(ADHD) combined with open-label placebos could be as effective as standard medication to reduce ADHD symptoms.
Objectives: To estimate the health economic advantages of harnessing the combination of open-label placebos with standard medication in ADHD.
Methods: For preliminary estimation of the mean treatment costs, the 12-months prevalence of ADHD in children and adolescents aged 5 to 14 years as well as the percentage of medication treatments were extracted from the literature. Mean treatment costs per patient and year were calculated for four treatment plans (different drugs and dosages) with both treatment with standard medication and half of drugs in combination with placebos.
Results: A 12-months prevalence of 4.3% equals around 260,000 children and adolescents with a compulsory health insurance in Germany. Of those, around 40-50% are equally treated with two standard drugs and two different dosages. Full standard drug treatments cost around 119 million EUR, and treatment with half of drugs in combination with placebos cost around 66 million EUR.
Conclusions: The combination of open-label placebos with half of standard medication could considerably reduce health costs. Reduction of side effects still must be considered. However, current studies are of experimental nature and lasted for no longer than two weeks.

Keywords: Placebo effect; health economics; ADHD

EPP1046

Quetiapine-induced bicytopenia. Case report and literature review

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Introduction: Low white blood cell counts and agranulocytosis are a relatively rare side effect of atypical antipsychotic treatment. Like most atypical antipsychotics, quetiapine only has a 1%-4% risk of low blood cell count. The mechanism by which quetiapine causes these adverse effects is still unclear, some authors have proposed that this drug acts directly as a cytotoxic agent on immune cells and produces cell death, or the products of these drug could induce apoptosis by oxidative stress. Other authors have suggested a bone marrow depression, which could be produced by an inhibitory effect on leukopoiesis.
Objectives: Presentation of a case of a bycitopenia after initiation of Quetiapine Prolong treatment to bipolar disorder and a literature review.
Methods: We carried out a literature review in Pubmed electing those articles focused on cases of patients being treated with quetiapine and cytopenia as a side effect.
Results: A 43-year-old woman with type I bipolar disorder is being treated with quetiapine prolong (50mg). After 6 years bicytopenia (anemia + leukopenia) was discovered in a routine analysis. In the Haematology Unit, long-term treatment with Quetiapine Prolong was found to be the cause of bicytopenia, having ruled out other ethological causes. This drug was suspended and switched to Aripiprazol. Eventually, the remission of symptoms and normalization of analytical parameters were achieved.
Conclusions: In this case highlights the importance of understanding antipsychotic medications and their effects on the haematological system. Quetiapine Prolong produced bycitpoenia (anemia and thrombocytopenia), especially in long treatments. Therefore, clinical practitioners should be aware of this adverse effect.

Keywords: Quetiapine; bycitopenia; antipsychotic; adverse reaction

EPP1047

Use of botulinum toxin type a in psychiatry - new perspectives and future potential

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Introduction: For almost three decades, botulinum toxin type A (BT-A) has been used for medical purposes. Evidence of the potential use of BT-A is emerging for psychiatric disorders, like unipolar and bipolar depression, borderline personality disorder (BPD), late dyskinesia, amongst others. This may represent a new role of BT-A treatment and could expand the therapeutic arsenal in psychiatry.
Objectives: The goal is to review current evidence regarding BT-A and psychiatry disorders.
Methods: Literature review of BT-A use in psychiatric conditions using Medline database.
Results: There's evidence supporting the use of BT-A in resistant unipolar depression, with studies showing an 8 and 4 times higher response and remission rates comparing with placebo. Beneficial effects were also found in bipolar depression. Preliminary data suggest that BT-A therapy may also be effective in the treatment of mental disorders characterized by an excess of negative emotions, such as BPD. The underlying mechanism might be the "facial feedback hypothesis". Hyperhidrosis is a common comorbidity in social anxiety disorder and may itself give rise to depressive or anxiety symptoms. BT-A has proved to be a safe and effective treatment for hyperhidrosis. BT-A can also be safely used for dystonia secondary to the use of psychiatric medication, when there's an inadequate response to anticholinergic medication. Also, BT-A injections in the salivary glands have been investigated for treating clozapine-induced sialorrhea and studies reported successful reduction in hypersalivation.
Conclusions: Although more studies are needed to evaluate the potential of BT-A in psychiatry, there is growing evidence of its potential use for some psychiatric conditions.

