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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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1623>

#### 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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1624>

#### EV1295

### 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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1625>

#### EV1296

### 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