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Introduction More than 60% of patients receiving intensive treatment with first generation antipsychotic manifest some type of clinically significant extrapyramidal side effects. Parkinsonian syndrome is the most common and is characterized by rigidity, tremors, akinesia and bradykinesia and usually improves with discontinuation of antipsychotic drug or anticholinergic association.

Methods It is a 60-year-old man, married with two children. Initiates contact with mental health in 2013 with a diagnosis of adjustment disorder. In February 2014 he requires hospitalisation, establishing the diagnosis of delusional disorder and starting treatment with long-acting injectable paliperidone palmitate (100 mg/month) with remission of psychotic symptoms in a few days. When we receive the patient in our clinic, he presents parkinsonian extrapyramidal symptoms (UKU subscale: 18), with significant functional limitation. We decrease the dose to 75 mg/month and an anticholinergic was added without improvement of Parkinsonian clinic, so we decided to switch to long-acting injectable aripiprazole 400 mg/month, objectifying complete remission of extrapyramidal syndrome (UKU subscale: 0).

Conclusions The mechanism of action of aripiprazole m LAI (partial agonist of D2 receptors in the brain) without decreases in the nigrostriatal dopamine pathway, of improving extrapyramidal effects associated one other antipsychotics.

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EV1294

Ekbom syndrome in a visually impaired patient with alcohol abuse and OCD: A case report

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This is a case report of a 63-year-old patient with no previous attentions in mental health. He is referred by his general practitioner because he presents wounds all over his body. He reports that there is a plague of bugs at his place that bite him everywhere. Therefore, he scratches continuously, trying to remove the stingers, and injuring himself all over. The family ensures there are no bugs at all, but the patient threatens to set fire to the house in order to extinguish the plague or even kill himself. An OCD with cleaning compulsive behavior was also present since many years, as well as an alcohol abuse. The patient required hospitalization in the psychiatry service. Organic cause for the disorder was discarded. Long-acting injectable aripiprazol was introduced and the patient stopped drinking. Progressively, the delusional symptoms began to subside. Now he maintains no awareness of illness but he says the bugs are disappearing and, at least, they do not bite him anymore.

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Dopamine, glutamate and biotypes in the future of schizophrenia

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Introduction Approximately a third of patients with schizophrenia show limited response to antipsychotic medication. As several studies have been suggesting new classifications to schizophrenia, our aim is to review different hypothesis and seek a new way of approaching patient's treatment in day-to-day practice.

Methods The methods we used consisted on reviewing several papers that have recently been published on the area of classification and treatment of schizophrenia, considering an approach to the findings that enables a practical and clinical advantage in the area.

Discussion New studies suggest that neuroimaging measures of dopamine and glutamate function might provide a means of stratifying patients with psychosis according to their response to treatment. Some of those studies associate treatment response with the anterior cingulate level of glutamate and striatal dopamine synthesis capacity. Other study identified three biotypes with different outcomes to psychosis, reaching a stronger association between biotypes as predictors of illness severity than the DSM-V classification. If a correlation between these studies was found, we would be able, in theory, to predict the response to treatment using simple and affordable neurobiological measures.

Conclusion Associating the anterior cingulate glutamate levels, the striatal dopamine synthesis capacity and biotypes hypothesis in schizophrenia, one can expect to be possible to predict the degree of response to treatment, based on more affordable methods to day-to-day clinicians than the measure of neurotransmitter levels, enabling the regular clinicians to narrow their pharmacological options for patients, achieving better results in the approach to schizophrenia.

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Hyperthermia and neuroleptic malignant syndrome-Case report

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Neuroleptic malignant syndrome (NMS) is a rare, but life-threatening, idiosyncratic reaction to neuroleptic medications that is characterized by fever, muscular rigidity, altered mental status, and autonomic dysfunction. NMS often occurs shortly after the initiation of neuroleptic treatment, or after dose increases. Malignant hyperthermia (MH) or malignant hyperpyrexia is a rare life-threatening condition that is usually triggered by exposure to certain drugs. The 46-years-old female patient was diagnosed schizophrenia at the age of 22. Currently, she is hospitalized due to psychotic decompensation. The patient was admitted with following daily dose therapy of: haloperidol 15 mg, biperiden 4 mg and diazepam 15 mg. During this hospitalization she develops muscle rigidity, tremor, hyperthermia, and laboratory results showed increase of enzymes CPK and LDH, so we started treatment of suspected malignant neuroleptic syndrome. After a treatment and

recovery with complete withdrawal of all presented symptoms, our patient developed a malignant hyperthermia that was resistant to all applied medications. Our dilemma is whether presented symptoms of malignant hyperthermia are related to malignant neuroleptic syndrome or not?

