EV1035

Doctor I have painful erections

F. Medini*, L. Menif, G. Jmii, F. Ghali, M. Zeghal, L. Robbana, S. Derouiche, W. Melki
Hospital razi, psychiatry D, Jardin D El Menzah, Tunisia
* *Corresponding author.*

Introduction Ischemic (veno-occlusive, low flow) priapism is a painful and persistent penile erection unrelated to sexual desire or stimulation. In some cases, it is an adverse event of antipsychotic medications.
Materials and methods An Internet search was initiated using the search engines: Direct Sciences; Medline and keywords "Penile erection; priapism; Antipsychotic agents; Side effects" and we illustrated our literature review by a clinical vignette of a man aged 38 years followed for schizophrenia placed under Fluphenazine 125 mg/month from 5 years who consulted us in may 2015 because of priapism and he described painful and prolonged erection episodes evolving for approximately 5 days.
Discussion Medical literature mentions many cases of venous priapism in patients treated by conventional or atypical neuroleptics. About 30% of venous priapisms could be related to drugs of which approximately 50% to neuroleptics. This side effect is related to alpha1-adrenergic blocking properties of these treatments, more or less important depending on the drugs in this class. After emergency treatment, the priapism is the problem of the continued neuroleptic treatment. The substitution of one molecule by another alpha-1 blocking properties to the less marked is recommended.
Conclusion The venous priapism is a uro-andrological emergency requiring prompt treatment to prevent erectile sequelae.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1036

Modulation of corticospinal excitability by valerian officinalis root extract: A neuropharmacological Transcranial Magnetic Stimulation (TMS) study

L. Mineo[1,*], C. Concerto[1], Y. Sarraf[2], E. Giokas[2], M. Paula[2], D. Coira[3], C. Ellen[2], E. Aguglia[1], F. Battaglia[4]
[1] *Unit of Psychiatry, Department of clinical and experimental medicine, Catania, Italy*
[2] *New York College of Podiatric Medicine, Department of Preclinical Sciences, New York, USA*
[3] *Hackensack University Medical Center, Psychiatry and Behavioral Medicine, Hackensack, NJ, USA*
[4] *Seton Hall University, Health and medical sciences, South Orange, USA*
* *Corresponding author.*

Introduction Valerian officinalis roots extract is a popular medication for insomnia and anxiety treatment. Sedative effect of Valerian is mainly attributed to the modulation of gabaergic transmission, but its pharmacodynamics has not been fully elucidated.
Objects To investigate the acute effects of Valerian Officinalis extracts intake on corticoexcitability as measured by TMS.
Aims To obtain further data on Valerian pharmacodynamics.
Methods Twelve healthy volunteers participated in a double-blind randomized crossover placebo-controlled study. They were required to take either 900 mg of Valerian officinalis extract (valerenic acid 0.8%) or placebo. Focal TMS of the hand area of left motor cortex was used to test Resting motor threshold (RMT), Motor evoked potentials (MEPs) amplitude and silent period duration (SP). We also tested Short-interval Intracortical Inhibition (SICI), Intracortical facilitation (ICF), Short and Long afferent Inhibition (SAI and LAI). All parameters were investigated at baseline, 1 hour and 6 hours after drug intake. After a 3-week washout period the subjects switched to the alternate arm of the study.
Results A mixed RMANOVA revealed a significant main effect of "time" [$F_{(1,22)} = 4.03$, $P = 0.02$] and a significant "treatment × time" interaction [$F_{(1,22)} = 6.3$, $P = 0.003$]. Post-hoc analysis indicated that the amount of ICF was significantly reduced 1 hour after Valerian intake ($P = 0.01$) returning to baseline values after 6 hours. No significant changes between the Valerian and placebo groups were observed for the other parameters investigated.
Conclusions The modulation of ICF induced by Valerian officinalis is likely due to glutamatergic antagonism and might underlie the anti-anxiety therapeutic effects.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1037

Tolerability of desvenlafaxine in clinical practice: An observational phase-IV study

