

Table 2

	Ideal Patient	If there are positive symptoms	If there are negative symptoms	If there is relevant organic comorbidity	If young age	If substance abuse	If aggressive
Olanzapine	Schizophrenia, with anxiety agitation and insomnia	60%	14%	7%	21%	7%	60%
Risperidone	Schizophrenia with severe positive symptoms (delusions, hallucinations) and isolated affective symptoms, who could take oral supplementation with Risperdal for 15 days	92%	60%	40%	50%	60%	85%
Haloperidol	Schizophrenia with positive symptoms without affective symptoms	100%	7%	14%	20%	6%	100%
Zuchlopentixol	Psychosis with psychomotor agitation	80%	42%	50%	30%	50%	90%
Aripiprazole	Schizophrenia with obsessive symptoms or comorbidity with Bipolar Disorder or personality cluster b symptoms	42%	85%	85%	85%	85%	0%
Paliperidon	Schizophrenia with severe positive symptoms (delusions, hallucinations)	80%	65%	71%	85%	85%	50%

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Genital cenestopathy in psychotic depression responds to augmentation with aripiprazole and pregabalin: A case report

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Introduction Psychotic depression is a well-known entity, with recent data confirming the use of antidepressant and anti-psychotic co-treatment. Psychotic symptoms can be mood incongruent and present further difficulties for treatment.

Case summary A 51-year-old female presented to our hospital, with symptoms of genital cramping, paresthesiae, feelings of unease in the vulva and depressive mood. In December 2014, the patient was diagnosed with genital polyps, which were successfully removed by curettage. The patient continued feeling various genital symptoms, which she associated with social and family stressors. After short initial outpatient treatment, the patient was admitted to our ward for complete assessment. Psychological assessment revealed psychotic elements, high anxiety and

a passive aggressive personality. Abdominal ultrasound, lumbal spine radiography, psychiatrist exam and computerized tomography of the brain showed no abnormalities. The patient was diagnosed with psychotic depression and referred to further outpatient treatment. Her drug regimen consisted of venlafaxine, risperidone, clonazepam and carbamazepine, which led to slight initial improvement. However, the patient still referred persistent symptoms as well as sedation as an adverse effect, so risperidone was switched to aripiprazole, and carbamazepine to pregabalin. The initiation of this treatment has led to complete withdrawal of symptoms and the patient has since maintained stable remission.

Conclusion Aripiprazole is well suited to the female population because of its lack of hyperprolactinemia, and its combination with pregabalin may be an option for augmenting treatment in psychotic depression with cenestopathy.

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Hyperprolactinemia and anti-psychotics: Prevalence and risk factors

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Introduction Hyperprolactinemia is a frequent side effect observed in patients treated with anti-psychotic drugs. The frequency of clinical signs usually correlates with elevated serum prolactin levels.

Objectives To estimate the prevalence of hyperprolactinemia among patients treated with a single anti-psychotic and specify the risk factors for its occurrence.

Methods Cross-sectional study performed in a period of 6 months in the psychiatric department of Mahdia's hospital, for all patients seen in the consultation and treated with a single anti-psychotic for 12 weeks, with a stable dose, and meeting the inclusion and exclusion criteria of the study. Prolactin blood tests have been performed and confirmed by a second one in case of abnormality objectified in the first lab test results. A magnetic resonance imaging (MRI) was intended for patients with prolactin levels greater than 150 ng/mL.

Results Ninety-two patients were gathered. Prevalence of hyperprolactinemia was 34.8% of which 7.6% had prolactin levels greater than 150 ng/mL. Two macroadenomas' cases were detected. The analytical study found 7 factors significantly correlated with hyperprolactinemia, which are: female sex, substance use, the presence of side effects, prescription of atypical anti-psychotics, the anti-psychotic treatment prescribed: haloperidol/amisulpride, doses of anti-psychotic greater than 1000 mg equivalent to chlorpromazine and the combination of psychotropic drugs.

Conclusion Prolactin blood test should be a systematical analysis for all patients treated with anti-psychotics, to prevent the short and long term side effects.

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