to standard treatments. When the clinical suspicion of drug withdrawal is high, restarting the discontinued medication, even an antipsychotic agent, may be indicated.

Disclosure: No significant relationships.
Keywords: Catatonia; clozapine; withdrawal

EPV1142

Lithium-Renal and brain induced toxicity

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Introduction: Lithium can induce renal and neurotoxic effects, particularly if it is combined with a neuroleptic or if there is an intercurrent condition. The neurological sequelae may be irreversible.
Objectives: To show the renal and neurotoxic effects of lithium and the risk of its association with haloperidol.
Methods: A case of irreversible lithium neurotoxicity wih renal sequelae.
Results: This case report is about a 57-year-old patient with a bipolar disorder type 1. She was well stabilized on lithium.On December 2020, the patient had an increased level of creatinine, therefore her medication was stopped. She developed a manic episode then she was switched on Haldol 25mg and lithium. After 4 days, she had a neuroleptic malignant syndrome with renal and neurological sequelae.. She was referred to us after her discharge from intensive care. The patient was agitated, anxious, sad with a superficial contact and a well-structured speech. She had delusional ideas of prejudice about her husband. On physical examination, she had a parkinsonian syndrome, moderate organic renal failure with a clearance of 45.93 ml/min. On the cerebral MRI, she had a diffuse cotico-subcortical atrophy with bilateral frontal predominance and vascular leukopathy. The most probable cause was the iatrogenic effects of the association of lithium and haloperidol. We decided to stop all medications and the patient got better.
Conclusions: Recognizing the neurotoxic effect of lithium and making an early diagnosis is a crucial determinant in the evolution of the disease and its irreversibility. Polypharmacy and comorbidities appear to be important precipitating factors for lithium toxicity.

Disclosure: No significant relationships.
Keywords: Polypharmacy-lithium toxicity; renal toxicity; neurotoxic effect

EPV1143

Misdiagnosis and therapeutic impasse in psychiatry

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Introduction: We frequently receive patients with atypical psychiatric symptoms admitted in our department after consulting other psychiatrists and triying several treatments.
Objectives: To highlight the factors of misdiagnosis in patients of our department.
Methods: We recruited 70 patients during their appointment or during their hospital admission in our department between March and April 2021. We collected the patients' socio-demographic and clinical data using a pre-designed questionnaire.
Results: Patients were aged between 17 and 68 years with a sex ratio (M/F) of 1. Mood disorders accounted for 24.6% of disorders (N=17) whereas schizophrenia 66.7% (N=46). Patients resided in urban areas in 88.6% of cases (N=69). The average number of hospitalizations was 2.7 with extremes ranging from 0 to 14. The average time between the onset of the symptoms and the first consultation was 1 year. The mean time from onset to hospitalization was 4.37 years. The rate of consulting a psychiatrist prior to admission was 42.8%. The diagnosis was corrected during the follow-up of the patients in 24.3% of cases. Conventional neuroleptics were prescribed as first-line treatment in 42.85% of cases. Due to poor tolerance or ineffectiveness of the treatment, 31.42% of patients had to change treatment.
Conclusions: Patients, who were desperate to find an adequate treatment for their disorders, put a lot of hope in the Razi psychiatric hospital. But after several years of evolution of their disease, we are faced with a therapeutic impasse. Raising awareness of mental illnesses is necessary for an early and adequate treatment.

Disclosure: No significant relationships.
Keywords: factors of misdiagnosis; therapeutic impasse

EPV1144

Patterns of clozapine use, misuse and disuse in a mental health area in southern Spain.

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Introduction: Evidence supports clozapine as the best treatment in terms of efficacy, effectiveness and well-being, and as the gold standard in treatment-resistant psychotic disorders. Clozapine remains still underused, suffering initiation delays from 1.1 to 9.7 years. Furthermore, there is a scarcity of data about patterns of use, showing high variability worldwide (0.6-189.2/100.000 inhabitants).
Objectives: The main objective of this work is to carry out an analysis of the use of clozapine in our mental health catchment area. Thus, off-label use, the percentage of patients with clozapine depending on diagnosis, age and sex, and its use in mono and polytherapy are established. Besides, dosage and time between the first contact and the start of treatment with clozapine are recorded.
Methods: A descriptive study has been developed on the patients with clozapine who consulted in the catchment area of the Jerez Mental Health Service between 2018 and 2019. Data were extracted from medical records.
Results: From our population of 456.752 inhabitants, 449 patients received clozapine. 278 (61.9%) had a schizophrenia diagnosis;