B. Navarro[1,*], I. Perez[2], L. Perez[1], L. Erkoreka[1], A. Arroita[1]
[1] *Red de Salud Mental de Bizkaia, CSM Barakaldo, Bilbao, Spain*
[2] *Hospital Universitario Cruces, psiquiatría, Barakaldo, Spain*
* *Corresponding author.*

Introduction Desvenlafaxine is a SNRI which presents low affinity for muscarinic, H1 and α1 in vitro receptors and a marginal hepatic metabolism. Different studies have shown effectiveness and a favorable tolerability profile, but only a few of them have been realized independently.
Objectives and aims To study the incidence and characteristics of short-term desvenlafaxine side effects (SE) in daily clinical practice.
Methods A total of 123 patients with recently introduced desvenlafaxine treatment are recruited from Barakaldo and Uribe-Kosta Mental Health Centers, and UKU scale is administered to measure SE. Descriptive data are calculated using SPSS v.22.
Results SE are observed in 30.09%. Among these, 5.69% experimented improvement or disappearance of SE with dose reduction, whereas 16.26% had to stop DVF treatment. The most frequent SE was nausea/vomiting (7.3%), followed by dry mouth (4.9%), blurred vision (4.9%), tachycardia (4.1%), sexual SE (4.1%) and tension/inner unrest (4.1%). Among the patients with anxiety disorders, 27.78% present SE versus 30.47% of patients with other diagnoses.
Conclusions The characteristics of SE with DVF in daily clinical practice are comparable to those found in previous studies, and the overall profile is more benign than other AD. Aspects such as gender and sexual function must be considered. In patients with anxious symptoms DVF is also effective and ES are presented similarly, opening a new line of research and treatment of conditions with these characteristics.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1038

The role of long-acting antipsychotic treatment in schizophrenia with comorbid drug use. The case of paliperidone palmitate

A. Portilla Fernández[1], L. Reula[2], E. Manrique Astiz[3], L.A. Núñez Domínguez[4,*], O. Arbeo Ruiz[5], M. García Nicolás[6], O. Fernández de la Vega[7]
[1] *Clíncia de Rehabilitación, Psychiatry, Pamplona/Iruña, Spain*
[2] *Hospital de Día, Psychiatry, Pamplona/Iruña, Spain*
[3] *Mental Health Center, Psychiatry, Tafalla, Spain*
[4] *Centro Médico, Psychiatry, Pamplona, Spain*

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[5] Centro de Día Zuría, Psychiatry, Pamplona/Iruña, Spain
[6] Mental Health Center, Psychiatry, Tudela, Spain
[7] Mental Health Center, Psychiatry, Pamplona/Iruña, Spain
* Corresponding author.

The patient suffering a schizophrenic disorder with a comorbid drug use is a challenge for the technical team of psychiatrists who provide to control this disorder. In some guides that include a revision of the efficacy of several psychopharmacological and/or psychological treatment shows that there any treatment has no efficacy in this group of patients. But it suggests that long-acting antipsychotic may play a role in some cases with no adherence. We study prospectively some data in a group of patients of these characteristics treated with paliperidone palmitate as main psychopharmacological treatment, using as measurements of outcome the number of psychiatric admissions, dosage of oral treatment, use of drug before and after the beginning of Paliperdione Palmitate. Our results show that it exists a decrease of number of admissions, dosage of oral concomitant treatment and drug use, with a very good adherence and no dropouts in the follow-up. We conclude that Paliperidone Palmitate may be a very good alternative for the psychopharmacological treatment in schizophrenic patients with comorbid drug use.

