

**Disclosure:** No significant relationships.

**Keywords:** Side effects; clozapine; Pneumonia

## EPV1150

### Hydroxychloroquine induced QT prolongation in a schizoaffective patient being treated for a COVID-19 infection: A Case Report.

R. Amazan<sup>1\*</sup>, P. Korenis<sup>2</sup> and S. Gunturu<sup>2</sup>

<sup>1</sup>Bronxcare health system, Psychiatry, Bronx, United States of America and <sup>2</sup>Bronx Care Health System-Affiliated with the Icahn School of Medicine at Mount Sinai, Psychiatry, New York, United States of America

\*Corresponding author.

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**Introduction:** Hydroxychloroquine an antimalarial medication has been approved in March 2020 by FDA for treatment of hospitalized patient with COVID-19 infection. Even thus, its efficacy has been controversial, it still being used worldwide. This medication also causes some serious side effects. Here we present a case of a woman with a very long history of treatment resistant schizoaffective disorder, on clozapine, who develops QT prolongation after receiving hydroxychloroquine for the treatment of COVID-19 infection.

**Objectives:** Despite the controversy, this case aims to shed light on the importance of monitoring QTc via EKG in patient receiving hydroxychloroquine<sup>7</sup>. More importantly to avoid antipsychotic while patient is receiving this medication since both hydroxychloroquine and most antipsychotic can increase QTc.

**Methods:** This case report was written by reviewing chart of the patient and also via direct interaction and interviews with the patient.

**Results:** This case report showed and increased in QTc interval after receiving hydroxychloroquine, which is also reported by others including Moussa Sleh et al in their article on Effect of Chloroquine, Hydroxychloroquine, and Azithromycin on the Corrected QT Interval in Patients With SARS-CoV-2 Infection<sup>4</sup>. The increase in Qtc could have been worse if Clozapine was not stopped during this time.

**Conclusions:** COVID-19 pandemic has caused more than 700000 deaths around the globe and more than 150000 deaths in the United States of America. Psychiatric patients are also getting hospitalized and receiving treatment with hydroxychloroquine. Holding antipsychotics and monitoring of QTc via EKG resulted crucial in limiting the adverse effect of QT prolongation of both medications.

**Disclosure:** No significant relationships.

**Keywords:** Hydroxychloroquine; schizoaffective; QT prolongation; Covid-19

## EPV1152

### Diagnosis and treatment of tremor in psychiatric patients

P. Van Harten

GGz Centraal, Scientific Research, Amersfoort, Netherlands

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**Introduction:** Tremor is the most common movement disorder in adults. Due to the visibility, feelings of shame are often present. Many (psycho)pharmacological drugs can induce tremor or

increase its severity as a side effect. Sometimes the burden of this side effect is greater than the burden of the psychiatric problem.

**Objectives:** Knowledge of the different kinds of tremor in psychiatry, and the drugs that may be responsible. Differential diagnosis Treatment of tremor in psychiatry.

**Methods:** A literature search on the most recent insights into classification, diagnosis, differentiation and treatment was carried out with emphasis on drug-induced tremor and its treatment.

**Results:** The basic classification is resting, action and intention tremor. Tremors may be due to neurological and metabolic syndromes. Differentiation can often be made according to the time of onset, relation with starting or increasing the dosage of the medication and the course. Rest tremor is often related to antipsychotics and antiemetics and action tremor to lithium, antidepressants, valproic acid, and other anticonvulsants, but also to many drugs used in somatic conditions. The development of intention tremor should alarm the doctor because it could be an intoxication. Treatment of drug-induced tremor consists of reducing the dose or discontinuing the drug in question or switching to another drug with less risk of tremor. If this is not effective, adding a tremor suppressant may help (propranolol, primidone in action tremor and anticholinergics or amantadine in resting tremor).

**Conclusions:** Tremor is a common side effect of many (psycho) pharmacological agents and treatment is often possible.

**Disclosure:** No significant relationships.

**Keywords:** Drug-induced; extrapyramidal; Tremor; Antipsychotics

## EPV1153

### Incidence of clozapine-induced hematological side effects in a Tunisian population

M. Shiri<sup>1\*</sup>, A. Ouertani<sup>2</sup>, S. Madouri<sup>2</sup> and U. Ouali<sup>2</sup>

<sup>1</sup>Razi hospital, Psychiatry A, Manouba, Tunisia and <sup>2</sup>Razi Hospital, Psychiatry A, manouba, Tunisia

\*Corresponding author.

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**Introduction:** Clozapine is commonly associated with adverse hematological outcomes. However, incidence of blood dyscrasias in the north African population is scarce.

**Objectives:** The aim of this study was to assess the incidence of hematological side effects in a Tunisian sample of clozapine treated patients.

**Methods:** We conducted a retrospective longitudinal chart review of 64 patients on clozapine enrolled in our clozapine consultation between January 1, 2000 and September 2020.

**Results:** Our sample consisted of 15 women (23.5%) and 49 men (76.5%), mean age was 41.34 ± 9.32 years. Patients were diagnosed with schizophrenia in 70.3% of the cases, 7 (10.9%) had a bipolar disorder and 12 (18.8%) had a schizoaffective disorder. We found blood dyscrasias in 21 patients (32.8%). Hematological abnormalities were as follow: 2 cases of agranulocytosis, 8 cases of neutropenia, 13 cases of thrombocytopenia, 5 cases of leukocytosis, 5 cases of eosinophilia and 3 cases of anemia. The incidence rate of hematological side effects was 0.1 case/year- person. The mean clozapine dose at the time of onset of the hematological side effect was 309.52 mg/day (range 25-600 mg/day). The median duration of clozapine treatment prior to developing hematological side effects was 119.71 ± 126.52 days. Clozapine discontinuation was decided in

11 cases due to hematological side effects and reintroduced in 9 cases after normalization of blood count.

