Image:

Figure: Case's Calculated Serum Osmolality, Medications, and Visual Hallucinations

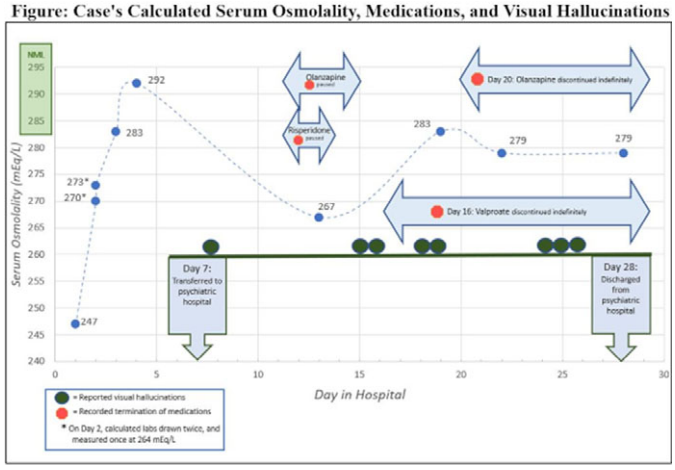

Image 2:

Table: Case Reports Available at Time of Submission

Age	Sex	Author/Year	Serum Na+	VPA Indication	Other Psychotropic Drugs
22	M	Bavbek et al 2007	118	Epilepsy	No
46	M	Beve et al 2010	126	Bipolar	No
50	M	Branten et al 1998	128	Epilepsy	No
54	F	Gupta et al 2015	99	Bipolar	No – but 7500mg overdose
54	M	Patel et al 2010	139→126 (then 140 after VPA stopped)	Schizoaffective	No – but dose response: VPA titrated over 2 weeks from 500mg daily → 2000mg daily, then stopped
57	F	Beers et al 2010 "Patient D"	116	Epilepsy	Yes – lamotrigine 200mg daily
62	**F**	**Our patient**	**119**	**Schizoaffective**	**Yes – intermittent use of Risperidone and Olanzapine**
62	M	Miyaoka 1999	117-127	Epilepsy	No
67	F	Beers et al 2010 "patient A"	120	Epilepsy	No – but low PO hydration
71	F	Beers et al 2010 "patient B"	125	Epilepsy	Yes – phenobarbital 50mg daily
78	F	Herment et al 2006	110	Charles Bonnet syndrome	No
82	M	Ikeda et al 1994	128	Epilepsy	No – restarted VPA and hyponatremia redeveloped
82	M	Franco Hildago et al, 2009 (Spanish language) and Reactions Weekly NA, 2009	129	Bipolar	No – but 1 week of fluconazole 3 months prior for candida esophagitis

Conclusions: Although VPA-associated SIADH is a rare phenomenon, caution is warranted when evaluating patients with VPA use presenting acutely with psychosis and hyponatremia. These symptoms could be the manifestation of hyponatremic encephalopathy-related psychosis.

Disclosure of Interest: None Declared

EPP0893

A proof-of concept randomized controlled trial to show that the antidepressant effect of psilocybin does not require a psychedelic experience: study protocol

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Introduction: During the last decade there has been a resurgence of interest on the use of psychedelics as novel treatments for mental disorders, including treatment-resistant depression (TRD). Psilocybin, the chemical component of "magic mushrooms", has been administered with psychotherapy in randomized clinical trials (RCTs) showing large and sustained antidepressant effects. As the use of psilocybin expands, it is becoming more important to understand whether psilocybin's psychedelic effects are required for psilocybin's antidepressant effects. Psilocybin's psychedelic effects are known to be dependent on serotonin 2A receptor (5-HT2AR) activation. Given the safety concerns associated with psilocybin's psychedelic effects, all studies have used it in conjunction with at least 12 hours of intensive psychotherapy. This makes psilocybin-assisted psychotherapy (PAP) highly resource intensive and impedes scalability given limited resources and access to trained therapists in most jurisdictions. Studies in healthy volunteers have shown that psilocybin's psychedelic effects are blocked by 5-HT2AR antagonists like risperidone and ketanserin. In a preclinical study using a mouse model of depression, administration of ketanserin followed by psilocybin had the same antidepressant effect as psilocybin alone. We propose to conduct the first study to test in humans whether the antidepressant effects of psilocybin are attenuated by 5-HT2AR blockade from risperidone.
Objectives: Aim 1: To evaluate the feasibility and tolerability of administering psilocybin with risperidone in adults with TRD by evaluating recruitment, retention, tolerability, and safety.
Aim 2: To evaluate psychedelic effects (measured with the 5-Dimensional Altered States of Consciousness Rating Scale) in the three groups.
Aim 3: To evaluate antidepressant effects (measured with the Montgomery Asberg Depression Rating Scale; MADRS) in the three groups. .
Methods: A three-arm, 4-week, double blind, proof-of-concept RCT for patients with a DSM-5 major depressive episode that has failed to respond to at least two adequate trials of antidepressants. Participants will be randomized to: 1) psilocybin 25 mg plus risperidone 1 mg; 2) psilocybin 25 mg plus placebo; 3) placebo plus risperidone 1 mg. All participants will receive 12 hours of manualized psychotherapy.
Results: Ethics approval for the proposed study has been obtained. We will present preliminary feasibility data at the meeting in March.
Conclusions: If the study demonstrates that psilocybin's psychedelic effects are not necessary for psilocybin's antidepressant effects, the combination of psilocybin and a 5-HT2AR antagonist, such as risperidone, could increase acceptability and access to the use of psilocybin to treat MDD and related conditions.

