shown limited responsiveness to conventional laxatives or other conservative treatments
Objectives: The primary objective of this article is to present the methodology of a randomized control trial assessing the efficacy of prucalopride in the treatment of constipation among patients with mental disorders
Methods: The study will enroll 60 adult patients with mental disorders who will require more than two antipsychotic medications, including clozapine, for stabilization, and who will be experiencing constipation as a side effect
To ensure the validity of the study, the following additional inclusion criteria will be applied:

- Patients will have no severe acute medical conditions
- Patients will have no history of malignancy
- Patients will have no severe respiratory or cardiac diseases
- Patients will have negative results from an endoscopic evaluation of the large bowel, ruling out conditions such as irritable bowel syndrome, ischemic colitis, inflammatory bowel disease, or malignant neoplastic disease

Following the screening process, the patients will be randomly assigned to one of two treatment groups:
Prucalopride Group: Patients in this group will receive prucalopride for the treatment of refractory constipation
Conservative Treatment Group: Patients in this group will continue with conservative treatments.The treatment's success will be determined based on specific endpoints:

- Normalization of bowel movements, characterized by having more than five bowel movements per week
- Resolution of symptoms related to gastrointestinal dysfunction, including pain, bloating, defecation difficulties, and paralytic ileus

Results: Following the conclusion of the study, data from both groups will be meticulously collected and subjected to rigorous statistical analysis to identify differences in treatment outcomes between these two therapeutic approachs
Conclusions: The detailed findings will be presented in a forthcoming article

Disclosure of Interest: None Declared

EPV0823

A case of delirium following treatment with low dose mirtazapine and pregabalin

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doi: 10.1192/j.eurpsy.2024.1448

Introduction: Pregabalin is a gamma-aminobutyric acid analogue used for the treatment of neuropathic pain, partial-onset-seizures, fibromyalgia, and anxiety disorders. Mirtazapine is an atypical antidepressant used in major depression and often prescribed off-label for insomnia. Delirium, an acute confusional state, is a very rare adverse reaction of both medications.
Objectives: We report a case of an elderly patient treated with low dose pregabalin and mirtazapine who developed drug-induced delirium which resolved rapidly upon withdrawal of both drugs
Methods: A 75-year-old woman was admitted for symptoms of anxiety, various bodily complaints (dysphagia, headache, tinnitus, weakness) and sleep-onset insomnia over the preceding 2 months. On admission, examination revealed an apparently anxious, uneasy and emotional looking patient. Mini mental state examination, as well as clock drawing and copying were normal, suggesting absence of cognitive impairment. Physical examination was unrevealing except for high blood pressure recordings (150/90 mmHg). Laboratory testing indicated creatinine at 1.19 mg/dl, with a creatinine clearance moderately decreased at 38 ml/min. Upon admission, she was placed on pregabalin 25 mg bid and mirtazapine 30 mg ¼ tablet qd.
Results: Three days after admission, pregabalin was increased to 25 mg tid. On the same day and about 2 hours after the night dose, the patient acutely developed delirium: she presented confusion, disorientation, incoherence, restlessness and deterioration of her anxiety. On physical examination she was afebrile with no hypertonia or ataxia. An urgent brain magnetic resonance imaging was grossly unrevealing. Pregabalin and mirtazapine were discontinued, as a drug-induced delirium was suspected. She received as a symptomatic treatment lorazepam progressively up to 4 mg qd. Symptoms of delirium resolved rapidly, and she was discharged days later with full functional recovery
Conclusions: Cases of delirium have been described following treatment with pregabalin, but in significantly higher doses. Pregabalin relies heavily on renal clearance for its excretion and the dose should be adjusted in patients with creatine clearance below 60 ml/min. As our patient had a moderate decrease in renal clearance, we prescribed a dose within suggested limits, but in combination with mirtazapine led to the appearance of a drug-induced delirium. In conclusion, combined therapy with low-dose pregabalin and mirtazapine seems to account for the development of delirium in our patient as based on its temporal association with the initiation of this drug combination and its prompt resolution upon withdrawal of these two agents

Disclosure of Interest: None Declared

EPV0824

Hyperammonemic encephalopathy in a 46 year old patient treated with valproic acid as treatment for borderline personality disorder: a case report.

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doi: 10.1192/j.eurpsy.2024.1449

Introduction: Valproic acid (VPA) has been used in clinical practice since the 60's, with a relatively favourable safety and efficacy profile. Pancreatitis, hepatotoxicity and teratogenicity are the most significant adverse drug reactions. VPA is also known for causing hyperammonemia, which may be asymptomatic or can present with encephalopathy. VPA-induced hyperammonemic encephalopathy (VHE) is a serious but reversible condition, which requires high clinical suspicion for diagnosis. It may occur acutely or after chronic use of VPA.
Objectives: Review how frequent is for valproic acid to cause hyperammonemic encephalopathy, signs to watch out for and how it can be treated.