Objectives: OGC is seldom reported in children and young adults during treatment with aripiprazole, althouh it is commonly used in youths.
Methods: We report a case of an aripiprazole-induced oculogyric crisis in a 19 year old girl who diagnosed with schizophrenia (paranoid).
Results: There was a complete remission of the OGC's following aripiprazole dose reduction, suggesting the clinical manifestation was a dose-dependent phenomenon.
Conclusions: The present report should raise awarness among clinicians for this relevant possible adverse event, that can happen also with the use of aripiprazol, not only with typical or more antidopaminergic antipsychotics. Future research in the field should emphasize neurobiological dysfunctions as the basis of EPS/OGC in patients.

Disclosure of Interest: None Declared

EPV0841

Metformin as a tool to control antipsychotic-induced metabolic syndrome - case report

L. Horosan[1]*, D. E. Nistor[1], I. Paunica[2] and R. A. Stoica[2]

[1]Psychiatry, Prof. Dr. Alexandru Obregia Psychiatry Hospital and [2]Diabetes Nutrition and Metabolic Disease, Prof. Dr. N. Paulescu Institute of Diabetes Nutrition and Metabolic Disease, Bucharest, Romania
*Corresponding author.
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Introduction: The decreased capacity of testing reality causes patients with psychosis consequences regarding their families, professional life, and social interactions, with an overall reduction in quality of life. In these cases, antipsychotic treatment is mandatory to recreate the patient's connection with the environment. Second-generation antipsychotics (SGAs), particularly clozapine and olanzapine, can have severe metabolic side effects that impact body weight, insulin resistance, and glucose metabolism. The specific mechanism that determines such metabolic processes is not yet fully understood. Recent research has demonstrated that metformin may be utilized to regulate metabolic processes. The ultimate purpose of using this adjunctive therapy is to effectively control both physical and mental health difficulties among psychiatric patients.
Objectives: The primary purpose of this report is to underline the importance of adverse metabolic reactions of antipsychotics and to study the effectiveness of metformin regarding this matter.
Methods: Our patient is a 33 years-old man who was diagnosed with schizoaffective disorder around the age of 32. He was initially treated with olanzapine; during the first year, he gained more than 20kg. Severe weight gain was a significant health factor that determined us to search for therapeutic alternatives. Metformin was added, monitoring BMI and abdominal circumference. Because of the severe body weight gain, switching from olanzapine to aripiprazole was attempted, but the psychiatric symptoms worsened. Paliperidone was considered and administered, concomitant with rising doses of metformin. Although an initial increase in body weight was documented when paliperidone was administered, his body weight deescalated significantly after metformin reached a therapeutic dose of 2000mg per day.
Results: Metformin co-administered with antipsychotic medication helped to control the severe metabolic adverse effects in this case. Reaching a lower BMI index after adding metformin to paliperidone was a therapeutic goal and essential for the patient's physical and psychological health.
Conclusions: Metformin is a complex treatment widely prescribed as an antidiabetic drug. Lately, attention has shifted towards its effects on controlling the adverse metabolic effects of antipsychotics. This case underlines the importance of the metabolic syndrome as an adverse reaction of the SGAs and presents the results of this treatment option for schizoaffective disorder treated with antipsychotics. Although the current recommendation is to switch to another antipsychotic with lower metabolic risk, the new drug may not control the psychiatric symptoms in all cases. Therefore, metformin is an adjuvant solution in situations where antipsychotic treatment can cause severe metabolic reactions with a significant impact on the patient's physical health.

Disclosure of Interest: None Declared

EPV0842

Subcutaneous ketamine in the treatment of depression and suicide risk: case report.

M. A. Cigognini[1]* and D. V. D. Meene[2]

[1]Psychiatry, Institute and Department of Psychiatry of Clinics Hospital of the University of São Paulo Medical School, São Paulo and [2]Psychiatry, Instituto de Neurosciência & Comportamento, Blumenau, Brazil
*Corresponding author.
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Introduction: Several studies have shown that ketamine, an NMDA receptor antagonist, represents a promising alternative in treating depression and suicide. The intranasal or intravenous use of ketamine, currently used, has limitations in terms of cost and complexity. The subcutaneous (SC) route may be an affordable alternative for the treatment of depression and suicidality.
Objectives: To evaluate the response of SC ketamine (0,5 mg/kg) applications on depressive, anxiety, and suicide symptoms.
Methods: A patient with unipolar depression and suicide attempt was submitted to 3 sessions of SC ketamine (0,5 mg/kg). The applications had 2 days of intervals. Clinical evaluations were measured by BDI, BSI, and BAI. The vital signs were monitored under 2 hours after injections and the potential side effects.

