Hospital Bohnice, Prague; [3]Clicnical Pharmacy Department, Strakonice Hospital, Strakonice and [4]Department of Internal Medicine and Geriatrics, Charles University, Prague, Czech Republic
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.10929

Introduction: Frail older adults with hepatorenal and/or cardiorenal syndromes form a common yet highly challenging group regarding neuropathic pain management. The use of psychotropic drugs with coanalgesic effects is often complicated by changes in pharmacokinetics (PK), increased sensitivity to pharmacodynamic effects (PD), and drug accumulation resulting from organ dysfunctions.
Objectives: We aimed to develop a training prototype of a clinical decision-making algorithm for the appropriate selection and dosing of psychotropic co-analgesics—amitriptyline, duloxetine, venlafaxine, gabapentin, pregabalin, and carbamazepine—to treat neuropathic pain in frail older adults with hepatorenal and/or cardiorenal syndromes. This work on the algorithm was conducted within the framework of the NETPHARM project.
Methods: A combination of systematic and non-systematic literature searches of Medline and Web of Science databases was conducted to identify all relevant sources on PK/PD characteristics, dose recommendations, and safety profiles of selected drugs. A comparative table was created, summarising data on PK, dose adjustments in older adults, cardiovascular safety, and recommendations for use in chronic kidney disease, liver cirrhosis, and heart failure, respectively. The drugs were also evaluated regarding their inclusion in PIMs (potentially inappropriate medications) lists—Beers Criteria, STOPP/START, EU(7) (Renom-Guiteras et al. Eur J Clin Pharmacol 2015; 71:861–75; O'Mahony et al. Eur Geriatr Med 2023; 14:625–32; American Geriatrics Society. J Am Geriatr Soc 2023; 71:2052–82) —and the risk in specific frail populations (fall risk, cognitive impairment risk, orthostatic hypotension risk, etc.). Based on the comparative table, a clinical decision algorithm was developed to support rational prescribing.
Results: The algorithm functions as a two-step clinical decision support system. In the first step, drug selection follows international guidelines for neuropathic pain (Attal et al. Eur J Neurol 2010; 17:1113–e88; NICE. CG173 2020; Mu et al. Can Fam Physician 2022; 68:844–50; Price et al. Neurology 2022; 98:31–43), considering specific efficacy data for each indication. The second step takes into account individual patient factors, such as frailty, the presence and severity of renal and/or hepatic impairment, heart failure, as well as the PK/PD properties of the drugs. The algorithm helps identify the most appropriate drug and dosage for each patient.
Conclusions: This clinical algorithm may support safer and more personalised selection of psychotropic drugs with co-analgesic effects for managing neuropathic pain in frail older adults with hepatorenal and/or cardiorenal syndromes.

Disclosure of Interest: I. Taskova Grant / Research support from: NETPHARM project (CZ.02.01.01/00/22_008/0004607), co-funded by the European Union, K. Pechandova Grant / Research support from: NETPHARM project (CZ.02.01.01/00/22_008/0004607), co-funded by the European Union, D. Fialova Grant / Research support from: NETPHARM project (CZ.02.01.01/00/22_008/0004607), co-funded by the European Union

Psychoneuroimmunology

EPP533

Blood–CSF barrier dysfunction and acute psychosis: a case report

E. Hoxha Jusufi[1]*, P. Sotiroski[1], M. Pislevski[1], M. Dimovska[2], V. Mitova[1] and S. Bajraktarov[1]

[1]University Clinic of Psychiatry, Faculty of Medicine, Ss. Cyril and Methodius, Skopje and [2]Psychiatric Hospital Demir Hisar, Demir Hisar, North Macedonia
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.10928

Introduction: Blood–CSF barrier dysfunction has been linked with psychosis and other psychiatric conditions. It can be assessed by elevated CSF/serum albumin ratio, IgG index, and total protein levels. Acute psychotic decompensation may arise as a consequence of immune activation, infection, or other stressors. Identifying such impairments during acute episodes may help clarify underlying mechanisms and guide treatment.
Objectives: To illustrate the association between an acute transient psychotic episode and blood–CSF barrier dysfunction with suspected immunological CNS activity.
Methods: A 29-year-old male presented to the emergency department with acute confusion, incoherent speech, disorientation to person, place, and time, paranoid ideation, cognitive slowing, neck pain, vomiting, and fever. He reported no chronic illnesses or regular medications. Neuroimaging (CT, MRI, EEG) was unremarkable. Nasal swab was positive for MRSA, serum CMV IgG was detected, and CSF analysis revealed elevated albumin, total protein, IgG, albumin coefficient, and IgG index, consistent with intrathecal IgG synthesis. Initial psychiatric evaluation confirmed acute psychotic decompensation; follow-up after one week showed complete remission.
Results: The patient was treated with virostatic, antibiotic, corticosteroid and antipsychotic therapy, with marked clinical improvement within one week.
Conclusions: Full remission following treatment targeting inflammation and infection supports the hypothesis that blood–CSF barrier hyperpermeability may precipitate acute psychotic episodes. These findings emphasize the importance of considering immunological screening in acute psychiatric presentations.

Disclosure of Interest: None Declared

EPP534

Inflammatory markers as predictors of antidepressant response: a precision-psychiatry synthesis

B. Mihaela* and D. Jelaga

Department of Mental Health, Medical Psychology and Psychotherapy, Nicolae Testemiţanu State University of Medicine and Pharmacy, Chisinau, Moldova, Republic of
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.10927

Introduction: Low-grade systemic inflammation may contribute to heterogeneity in antidepressant outcomes. Peripheral biomarkers

https://doi.org/10.1192/j.eurpsy.2026.10928 Published online by Cambridge University Press