Disclosure of Interest: None Declared

EPP0894

Acute Paralytic Ileus Induced by Quetiapine: A case Report

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Introduction: Paralytic ileus is the slowing or complete cessation of the passage of intestinal contents without a barrier to prevent passage in the gastrointestinal tract. Many factors such as heavy metal poisoning, infections, metabolic instabilities, spinal cord injuries, drugs and post-operative reasons can cause paralytic ileus. Quetiapine is a second generation antipsychotic drug acting on multiple receptors. Due to its muscarinic receptor antagonism, adverse effects on the gastrointestinal tract may occur.
Objectives: In this case report, acute paralytic ileus developing in a patient with bipolar disorder who was being treated with sodium valproate and quetiapine is discussed.
Methods: Case: The case is a 60-year-old male patient diagnosed with bipolar disorder. Apart from the medical diagnoses of hypertension and coronary artery disease, he had no other additional illness or history of surgery. He was brought to the emergency department in March 2022 with complaints of nausea, vomiting, abdominal distension, and decreased oral intake.
Results: There are few case reports of paralytic ileus associated with quetiapine in the literature. In a study published in 2018, it was reported that paralytic ileus developed on the 15th day following the initiation of quetiapine therapy (Chiang & Lan, Clin Psychopharmacol Neurosci 2018; 16(2) 228–231). In another case report published in 2016, it was shown that ischemic colitis developed in a patient using quetiapine and tropatepine drugs (Cuny et al., *L'encephale 2016; 43*(1) 81–84). In the case we reported, the patient had been using quetiapine for about 5 years. Long illness duration and old age were risk factors for the emergence of paralytic ileus in our case.
Image:

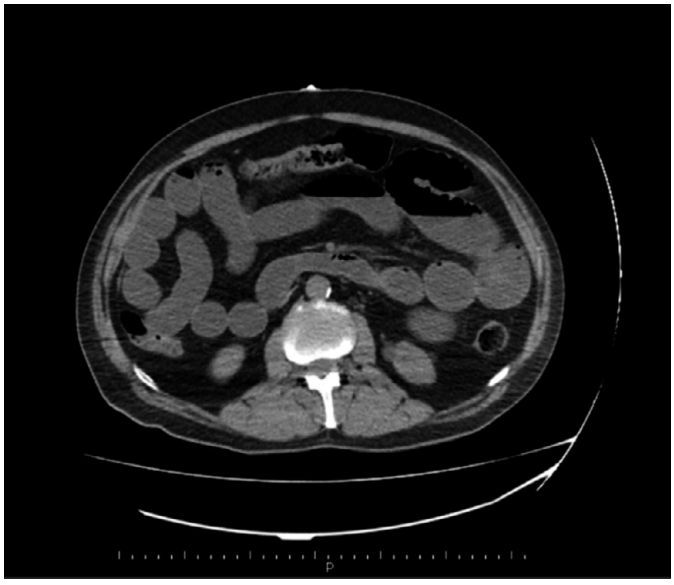
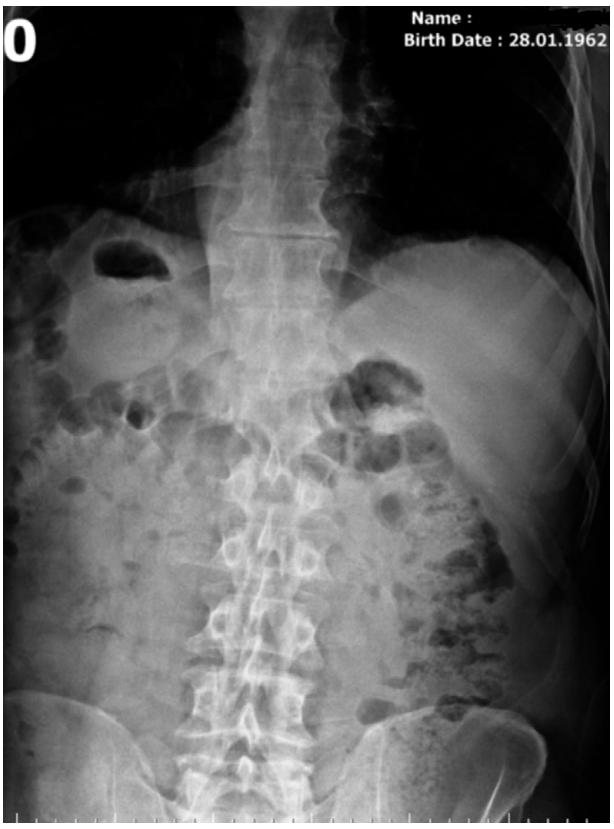


Image 2:



Conclusions: In conclusion, the wide use of quetiapine in psychiatry requires us to be careful about such serious adverse effects. Especially in elderly patients and those with comorbid conditions, adverse effects should be closely monitored and the patient should be informed in advance of possible situations.

Disclosure of Interest: None Declared

EPP0895

Next-generation antipsychotics- Trends and perspectives beyond dopaminergic and glutamatergic agents

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Introduction: Three generations of antipsychotics, all of which are based on the dopaminergic hypothesis of schizophrenia, are available for clinical use. Still, more than 66% of the patients diagnosed with schizophrenia spectrum disorders (SSD) could not achieve remission. Also, the glutamatergic hypothesis of schizophrenia is