Keywords: emerging psychiatric indications; Depression; botox; botulinum toxin

EPP1049

Angioedema with haloperidol - case report

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Introduction: Haloperidol is a high-potency first generation antipsychotic and one of the most frequently used antipsychotic medications. It is a potent central antagonist of type 2 dopamine receptors, with low alpha 1 adrenergic activity and has no antihistamine or anti-cholinergic activity. It is a widely used drug with proven efficacy. Angioedema is a very rare side effect, occurring in <1% of cases.
Objectives: Case report and reflection on its etiology
Methods: A Pubmed search was performed with the MeSH terms "haloperidol" and "Anaphylactic reactions". Relevant articles obtained from the respective bibliographic references were also consulted.
Results: The following case describes the development of angioedema in a patient with an acute confusional syndrome on the second haloperidol IM administration for symptomatic control of agitation. Angioedema has been reported as an adverse effect of various antipsychotics such as clozapine, risperidone, ziprazidone and chlorpromazine, however, resulting from haloperidol administration is rare.
Conclusions: In long-term formulations sensitization testing is especially important but a single prior administration is not sufficient, a second controlled administration is essential to avoid this kind of fatal reactions.

Keywords: Angioedema; Anaphylactic reaction; Haloperidol

EPP1050

Title: Risk factors of prolonged corrected QT interval among patients with mental disorders

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Introduction: There is an increased rate of sudden cardiac death in mental health patients. Studies provide consistent evidence that prolonged QT interval is associated with higher risk of all-cause and cardiovascular mortality.
Objectives: This study aimed to assess the prevalence of prolonged QTc interval (corrected QT>450 milliseconds) and to determine the possible factors in hospitalized psychiatric patients.
Methods: We reviewed records of all mental health inpatient admissions to the psychiatry "C" department at Hedi Chaker university hospital in Sfax, between 1 february and 30 april 2019. Electrocardiogram (ECG) availability was noted and QTc interval was manually measured. Sociodemographic, clinical, biological and therapeutic data were collected.
Results: Of 68 mental health inpatient admissions, 59 (86.6 %) presentations had an ECG. A total of seven (11.8 %) had a prolonged QTc interval. These seven patients were treated with typical antipsychotics. Of the 7 patients with a prolonged QTc, 4 patients (57.1%) suffered from schizophrenia. QTc prolongation was significantly correlated with the presence of a recent physical trauma ($p = 0.021$), dietary restriction ($p = 0.026$), and taking at least two antipsychotics ($p = 0.008$). Moreover, this prolongation of QTc was linked to a longer duration of disease and an older age, without significant associations.
Conclusions: Our study supports an association between a prolonged QTc interval and clinical situations at risk and antipsychotic polypharmacy. However, a larger study with routine ECG screening is required to better assess the significance of this problem.

Keywords: Mental disorders; Antipsychotic drugs; Risk factors; Prolonged qt interval

EPP1051

Oxcarbazepine-induced hyponatremia: A case report

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Introduction: Oxcarbazepine (OXC) is an antiepileptic drug widely used in the treatment of bipolar disorder (BD), specially when there are side effects with other mood stabilizers. Nevertheless, it isn't innocuous of adverse effects and its consequences can even endanger the patient's life.
Objectives: Brief review of the literature on OXC-induced hyponatremia and exposure of a case report.
Methods: Review of the literature through research in the PubMed database, using the following keywords: "oxcarbazepine", "hyponatremia" and "adverse effects".
Results: Although most of the patients are asymptomatic, hyponatremia is one of the most important side effects of OXC. About 29.9% of the patients develop hyponatremia, but only 2.5-3% of psychiatric patients develop severe hyponatremia. The risk of hyponatremia is higher during the first three months of treatment. Severe and/or symptomatic hyponatremia has important clinical implications and may be associated with neurological damage, including seizures, brain stem herniation and death. A 44-year-old woman diagnosed with BD started OXC due to drug intoxications with other mood stabilizers. Six days after initiating treatment, she presented persistent vomiting and severe hyponatremia was detected in blood tests. OXC was suspended with symptomatic resolution.
Conclusions: Healthcare professionals should be alert to symptoms that may arise in patients under OXC. Periodic evaluations of serum sodium levels should be carried out. Cases of severe and/or symptomatic hyponatremia should be rapidly identified and treated in order to reduce the risk of developing brain injury and death.

Keywords: Oxcarbazepine; Hyponatremia; adverse effects

EPP1053

How to manage antipsychotic-induced akathisia

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