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EV1039

Heavy cannabis use impairs verbal memory of first psychotic episode patients

C. Nuñez [1], S. Ochoa [1], E. Huerta-Ramos [2], I. Baños [1], A. Barajas [3], M. Dolz [4], B. Sanchez [5], N. Del Cacho [6], G. Genipe [7], J. Usall [6,*]
[1] Parc Sanitari Sant Joan de Déu, CIBERSAM, Research Unit, Sant Boi de Llobregat, Spain
[2] Parc Sanitari Sant Joan de Deu, CIBERSAM, Research Unit, Sant Boi de Llobregat, Spain
[3] Centre d' Higiene Mental Les Corts, Research Unit, Barcelona, Spain
[4] Hospital Materno Infantil Sant Joan de Déu- Esplugues, Psychiatry Department, Esplugues de Llobregat, Spain
[5] Hospital Materno Infantil Sant Joan de Déu, Psychiatry Department, Esplugues de Llobregat, Spain
[6] Parc Sanitari Sant Joan de Déu, Research Unit, Sant Boi de Llobregat, Spain
[7] Parc Sanitari Sant Joan de Déu, Psychiatry Research, Sant Boi de Llobregat, Spain
* Corresponding author.

Introduction Cannabis consumption is known to be increased in both schizophrenic and first psychotic episode patients. Contrary to what has been reported in studies with healthy people, all published studies so far have reported no impairments or even beneficial effects on neurocognition associated with cannabis consumption in schizophrenia and first psychotic episode patients. However, these studies did not address the effects of very high cannabis consumption.

Objective Our aim in this study was to assess the effects on neurocognition of regular and heavy cannabis consumption in first psychotic episode patients.

Methods A total of 74 patients were included in the study and assigned to 3 different groups according to their mean cannabis consumption during the last year (non-users, regular users, and heavy users). Participants were administered verbal memory, attention, processing speed, working memory, vocabulary, arithmetic and spatial orientation tasks.

Results Our results showed the heavy cannabis group of first psychotic episode patients to be significantly impaired in all the verbal memory measures with respect to the non-users group. There were no significant differences between regular users and non-users. Moreover, regular cannabis consumption was associated with an improvement in some attention and processing speed measures.

Conclusions Our data showed heavy cannabis consumption to impair verbal memory in first psychotic episode patients and suggest a dose-related effect of cannabis consumption, since regular consumption did not impair verbal memory and may be beneficial for other tasks.

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

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EV1040

Choosing an antipsychotic on a case of late-onset psychosis – A challenge on everyday practice

M. Oliveira*, M.J. Peixoto, C. Novais, C. Santos
Centro Hospitalar São João, EPE, Psychiatry and Mental Health Clinic, Porto, Portugal
* Corresponding author.

Introduction Psychosis with onset in late adulthood already constitutes a challenge on the differential diagnosis and treatment, especially in polypharmacy patients.

Methods and aims We present a case report of a 61-year old woman with a late-onset psychosis and discuss the clinical evolution and the pharmacological treatment.

Results The patient suffered from obesity, type II diabetes mellitus with poor glycemic control, and hypertension. She had a first psychotic episode at the age of 56, having persecutory delusional ideas and auditory hallucinations with psychomotor agitation and insomnia. She was first medicated with an atypical antipsychotic (olanzapine) with little response and worsening of the glycemic control. A switch was performed to haloperidol with remission of symptomatology with low doses (4 mg/day). Through follow-up the doses of haloperidol was decreased and eventually suspended, but having a relapse a few months later. Haloperidol was again introduced and the symptoms remitted. Stability was maintained, but the patient started to show lower limbs symmetrical rigidity and psychomotor retardation. It was decided to switch haloperidol to risperidone, but the patient reported side effects with its use, and had to stop it. Haloperidol was again introduced, but had to be discontinued after motor symptoms got worse. Again the patient had another recurrence of psychotic symptoms and it was decided to introduce paliperidone (6 mg/day) with good response and tolerability.

Conclusions The safety and tolerability of antipsychotic medication is variable. When choosing a treatment in a patient with comorbid medical conditions, it can severely influence the desirable outcome.

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

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EV1041

Subacute psychiatric hospitalization unit: The role of clozapine

O. Orejas*, C. Masferrer Herrera, C. Macías Castellví, P. Flores Martínez
Neuropsychiatry and Addictions Institute INAD, Parc de salut Mar, Psychiatry Hospitalization, Barcelona, Spain
* Corresponding author.

Introduction Several studies report that Clozapine is more effective in reducing symptoms of schizophrenia, producing clinically meaningful improvements and postponing relapse than other antipsychotic strategies.