

mediated a concomitant irreversible suppression of burst and spike rates, a decrease of the burst duration and the number of spikes in bursts as well as dose-dependent network desynchronization (decrease of Cohen's kappa). The comparison of the different antipsychotics with regard to their half-maximal effective dose values (EC₅₀) for inhibiting the spike rate yielded an increasing order of EC₅₀ values, i.e. a declining order of toxic potency, of aripiprazole (8.77 μM) < clozapine (9.36 μM) < haloperidol (9.77 μM) < risperidone (15.9 μM) < raclopride (22.7 μM). No significant correlations were identified between EC₅₀ values of the distinct antipsychotics and their binding affinity to the dopamine D(2), the serotonin 5-HT(1A), 5-HT(2A), 5-HT(2C), and the M(1) and M(2) muscarinic acetylcholine receptors.

Conclusion In MEAs, a dose-dependent neurotoxic effect of typical and atypical antipsychotics alike occurred at supratherapeutic doses via a yet unknown mechanism that did not involve actions on major receptor targets of these compounds.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2012>

EV1028

Increased libido as a bupropion-SR side effect: Clinical description of a case

L. Gallardo Borge*, C. Noval Canga, L. Rodríguez Andrés, I. Sevillano Benito, M. Hernández García, A. Álvarez Astorga, R. Hernández Antón, S. Gómez Sánchez, G. Isidro García, P. Marqués Cabezas

Hospital Clínico Universitario, Servicio de Psiquiatría, Valladolid, Spain

* Corresponding author.

Introduction Bupropion is a dual antidepressant, a norepinephrine and dopamine reuptake inhibitor. Its main use is in affective disorders as major depression. Antidepressants have been commonly associated with sexual side effects in the libido, sexual arousal, orgasm and erectile function. Bupropion has negative influence in sexual function, even it could increase the libido. Due to this, it could be a good option in patients with active sexual life and affective disorder.

Clinical report A 58-year-old female with a long history of depression disorder for 5 years. History of lots of side effects with different treatments, sexual dysfunction with serotonin-antidepressants. Treated with bupropion SR 150 mg/day and alprazolam, she suffered a relapse. The bupropion was increased to 300 mg/day. Three days later she appeared in the consultation room, presented a sense of pre-orgasmic of 72 hours of evolution, high increased libido, tiredness, muscle tension and insomnia. This sense did not improve after the sexual act. It had never happened previously. The side effect improved when the bupropion was reduced to 150 mg/day and disappeared with its withdrawal.

Conclusions The case made a relationship between the increased of bupropion's dose and the appearance of unusual sexual side effects (increased of libido and pre-orgasmic sense). Not only bupropion is one of the antidepressants that do not cause sexual dysfunction, if not it was reported in some trials that could be a treatment against this dysfunction due to its prosexual effects. The mechanism is unknown but could be related with norepinephrine or dopamine transmission.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2013>

EV1029

Lithium treatment and thyroid dysfunction – data from an inpatient psychiatric department

M. Lázaro^{1,*}, A. Mota¹, A. Moreira², R. Alves¹, M.A. Nobre¹

¹ Centro Hospitalar Psiquiátrico de Lisboa, Clínica 5, Lisbon, Portugal

² Área de Pedopsiquiatria, Centro Hospitalar Lisboa Central, H.D.

Estefânia, Lisboa, Portugal

* Corresponding author.

Introduction Lithium is among the most effective therapies for bipolar disorder. Lithium treatment may cause hypothyroidism, goiter or to a lesser extent hyperthyroidism, since it can affect several aspects of thyroid functioning. The prevalence of lithium-associated hypothyroidism varies extensively between studies, reaching up to 47%, and affecting more females than males (5:1).

Objective Determine the prevalence of thyroid dysfunction in an acute inpatient psychiatric department dedicated to affective disorders and its association with lithium therapy.

Aims To review the relation between lithium treatment and thyroid dysfunction.

Methods Observational, descriptive and retrospective study with clinical and laboratorial data concerning all inpatient episodes of 2015 in our Psychiatric Department. A non-systematic literature search was performed in PubMed.

Results The present study documented a high prevalence of thyroid dysfunction, particularly in women. Most cases were due to either hypothyroidism or subclinical hypothyroidism. Patients treated with lithium were more often under thyroid hormone replacement therapy (levothyroxine).

Conclusions The evidence that lithium treatment is associated with hypothyroidism is well established and this condition is easily treatable with levothyroxine. This study highlights the importance of baseline screening of thyroid function and regular long-term monitoring in patients treated with lithium.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2014>

EV1031

Metabolic syndrome and its association with psychotropic medications in psychiatric patients from CAISM-IGSS (Center for Comprehensive Care Mental Health/Guatemalan Institute of Social Security)

J. Lopez

Guatemala

Introduction The use of antipsychotics represents an integral part of the psychiatric practice, unfortunately the use seems to be associated with an elevated frequency of metabolic alterations causing an important weight disorder and glucose and lipid homeostasis, diminishing life expectations for these patients, likely to develop metabolic syndrome without proper control.

Objectives This study intended to find the association between metabolic syndrome in patients with psychotropic treatments used in the Guatemalan Institute of Social Security (IGSS).

Methodology Cohort Study (n=43 patients) who were treated combined with antipsychotics and mood stabilizers or antidepressants, conducting checkups at the beginning, then two to four months after, evaluating diagnosis of metabolic syndrome according to the criteria stated by the International Diabetes Federation (IDF).