SSRIs. Fluoxetine and sertraline are also likely to be safe, even when combined with atorvastatin, simvastatin, and lovastatin.
Conclusion Though the absolute risk of concomitant use of SSRIs with statins seems to be negligible, even this risk can be minimized by using lower statin doses and monitoring the patient.
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EV1089

Hyponatremia associated with selective serotonin-reuptake inhibitors

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 Psychotropic agents have been implicated in the cause of hyponatremia, including the majority of selective serotonin reuptake inhibitors (SSRIs). The reported incidence of hyponatremia caused by SSRIs varies widely up to 40%. Important risk factors are older age and concomitant use of diuretics. Though there are numerous retrospective studies available, an update of current knowledge SSRI induced hyponatremia is warranted.
Objectives and aims To review the incidence, risk factors, mechanism, times of onset and resolution, and treatment of hyponatremia associated with selective serotonin-reuptake inhibitors (SSRIs).
Methods An English language literature search was conducted using Pubmed, EMBASE and Cochrane library (December 1980–December 2015) using the search terms selective serotonin-reuptake inhibitor, hyponatremia, syndrome of inappropriate secretion of antidiuretic hormone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, and sertraline.
Results Numerous case reports, observational studies, and case-controlled studies, as well as one prospective clinical trial, have reported hyponatremia associated with SSRI use, with an incidence of 15%. Risk factors for the development of hyponatremia with SSRIs include older age, female gender, and concomitant use of diuretics, low body weight, and lower baseline serum sodium concentration. Predisposing factors, such as volume status, diuretic use, or concomitant use of other agents known to cause SIADH, may predispose to the development of hyponatremia. In published reports, hyponatremia developed within the first few weeks of treatment and resolved within 2 weeks after therapy was discontinued.
Conclusion Practitioners should be on the alert for this potentially life-threatening adverse event, especially in older adults.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1090

Drug safety warnings in psychiatry: Adverse drug reactions' signaling from 2002 to 2014

V. Prisco[1,*], T. Iannaccone[1], A. Capuano[2], M. Fabrazzo[1], F. Catapano[1]
[1] *University of Naples SUN, Department of Psychiatry, Naples, Italy*
[2] *University of Naples SUN, Department of Experimental Medicine, Section of Pharmacology L. Donatelli, University of Naples SUN, Naples, Italy*
[*] *Corresponding author.*

Monitoring drug-related side effects in psychiatric patients is highly recommended. In fact, frequent exposure to long-term polipharmacotherapy, poor compliance to pharmachological treatment and co-morbidity with organic illnesses requiring the prescription of other drugs are causes of pharmacokinetic/pharmacodynamic interactions. These vulnerability factors result in a certain increase in ADRs (adverse drug reactions). This study performs an analysis of the Italian medicine agency (AIFA) data, in the section "signal analysis", to attempt an assessment of the safety warnings among the different psychotropic drug classes, belonging to the ATC class: N03 (anti-epileptics), N05 (anti-psychotics), N06 (psycho-analectic drugs). Then we analyzed, in a descriptive way, the different association between the drug and the related ADR, evaluating the different safety profiles, in relation to experimental studies, supporting the importance of the signal. In the last years, among the new 25 ADRs, 10 were related to antidepressant drugs (8 SSRI, 1 mirtazapine, 1 agomelatine). In relation to anti-psychotic drugs, 6 new correlations were found between drug and ADR onset, mainly among atypical anti-spychotics. Other correlations (6 above all) were found among anti-epileptic drugs. Among benzodiazepines, a signal linked to rabdomylysis onset was found. It is also recommended an evaluation of safety profile in relation to zolpidem prescription. The results of our systematic review are a motivational input, considering the continuous increase of safety warnings, to attentively monitor drug's prescription. Spontaneous ADRs' signaling is a classical system to provide the required attention in relation to a potential risk.
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EV1091

Protection of proteins and lipids of blood plasma by different lithium salts under ethanol-induced oxidative damage

V. Prokopieva[1,*], E. Yarygina[1], E. Plotnikov[2]
[1] *Mental Health Research Institute, Tomsk National Research Medical Center, Russian Academy of Sciences, Laboratory of Clinical Psychoneuroimmunology and Neurobiology, Tomsk, Russia*
[2] *Tomsk Polytechnic University, Department of Physical and Analytical Chemistry, Tomsk, Russia*
[*] *Corresponding author.*

Introduction The creation of new lithium compounds with antioxidant activity is relevant problem for psychiatry. The aim of this work was study of the protective effect of lithium salts against ethanol-induced oxidative damage to proteins and lipids of human blood plasma in vitro.
Methods We used lithium ascorbate and lithium carbonate 0.6 mmol/L which correspond to the therapeutic dose (in terms of lithium ions). Antioxidant carnosine (β-Ala-L-His) was used as comparison drug. We used the blood of 12 healthy donors. The heparinized blood samples were incubated in presence of tested preparations for one hour at 37 °C. The final ethanol concentration in samples was 0.5%. Oxidative modification of proteins was determined as the level of carbonylated proteins with 2.4–dinitrophenilhydrazine, lipid peroxidation products–as the level of TBA-reactive products by spectrometry. Statistical analysis was performed with "Statistika 10" program.
Results The addition of ethanol in the blood led to a significant increase in carbonylated proteins and TBA-reactive products in the plasma (carbonylated proteins: without ethanol 0.26 ± 0.01 nmol/mg of protein; with ethanol 0.33 ± 0.02 nmol/mg; TBA-reactive products: without–3.2 ± 0.1 nmol/mL; with–4.0 ± 0.2 nmol/mL, $P < 0.05$). In the presence of carnosine such increase of oxidized products of biomolecules is not observed, i.e. carnosine had a protective effect against ethanol-induced oxidative