	BDI	BSI	BAI
Application 1	26	14	18
Application 2	03	00	00
Application 3	02	00	00

Results: Changes in measurement instruments according to applications can be seen in Tab 1:

	BP	HR	RF	OX	ECG
Nine measurements (average)	123/80	78,86	17,55	99%	NP

The average measurements of vital signs during 2 hours of monitoring for each application can be seen in Tab 2:
Conclusions: The use of SC ketamine showed remission in BDI, BSI and BAI, respectively demonstrated safety in use.

Disclosure of Interest: None Declared

EPV0843

Serotonin reuptake inhibitors and its cognitive burden…or relief.

A brief review

M. J. Amorim*, F. Araújo, P. Passos Perestrelo and M. Maia Marques

Departamento de Psiquiatria e Saúde Mental, Unidade Local de Saude do Alto Minho, Viana do Castelo
*Corresponding author.
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Introduction: The use of selective serotonin reuptake inhibitors (SSRIs) has increased exponentially and worldwide in the last decade. Taking into account their tolerability and safety profile, they constitute the first line, in all age groups and in polimedicated population, for treatment of depressive, anxious, and phobic disorders, among others. Although safe, especially when compared to first generation antidepressants, they are not totally exempt of adverse effects, and may cause, especially in this context, some degree of cognitive impairment, which may or may not be completely reversible. On the other hand, and despite the controversy related to the subject, some studies suggest a possible protective effect of this pharmacologic class regard the development of cognitive disfunction, which, although not very consistent, should not be neglected.
Objectives: To understand the cognitive impact of short- and long-term use of SSRIs, given the increasing use in an aging, polymedicated population.
Methods: Brief sistematic review of selected articles from Pubmed, Medline and Uptodate databases, with the keywords "*SSRIs*", "*cognitive*", "*impairment*", "*adverse effects*", "*dementia*".
Results: SSRIs are not entirely exempt from cognitive effects, despite their recognized safety profile. Some of the adverse effects typically related to the class, such as hyponatraemia, especially when insidious and silent course, as well as anticholinergic activity (typically associated with first generation antidepressants, but not exclusive) interfere with global functionality and may clinically present as mild cognitive impairment or even major neurocognitive disorders. Furthermore, given their potential to induce or inhibit the cytochrome P450 system, they are significantly implicated in pharmacokinetic drugs interactions that increase cognitive burden associated with other psychotropic drugs.
In the long term, and in certain patient populations, it has been hypothesized that they may exert some protective effect on physiological and pathological cognitive functions decline, by preventing neuronal death, acetylcholine decrease and amoyloidogenesis.
Conclusions: Despite their benign adverse effect profile, when compared with tricyclic antidepressants, SSRIs are not devoid of adverse effects on cognitive domains. However, and despite contradictory and inconsistent results, when well tolerated, SSRIs may confer benefits in terms of preserving global functionality, far beyond the affective symptoms resolution that motivated their introduction in the first place.

Disclosure of Interest: None Declared

EPV0844

DOCTOR, I'M PREGNANT. Psychopharmacological treatment of depression in pregnant women. A clinical case of a pregnant woman and major depressive disorder

M. Queipo De Llano De La Viuda*, G. Guerra Valera, C. Vallecillo Adame, C. De Andrés Lobo, T. Jiménez Aparicio, M. Fernández Lozano, I. D. L. M. Santos Carrasco and N. De Uribe Viloria

Hospital clinico Universitario de Valladolid, Valladolid, Spain
*Corresponding author.
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Introduction: Depression during pregnancy can appear with a prevalence of up to 11% of pregnant women. Psychotherapeutic treatment in these cases is considered the first option, but treatment with antidepressants is sometimes required in these cases.
Objectives: To present a clinical case of a pregnant patient diagnosed with depression.
Methods: Literature review of the psychopharmacological treatment of depression during pregnancy and possible complications.
Results: A 25y Year old woman, 22 weeks pregnant, who lives with her partner. She has no background in mental health. Paternal aunt diagnosed with type I Bipolar Disorder. She goes to the Mental Health Center for evaluation, due to anxiety and depressive symptoms of 4 weeks of evolution, she refers sadness and apathy, continuous crying, somatic anxiety and obsessive ruminations in relation to childbirth and inability to care for your child. Suicidal ideation as a resolution of her discomfort. She presents with global insomnia and a significant loss of appetite, with a weight loss of 3 kg. Treatment with sertraline 50 mg/day was started, with good tolerance and clinical response
Conclusions: The psychopharmacological treatment of antenatal depression is a challenge for the psychiatric professional. In all cases, an adequate balance must be made between the risks and complications for the fetus and the psychopathological stability of the pregnant woman. Among the main risks of untreated depression are: preterm delivery and low birth weight, an increased risk of suicide and alterations in the development during the baby's infancy. The most used antidepressants are the SSRIs, with sertraline being a good option. Paroxetine has been associated with cardiac defects in the newborn. There are studies with tricyclics and duals but no specific teratogenic pattern has been seen. They are associated with an increased risk of spontaneous abortion. Exposure during the third trimester may be associated with obstetric complications.

Disclosure of Interest: None Declared