overweight including: physical passivity, unhealthy diet and anti-psyhotic treatment. The prevalence of anti-psychotic-related metabolic disturbances has been reported to vary from 23% to 50% and clozapine and olanzapine had the most pronounced potential to cause metabolic syndrome. We present the case of 32-year-old male who has been diagnosed with first episode schizophrenia spectrum psychosis and has been treated for 3 months in the community mental health center. He was medication–compliant and was prescribed olanazapine 10 mg a day and had initial remission of symptoms. The reason behind referral to our department of psychiatry was development of metabolic syndrome. Immediately upon admission to our department basic panel blood tests (minerals, creatinin, glucose, tryglicerides and cholesterol) as well as complete blood count were done. Patient reported gaining weight of more than 5 kilograms since the initiation of the olanzapine treatment. Results of the performed metabolic tests in addition to abnormal BMI and slightly higher blood pressure have indicated presence of metabolic syndrome. In order to try to reverse metabolic syndrome aripiprazole was commenced adjunctive to olanzapine. During the first week the dosage of aripiprazole was 2.5 mg/day, second week 5 mg/day and then increased to 10 mg a day. Three weeks after adding aripiprazole to olanzapine lab values of holesterol, triglycerides, fasting glucose as well as BMI were significantly lowered and symptoms of the metabolic syndrome were mitigated. Treatment was well tolerated.

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

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EV1083

Amisulpride-induced agranulocytosis: A case report

H. Maatallah*, H. Ben Ammar, A. AIssa, R. Nefzi, M. Said, Z. El Hechmi
Razi Hospital, Psy F, Tunis, Tunisia
* *Corresponding author.*

Introduction Agranulocytosis is a potentially life-threatening haematological side effect induced by typical and atypical neuroleptic. When agranulocytosis is associated with a specific anti-psychotic, the medication should be discontinued. This severe side effect is troublesome.

Case report We report the case of a 60-year-old man, treated with amisulpride for schizophrenia, who developed an agranulocytosis. This patient had been treated with first and second generation antipsychotic drugs during his life and had already been exposed to many neuroleptics without any signs of toxicity. However, after three days of the introduction of amisulpride he presented a rapid onset agranulocytosis (leukocytes 1.2 G/L and neutrophils 0.4 G/L). After discontinuation of amisulpride, blood count returned to normal. The favorable evolution after discontinuation of treatment: the normality of biological and cytological examinations is in favor of a causal relationship between this severe neutropenia al introduction of amisulpride.

Conclusion This case report highlights the risk of amisulpride in inducing agranulocytosis, a risk underestimated in regard of the clozapine risk to induce agranulocytosis or neutropenia. For this reason, it seems reasonable to recommend performing a blood count before introduction and during the treatment by antipsychotics.

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EV1084

Hepatotoxicity related to anti-depressive psychopharmacotherapy: Implications of quantitative signal detection

M. Gahr[1,*], R. Zeiss[1], D. Lang[2], B.J. Connemann[1], C. Schönfeldt-Lecuona[1]
[1] *University Hospital of Ulm, Psychiatry and Psychotherapy III, Ulm, Germany*
[2] *University Hospital of Ulm, Psychosomatic Medicine and Psychotherapy, Ulm, Germany*
* *Corresponding author.*

Introduction Drug-induced liver injury is a major problem of pharmacotherapy and is also frequent with anti-depressive psychopharmacotherapy.

Objectives/aims However, there are only few studies using a consistent methodologic approach to study hepatotoxicity of a larger group of antidepressants.

Methods We performed a quantitative signal detection analysis using pharmacovigilance data from the Uppsala monitoring center from the WHO that records adverse drug reaction data from worldwide sources; we calculated reporting odds ratios (ROR) as measures for disproportionality within a case-/non-case approach for several frequently prescribed anti-depressants.

Results Both positive controls, amineptine (ROR 38.4 [95% CI: 33.8–43.6]) and nefazodone (ROR 3.2 [95% CI: 3.0–3.5]), were statistically associated with hepatotoxicity. Following amineptine, agomelatine (ROR 6.4 [95% CI: 5.7–7.2]) was associated with the second highest ROR, followed by tianeptine (ROR 4.4 [95% CI: 3.6–5.3]), mianserin (ROR 3.6 [95% CI: 3.3–3.4]) and nefazodone.

Conclusions In line with previous studies our results support the hypothesis that agomelatine and several other anti-depressants may be associated with relevant hepatotoxicity. However, the used data and applied method do not allow a quantitative evaluation of hepatotoxicity or assessment of substance–specific differences regarding the extent of hepatotoxicity.

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EV1085

Trazodone in treatment of interferon-induced anxiety in persons with viral hepatitis C

A. Miljatovic
Clinical Hospital Center "Zvezdara", Psychiatric Hospital, Belgrade, Serbia

Introduction The interferon therapy is associated with numerous adverse psychiatric effects, such as tension, irritability, insomnia, etc.

Goal The goal of this study was to examine the severity and the frequency of anxiety in persons with chronic hepatitis C receiving pegylated interferon alpha combined with ribavirin. We have also tried to assess the efficiency of trazodone in treatment of symptoms of anxiety in patients receiving pegylated interferon.

Method The total of 36 patients whose diagnosis of chronic hepatitis C has been confirmed both serologically and patohistologically, receiving interferon therapy, ages 22 to 60, participated in this study. The control group consisted of 32 patients, all with same diagnosis, corresponding with those in the study group in terms of gender, age duration of the illness and the level of education. All patients received pegylated interferon alpha 2a, administered subcutaneously once per week, along with oral ribavirin. The research used the following instruments of clinical

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.

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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 ($P = 0.03$).
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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.
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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