

- Pharmacovigilance. (1) Machine learning has connected prolactin levels and response in olanzapine-treated patients. (Zhu et al., 2022).
- Treatment-resistant schizophrenia (TRS). (1) Women with TRS have been found to receive clozapine less frequently than men (adjusted for sociodemographic, biological and clinical factors). (2) Statistical learning approach: Women have been found to respond better to clozapine than men.

Conclusions: AI, including machine learning, show promising results in the prediction of treatment response in women with schizophrenia. As of yet, digital twins have not been investigated to test specific interventions or to personalize treatment in women with schizophrenia.

Disclosure of Interest: None Declared

EPV0932

Differential diagnosis of acute psychosis after cocaine consumption: a case report

J. Gimillo Bonaque*, E. Arroyo Sánchez, P. Setién Preciados and C. Díaz Mayoral

Psychiatry, Hospital Príncipe de Asturias, Alcalá de Henares, Spain

*Corresponding author.

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Introduction: Psychosis is a common clinical presentation of mental disorder in many psychiatric patients, however, an etiological diagnosis is important when it occurs for the first time in a patient. Regarding a case seen in the Emergency Department recently, with major depression and acute cocaine use, a differential diagnosis was made after adequate organic screening. When presenting delusion of infestation after the consumption of the substance, the main hypothesis was what we call Ekblom syndrome. However, among other possibilities we consider a toxic psychosis or a major depression with psychotic symptoms.

Objectives: Review the different causes of acute psychosis and the importance of a good clinical history to achieve a specific diagnosis. Perform a differential diagnosis between the main causes of psychosis in a patient with depression who has recently consumed cocaine.

Methods: Presentation of the case and review of the available literature on the risk of developing psychosis after cocaine use and depression concomitantly.

Results: There is a low number of reported cases of delusional infestation after acute cocaine use, being more likely toxic psychosis or major depression with psychotic symptoms. A good anamnesis, with systematic questions about toxic habits, can lead us to a more accurate main hypothesis.

Conclusions: We mark the importance of a systematic anamnesis to achieve a better diagnosis, as well as a correct study by the clinician of the specific syndromes described in phenomenology such as Ekblom syndrome, to make a correct association of ideas in the differential diagnosis.

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Paliperidone LAI-Induced Leukocytopenia: A Case Report

K. Laškarin^{1*}, K. Matic^{1,2}, S. Vuk Pisk^{1,2}, M. Grah^{1,2}, V. Grošič^{1,2} and I. Filipčić^{1,2,3}

¹University Psychiatric Hospital “Sveti Ivan”, Zagreb; ²Faculty of Dental Medicine and Health “Josip Juraj Strossmayer” University of Osijek, Osijek and ³School of Medicine, University of Zagreb, Zagreb, Croatia

*Corresponding author.

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Introduction: Antipsychotics effectively manage psychotic symptoms but may have side effects. Patients with schizophrenia often lack insight into their condition, leading to nonadherence. Long-acting injectable (LAI) antipsychotics aim to overcome this, reducing relapse risks. Paliperidone LAI, a second-generation antipsychotic, has a lower side effect profile when compared to first-generation counterparts. Blood dyscrasias, like neutropenia and lymphopenia, increase infection susceptibility. This case report describes an instance of leukocytopenia arising during paliperidone LAI treatment, which quickly resolved after the discontinuation of the medication.

Objectives: This case report describes an instance of leukocytopenia arising during paliperidone LAI treatment, which quickly resolved after the discontinuation of the medication.

Methods:

Results: CASE

A 42-year-old female with schizophrenia, nonadherent to previously prescribed medication was admitted to our acute psychiatric department. She experienced positive symptoms (paranoid delusions), as well as disorganized thinking and behavior. Oral risperidone 4 mg two times a day was recommenced and titrated with mild improvement in her psychotic symptoms with the idea of switching to paliperidone LAI and eventually ceasing oral medication. Oral paliperidone was unavailable for prescription due to local restrictions. At admission her routine laboratory tests showed no abnormalities, but 5 days after receiving paliperidone LAI, routine laboratory tests showed a strong decrease in her WBC and absolute neutrophilic and lymphocytic count (Lkc $2.89 \times 10^9/L$, Neut $1.57 \times 10^9/L$, Lym $0.88 \times 10^9/L$). Antipsychotic-induced blood dyscrasia was suspected and paliperidone depot was discontinued. The patient had rapid improvement in her WBC reaching the reference range in 10 days (Lkc $4.23 \times 10^9/L$, Neut $2.51 \times 10^9/L$, Lym $0.98 \times 10^9/L$). Sertindole was introduced considering her history of a good therapeutic response to the drug, with improvement in psychotic symptoms. She is currently stable taking sertindole 16 mg/day, clonazepam 2 mg/day and alprazolam 0.5 mg/day.

DISCUSSION

The onset of neutropenia and lymphopenia post-paliperidone LAI initiation, resolving in 10 days, indicate a direct association. Few cases report to date describe paliperidone-induced leukocytopenia, with rapid recovery post-discontinuation. Proposed mechanisms include bone marrow suppression and peripheral WBC destruction. It has been proposed that drug-induced neutropenia is often dose-dependent, which could explain why our patient exhibited tolerability to risperidone but developed cytopenia upon transitioning to depot paliperidone.