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damage. Lithium ascorbate showed a protective effect like carnosine. Lithium carbonate revealed no detectable influence on biomolecules in the conditions of our experiment.
Conclusion Lithium ascorbate has a protective effect on blood plasma proteins and lipids under ethanol-induced oxidative damage of biomolecules.
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EV1092

Drug prescriptions associated with long acting. Pharmaco-economic aspects

A. Riolo, F. Babici, F. Tassi*
ASS 1 Triestina, Department of Mental Health, Trieste, Italy
* *Corresponding author.*

Introduction The polypharmacy is a very controversial subject; it brings together problems of interaction between drugs, side effects, and rationality of co-prescriptions, pharmaco-economic aspects. The long acting is useful to solve adherence to treatment but they are often prescribed in polytherapy.
Method The aim of this studies is to compare long-acting haloperidol, fluphenazine, risperidone and paliperidone regard to prescribing associations and pharmaco-economy. Also we want to consider for each long-acting which and how many drugs are associated and the implications in terms of pharmaco-economics. We examined all prescriptions (126 patients) over a period of 12 months in a mental health center, identifying which long acting had the best pharmaco-economic profile.
Results Despite being the less prescribed and not being associated with other psychiatric drugs, paliperidone palmitate shows the best pharmaco-economic profile.
Conclusions The costs of a drug are in relationship not only with unit price but also with the question of safety in order to oppose the overmedication.
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EV1093

Rasagiline and venlafaxine: The serotonin syndrome

A. Rodriguez Campos*, L. Rodríguez Andrés, G. Medina Ojeda, L. Gallardo Borge, E. Rybak Koite
Hospital Clinico Universitario de Valladolid, Psychiatry Department, Valladolid, Spain
* *Corresponding author.*

Rasagiline is a highly potent irreversible monoamine oxidase (MAO)-B inhibitor, antiparkinsonian drug that may be used with caution in patients treated with antidepressant drugs because of the possible appearance of severe adverse effects. It is presented the case report of a woman treated with rasagiline and venlafaxine that presents confusion and a serotonin syndrome. Pathogenesis, physiopathology and treatment are discussed. Growing evidence suggests that Parkinson disease and depression are linked. Antidepressant drugs and PD treatment should be used with caution because of possible drug interaction.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1094

A rare instance of tardive dyskinesia with SSRI use: A case study

D. Roy
The Prince Charles Hospital Metro North Health Services, Acute Care Team, Department of Psychiatry, Chermside, Australia

Introduction Case presentation of a middle aged lady Mrs. C.K., who developed tardive dyskinesia (TD) after a trial of an SSRI.
Case report A 49-year-old Australian aboriginal lady, presented with involuntary movement of her face (bucco-linguo masticatory), movements after a 3 months trial of sertraline (maximum dose of 100 mg daily) for her depressive illness. There was no history of trials with anti-psychotics or any other medications, which may have caused the oral dyskinesias. Routine examinations including cognitive testing, EEG and MRI revealed no pathological findings. Her sertraline was ceased and she was commenced on mirtazapine 15 mg at night, which was hiked to 30 mg after 1 week and continued on this dose over the next 3 months. She exhibited good improvement in her depressive symptoms and a significant attenuation of her TD's. Involuntary movement scale rating: she was rated on the abnormal involuntary movement scale (AIMS) and showed gradual improvement in the severity of her orofacial dyskinetic movement. Her scores were–initial presentation (scored 22/36); at 4 weeks (9/36); 8 weeks (6/36) and at 16 weeks (4/36).
Discussion Although TD's are seen in approximately 1 to 5% of mental health patients treated with anti-psychotics (and some other medications like Levodopa, Metochlorpromide, etc.), research studies on SSRI's causing TD's are rare and few (Leo et al., 1996; Gerber et al., 1998).
Conclusions To alert and educate clinicians about a relatively rare adverse-effect of SSRI producing an involuntary movement disorder.
Disclosure of interest
The author has not supplied his/her declaration of competing interest.

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EV1095

Sexual dysfunction associated with antidepressants and how to prevent it. Is vortioxetine effective?

H. Saiz Garcia[1,*], L. Montes Reula[1], A. Portilla Fernandez[1], V. Pereira Sanchez[2], N. Olmo Lopez[3], E. Mancha Heredero[1], A.S. Rosero Enriquez[1], M.E. Martinez Parreño[1]
[1] *Complejo Hospitalario Navarra, Psychiatry, Pamplona, Spain*
[2] *Clinica Universidad de Navarra, Psychiatry, Pamplona, Spain*
[3] *CSM Salburua, Psychiatry, Vitoria, Spain*
* *Corresponding author.*

Introduction One of the most common, and many times hidden, secondary effects of antidepressants drugs use is sexual dysfunction (SD). It has been noted that as many as 20% of patients will discontinue treatment with an SSRI, with one-third of these patients doing so due to adverse reactions.
Methodology A review was conducted aiming to clarify the pathogenesis of sexual dysfunction in depressed patients or taking antidepressants and how to prevent and manage it. The literature search was conducted in PubMed data reviewing articles dating between 2015 and 2016.
Results (1) the sexual response cycle is negatively affected in individuals suffering from major depressive disorder, even before initiation of any psychotropic medication. The serotonergic system plays a largely inhibitory role on sexual desire, orgasm, and ejaculation with involvement of the hippocampus and amygdala. Tricyclic antidepressants increase the level of prolactin and indirectly suppress the level of testosterone. (2) Bupropion and vortioxetine are the only antidepressants that have level 1 evidence supporting that