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Community based mental health care as an example of good outcomes for young persons with episode of acute and transient psychotic disorders – Case study

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Introduction The prevalence of acute and transient psychotic disorder (ATPD) varies from 3.9–9.6 per 100,000 population [1]. Even if it has clinical course with psychosis, there is no evidence that ATPD is similar with schizophrenia [2].

Objectives Since in Bosnia and Herzegovina (BH) are not established specialized services for early interventions (EI), community mental health centers (CMHC) are basic services for fast and most efficient interventions in the cases of ATPD among other psychiatric disorders. The mental health reform has planned to establish EI services in the future [3].

Aims and method To show CMHC as efficient service in the treatment of ATPD without using hospitalisation of young woman with two years follow up (case study)

Results Full recovery of young female with ATPD using team approach and model of case management. After follow up of two years was no indications that psychotic disorders will develop.

Conclusions Even we have not EI specialized services in our country, CMHC have capacities to manage ATPD in community settings avoiding hospitalisation of young people.

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

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EV1298

When the term “schizophrenia” is enough to modify the way you interact with others: Evidence for a motor synchrony task

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Introduction Most individuals with schizophrenia will be confronted with some forms of stigmatization. In recent years, the term “schizophrenia” has been increasingly contested by clinicians and family members and many of them argue for a change of name. Surprisingly, most of the research has been explored through self-reports but behavioural research is still lacking. The aim of our study was to assess through an experimental design if the term “schizophrenia” was enough to modify social behaviours.

Methods Eleven participants from the community were asked to engage in three coordination tasks with a simple dot displayed on a screen and moved by another person. Participants had to synchronize their movements with either a schizophrenia patient, a patient with neuro-emotional integration disorder (NEID) or a healthy subject, situated in different rooms. Each condition was counterbalanced between participants. In reality, the movements of the dot were pre-recorded (five trajectories) and were therefore identical for all three conditions.

Results Measuring the error between the displayed and performed trajectories, participants coordinate worse when they thought interacting with a schizophrenia or NEID patient in comparison to the “healthy” ($F(2,20) = 4.02; P = .034; n2P = 0.29$) condition. Post-hoc analysis revealed an even higher difference between “schizophrenia” and “healthy” conditions ($P = 0.01$).

Conclusion Our study is the first to demonstrate that the label “schizophrenia” directly impacts our behaviour, with negative consequences on social interactions. However, our results cannot confirm yet a positive effect induced by changing the name.

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Comparison of hospitalization rates in schizophrenic patients on first generation versus second generation antipsychotic depots

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Introduction There is limited data on the efficacy rates between first and second generation antipsychotic depots. One good indicator of efficacy is the rates of hospitalization. Some studies have shown that second generation depot antipsychotics significantly reduce hospitalizations rates as compared to conventional depots.

Objectives Comparison of hospitalization rates for patients with schizophrenia on first and second generation antipsychotic depots.

Methods A retrospective observational study was done by reviewing the records of an antipsychotic depot clinic in Essex, United Kingdom. A list of 47 patients enrolled and receiving depot antipsychotics was obtained. Their records were studied and hospital admission rates calculated.

Results Of the 47 patients 11 were excluded as they were on depot antipsychotics for non-schizophrenic diagnoses.

Of the 36 patients with schizophrenia, 12 were on second generation and 24 were on first generation depots.

Amongst the 24 patients on first generation depots, 19 were male, 5 female and mean age was 52 years.

Of the 12 patients on second generation depots, 10 were male and 2 female and mean age was 46 years.

When comparing hospital admission rates between the 2 groups, the following data was noted (Table 1).

Conclusions There is no difference in hospitalization rates between patients on first generation antipsychotic depots as compared to second generation antipsychotic depots.