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Lamotrigine induced DRESS syndrome in bipolar disorder: Multiple snares behind a potentially life-threatening adverse reaction

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Background Lamotrigine is widely used to prevent bipolar depression. Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) is a rare, potentially life-threatening adverse effect. The long latency between drug exposure and disease onset, added to the high variability of its clinical presentation, can increase the risk of misdiagnosis lamotrigine withdrawal delay.

Objective To highlight potential risk factors that can be related to a worse clinical onset and evolution of lamotrigine-induced DRESS syndrome.

Methods We report the case of a 25-year-old-man, with a type I bipolar disorder, treated with lithium and lamotrigine 50 mg per day during the first 13 days of treatment, progressively increase up to 200 mg. Thirty-five days after the treatment initiation, a pruritic rash appeared in his upper arms, and scabies infestation was diagnosed. After 72 hours, the patient required urgent hospitalization due to hemodynamic instability.

Results On admission, facial edema and erythrodermia were involving 70 to 80% of the body surface. DRESS diagnosis due to lamotrigine was made following RegiSCAR criteria (Table 1). Psychiatric medication was stopped and DRESS treatment established. Complete recovery without recurrence was achieved after 2 months.

Conclusions The lamotrigine up titration faster than recommended may have facilitated the DRESS syndrome reaction. Moreover, the latency between lamotrigine introduction and the rash onset could have increased the possibilities of misdiagnosis. In light of this, physicians need to consider at least the last 3 months treatment history when assessing a rash, as the delay of DRESS syndrome diagnosis can fastly lead to a fatal event.

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EV1320

Long-acting injectable antipsychotics: Diagnostics and patient profile

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Introduction Long-acting injectable antipsychotics (LAIs) were developed in the sixties with the purpose of improving schizophrenia maintenance treatment. The main advantages are: the ability to ensure compliance, maintaining stable plasma concentrations and allowing better clinical management of drug therapy. Long-acting atypical injectable antipsychotics start to develop in the late nineties. Currently, they are the most widely used depot treatment for severe mental illness.

Objective Checking patient profile and diagnosis where we use LAIs.

Methods Review of 217 patients treated with LAIs in CSM El Coto-Gijón.

Results In our sample, the average age of the patients was 48.94 years old. Most of them were men (135 vs. 82). More than half of treated patients were diagnosed with schizophrenia (112), the paranoid subtype was the most repeated (93). Other severe mental illnesses were also treated with LAIs: emotionally unstable personality disorder (31), delusional disorder (19), bipolar disorder (15), schizoaffective disorder (12) and other less frequently. For all groups, paliperidone palmitate was the most used injectable antipsychotic. The new aripiprazole long-acting injectable starts being used in psychotic patients with a significant affective component.

Conclusions The schizophrenic patient remains being the prime candidate for this therapy although other severe mental disorders may also benefit of LAIs treatment. Most classical long-acting injectable antipsychotics have been replaced by new atypical injectable antipsychotics with a more tolerable side effects profile.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Therapeutic attitudes and clinical global impression: A 2-year follow-up study of 33 outpatients with a mental disorder in treatment with paliperidone palmitate

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Introduction Maintaining antipsychotic therapy in mental disorder is important in preventing relapse, rehospitalization, and suicide. Lack of awareness of illness may be a leading cause for non-adherence. Long-acting depot can prevent non-adherence and thus potentially contribute to better patient outcomes.

Objective The aim of this prospective, observational, non-interventional 2-year-long study is to assess severity and post-intervention changes and attitudes toward medication of a group of patients treated paliperidone palmitate (PP).

Methods Thirty-three outpatients stabilised with PP during the last 24 months. Inclusion criteria were: patients' age (> 18 years), a diagnosis of schizophrenia, bipolar disorder, schizoaffective disorder stabilised during the last 12 months with PP, without a diagnostics from axis I or II (except for nicotine of caffeine) and able to sign the inform consent. Data collected: general sociodemographic and clinical data (age, sex, level of education, socioeconomic situation, family support, psychiatric diagnosis, years of evolution, use/abuse of substances, treatment, previous and later number of hospitalisations. Evaluations included disease severity (Clinical Global Impression-Severity (CGI-S) and Drug Attitude Inventory, (DAI)).

Results Thirty-three outpatients were followed during 24 months [mean dose 132,58 (44,4) mg], 75,8% were men, age 45,05 years old, 87,8% with a diagnoses of paranoid schizophrenia. Antipsychotic monotherapy increased over the time with PP. Significant improvements were observed on both Clinical Global Impression and Drug Attitude Inventory. The number of rehospitalizations and mean stays decreased from the beginning until the end of these 24 months.