**Conclusions:** This study emphasizes the importance of a regular long-term monitoring of blood count to ensure early detection of hematological side effects.

**Disclosure:** No significant relationships.

**Keywords:** blood dyscrasias; incidence; clozapine

## EPV1154

### Therapeutic use of ayahuasca: a review of the evidence of its use in approaching depressive disorders

G. Simões\*, S. Jesus and R. Silva

Baixo Vouga Hospital Centre - EPE, Psychiatry And Mental Health Department, Aveiro, Portugal

\*Corresponding author.

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**Introduction:** Ayahuasca (AYA) is a psychotropic plant from South America used for religious purposes by indigenous people of the Amazon. Increasing evidence indicates that AYA may have therapeutic potential in the treatment of mental health disorders like depression – a common life-disrupting, highly recurrent disorder – that is among the leading causes of disability worldwide.

**Objectives:** The aim of this exploratory study is to gather and assess scientific evidence about clinical effects of AYA in the treatment and symptomatological expression of patients with depression.

**Methods:** A literature research was conducted on PubMed, starting from the MeSH terms: “Banisteriopsis” and “Depression”. Results corresponding to investigations using AYA, and based on an adult population with depressive disorders, were selected for our analysis.

**Results:** The research provided 8 results, of which 6 met the defined criteria. Different types of studies with variable samples were considered, including retrospective and prospective observational studies, meta-analysis and a narrative review. Overall, evidence about the use of AYA in depressive disorders is associated to reductions in depression scales, to significant antidepressant effects and in mediating improvement of grief symptoms. AYA administration increased introspection and positive mood, self-acceptance, empathy, openness and potentiated improvements in emotional processing. The underlying potential mechanisms, adverse effects and the current limitations related to its study and use are analysed and discussed.

**Conclusions:** The use of AYA in depression shows promising results that should be further explored in controlled trials with larger sample sizes, in order to better evaluate its clinical effects, safety profile and related short and long-term effects.

**Disclosure:** No significant relationships.

**Keywords:** Ayahuasca; therapeutic use; depressive disorders; Pharmacology

## EPV1155

### Varenicline-induced suicidal behavior: Case report and literature review.

T. Gutierrez Higuera<sup>1\*</sup>, F. Calera Cortés<sup>2</sup>,  
S. Sainz De La Cuesta Alonso<sup>2</sup>, S. Vicent Forés<sup>3</sup>,  
B. Hernández Gajate<sup>1</sup> and R.M. Fiestas Velasco<sup>1</sup>

<sup>1</sup>Reina Sofia University Hospital, Psychiatry, Córdoba, Spain; <sup>2</sup>Hospital Reina Sofia Córdoba, Psychiatry, Córdoba, Spain and <sup>3</sup>Hospital Reina Sofia Córdoba, Psychiatry, Córdoba, Spain

\*Corresponding author.

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**Introduction:** Nowadays there are different strategies for the treatment of smoking cessation. The treatment includes drugs such as varenicline, which acts as a high-affinity partial agonist for the alpha-4 beta-2 nicotinic acetylcholine receptor subtype (nACh). We report a case of a suicidal behaviour in a 39-year-old woman with no previous history of mental illness, who was brought to the emergency department after intentional intoxication with benzodiazepines. The patient was on 10th day of treatment with varenicline.

**Objectives:** To present a case of suicidal behavior that developed in a 39-year-old woman after starting varenicline. Review of literature and total number of cases reported in the European database of suspected adverse drug reactions (EudraVigilance).

**Methods:** We carried out a literature review in PubMed selecting those articles focused on mental disorders in those patients that have been taking varenicline. Review number of cases suicidal behavior reported by the European database of suspected adverse drug reactions.

**Results:** A 39-year-old female was brought to the emergency department after voluntary ingestion of Lorazepam 1mg (40 tablets) in a suicide attempt. The family reported the starting of thoughts of suicide after 1 week of treatment. No previous history of mental disorders. The patient reported low mood and drowsiness in the last 5 days not linked to any cause. After 5 days of discontinuation these mood symptoms and suicidal behavior remitted.

**Conclusions:** Varenicline is associated with different neuropsychiatric symptoms. In patients with or without history of mental disorders we should warn about the symptoms for discontinuation of the treatment.

**Disclosure:** No significant relationships.

**Keywords:** Varenicline; suicidal behavior; smoking cessation; symptoms

## EPV1156

### Lymphocytic colitis in the course of a treatment with sertraline. A case report

A. Cerame<sup>1\*</sup>, A. Cotillas<sup>2</sup>, P. Coucheiro<sup>1</sup> and A. Franco Soler<sup>1</sup>

<sup>1</sup>Hospital Universitario José Germain, Hospital De Día, Leganes, Spain and <sup>2</sup>Centro de Salud San Blas, Family Medicine, Parla, Spain

\*Corresponding author.

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**Introduction:** Lymphocytic colitis is an unusual side-effect of the treatment with SSRIs particularly sertraline. According to several sources, this side effect could be underdiagnosed and underreported.

**Objectives:** We present the case of a 31-year-old female patient who presented watery non-bloody diarrhea for a month. The patient had been diagnosed with Persistent Depressive Disorder six years prior to the episode and was being treated with sertraline.

**Methods:** A case report is presented alongside a review of the relevant literature regarding Lymphocytic colitis, its differential diagnosis and treatment.