega-3". 7 results are obtained. The results of a time limit of 10 years with meta-analyses and systematic reviews were filtered, obtaining 7 results and selecting 3 of them for their relevance to the PICO question. Subsequently, the search was repeated using the same descriptors and time limit in the Cochrane Library, NICE, and Pubmed; no selection was made by coincidence of those previously selected.
Results: The first systematic review studied the effectiveness of omega-3 fatty acids in symptomatology associated with BPD, with differentiation of the domains of affective, impulsive and cognitive-perceptual symptoms. Within the meta-analysis, 5 randomized controlled trials (RCTs) were included that compared omega-3 fatty acids with placebo or any active comparator, four of these RCTs verified the effect of omega-3 acids in 137 patients with BPD or behavior related to the BPD.
The second systematic review, conducted in the Cochrane Collaboration, performed a meta-analysis of randomized comparisons of drug versus placebo. Twenty-seven trials testing first- and second-generation antipsychotics, mood stabilizers, antidepressants, and omega-3 fatty acids were included. For supplemental omega-3 fatty acids, significant effects were found in one study (n = 49) for reduction in suicidality (RR = 0.52, 95% CI 0.28 to 0.95) and depressive symptoms (RR = 0.48, 95% CI 0.28 to 0, 81).
Conclusions: Available data indicate that marine omega-3 fatty acids improve BPD symptoms, particularly impulsive behavioral dyscontrol and affective dysregulation, reducing depressive symptoms and suicidal tendencies. Marine omega-3 fatty acids could be considered as a complementary therapy for the improvement of severe symptoms associated with patients with BPD.

Disclosure of Interest: None Declared

EPP0368

Lurasidone augmentation to clozapine in treatment resistant schizophrenia: A pilot study

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Introduction: Treatment resistant schizophrenia still represents a major clinical and pharmacological challenge.30% of patients diagnosed with schizophrenia is characterised by a poor response to at least two different antipsychotics administered for a proper period of time and at adequate doses. Clozapine still represents the gold standard for treatment resistant patients. Unfortunately, a significant percentage of these are only partial responders. Augmentation strategies must be set up and atypical antipsychotic drugs are used in clinical practice. Promising findings have been observed in patients treated with Lurasidone as an add-on therapy with Clozapine. This novel second-generation antipsychotic has a unique receptor profile, showing 5-HT1a partial agonism and 5HT7 antagonism. These properties could also explain its procognitive effect, as several preclinical studies in literature have demonstrated.
Objectives: The aim of our study is to highlight the advantages of add on therapy with Lurasidone compared with treatment as usual

(i.e. Clozapine + another atypical antipsychotic) in treatment resistant schizophrenia patients.
Methods: We conducted an observational study in a sample of 20 patients diagnosed with treatment resistant schizophrenia, based on DSM-5 diagnostic criteria and psychopharmacologic history. Treatment choices were taken independently by clinicians in charge of each patient. 10 subjects underwent Lurasidone augmentation of Clozapine, whereas the remaining 10 subjects were treated as usual with Clozapine and another atypical antipsychotic. PANSS and BPRS scales to assess general psychopathology and UKU side effects scale were administered both at baseline and at follow-up (T1= 1 month; T2=6 months).
Results: All patients treated with Lurasidone augmentation strategy achieved a significant reduction of both positive and negative symptoms, with no significant adverse effects to be reported. In particular, Lurasidone showed no impact on metabolic parameters nor on ECG features, namely the QTc interval. The psychopathological improvement appeared higher in patients who received Lurasidone than in those treated as usual. This was particularly evident in cognitive domains.
Conclusions: Our observation suggests that augmentation strategy with Lurasidone to Clozapine can lead to clinically significant improvements in psychopathology when compared to Clozapine combined with another atypical antipsychotic, with a good tolerability profile. In future we will increase the number of our sample and the duration of follow-up time. In order to have more relevant statistical results, further research on this topic is needed.

Disclosure of Interest: None Declared

EPP0369

Efficacy of betahistine in counteracting second-generation antipsychotics-induced weight gain: A meta-analysis with trial sequential analysis

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Introduction: Despite being effective in schizophrenia, second-generation antipsychotics are potent histamine-H1 receptor antagonists associated with weight gain. Histaminergic agonists can potentially counteract the weight gain effects of antipsychotics. Betahistine is a centrally acting histamine-H1 agonist and, therefore, may reduce antipsychotic-induced weight gain, but it has never been examined in a meta-analysis.
Objectives: This meta-analysis aims to examine the efficacy of betahistine in counteracting the weight gain effects of antipsychotics.
Methods: We searched PubMed, Scopus, Web of Science, and Cochrane Controlled Register of Trials (CENTRAL) for all relevant trials. We used Hedges' g with its confidence interval as our effect size to correct for the small sample size. The primary outcomes of this study were changes in weight and body mass index (BMI). Changes in insulin resistance and lipid parameters were secondary outcomes.
Results: 165 studies were included in the title/abstract screening, and 5 studies with 217 patients were finally included. Betahistine led to statistically significant changes in weight (Hedges' g -1.13, 95% CI [-1.66, -0.60], p < 0001), BMI (Hedges' g -1.64, 95% CI [-2.39, -0.89], p < 0.0001), and waist circumference (Hedges' g -0.98, 95% CI [-1.47, -0.49], p < 0001). Nevertheless, betahistine did not lead to any significant changes in fasting glucose (Hedges' g 0.02, 95% CI [-0.41, 0.44], p = 0.94) or insulin levels (Hedges' g -0.07, 95% CI [-1.78, 1.64], p = 0.94).
Conclusions: Betahistine is an effective add-on treatment for second-generation antipsychotics to counteract weight gain experienced with these medications. Further trials are recommended to examine its effect on blood lipids and side effects.

Disclosure of Interest: None Declared

EPP0370

Efficacy of probiotics and fibers on metabolic disturbances associated with antipsychotics: A systematic review and network meta-analysis

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Introduction: Human gut microbiota plays an important role in metabolic health. Atypical antipsychotics can lead to metabolic abnormalities and changes in the gut microbiota. Multiple studies have examined the role of probiotics in suppressing antipsychotics-induced weight gain, but they have never been examined in a meta-analysis.
Objectives: This network meta-analysis aims to compare the effect of probiotics + fibers, probiotics only, and fibers only on metabolic abnormalities induced by atypical antipsychotics.
Methods: We searched PubMed, Scopus, Web of Science, and Cochrane Controlled Register of Trials (CENTRAL) for all relevant studies. We used mean difference with its 95% confidence interval as our effect size. Primary outcomes were body weight and body mass index (BMI), while secondary outcomes were changes in other cardiometabolic risk factors.
Results: We included 4 randomized controlled trials comprising 319 patients. For body weight, probiotics + fibers (MD -3.96, 95% CI [-5.16, -2.76]), fibers only (MD -1.91, 95% CI [-3.81, -0.01]), and probiotics only (MD -1.37, 95% CI [-2.07, 0.66]) were significantly superior to placebo. Probiotics + fibers (MD -1.52, 95% CI [-2.11, -0.92]), but not fibers only or probiotics only, was associated with significant changes in BMI. Probiotics + fibers was also associated