Objectives: The study of persistent hiccup as an adverse effect of antipsychotic medication.
Methods: Monitoring for adverse effects during admission.
Results: On the 8th day of admission, oral olanzapine 10 mg was commenced at night. On the 9th day, olanzapine was increased to 20 mg per day. Discontinuation of intramuscular medication occurred on the 16th day. After presenting no clinical improvement for 27 days with the administration of olanzapine as monotherapy, amisulpride at 2ml per day was initiated alongside the Olanzapine. In the context of medication titration, amisulpride reached 8ml per day, equivalent to 800mg per day after 2 months of hospitalisation.
Conclusions: Apart from minor constipation, no other gastrointestinal health problems were reported in his records. The onset of the hiccups occurred along the dosages of 800mg/day of amisulpride and 20mg/day of olanzapine.
There was a satisfactory response to treatment evidenced by a 30% reduction on the Positive scale of the PANSS, however, the hiccups did not recede.

Disclosure of Interest: None Declared

EPV0838

Lithium: Managing Cognitive Impairment and Sexual Problems

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Introduction: Patients taking lithium complain of cognitive impairment. This was assumed to be real by expert clinicians for years until relatively recent objective neuropsychological studies have failed to verify much impairment.
Second and perhaps underemphasized side effect from lithium is sexual dysfunction.
Objectives: The objective of this review is to highlight for the cognitive and sexual problems, which are two very important areas for discussion with patients. It should be brought up right when beginning to prescribe.
Methods: Data was obtained through an internet-based literature review, using the research platform PubMed and the World Health Organization website. Eight articles from the last five years were included.
Results: Due to the lack of evidence in neuropsychological studies, what was considered to be impaired cognitive function in the past has been recently considered a loss of sharp thinking in manic states or mild persisting depressions.
About sexual dysfunction it is important eliminating other possible causes, lowering lithium dose, timing sex, and taking sildenafil and 240 mg/day of aspirin may help.
Conclusions: Cognitive impairment and sexual problems are two important subjects that involve the issues of dosing, of managing and dealing with people's willingness to take lithium.
Providing psychoeducation about these possible effects can head off abrupt discontinuation impulses.

Disclosure of Interest: None Declared

EPV0839

Aripriprazole induced severe oculogyric dystonia treated with electroconvulsive therapy(ECT)

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Introduction: Aripiprazole is the third generation Antipsychotic, and Dopamine serotonin system stabiliser.It is partial agonist at D2 and 5 HT1 A and antagonist at 5 HT2.Most commonly seen adverse effects are Akathesia, fatugue,insomnia and headache the major advanatage is less propensity for extrapyramidal side effects and lmetabolic side eefects.
Objectives: To report a case of Schizophrenia treated with Aripiprazole 15mg/day developiing occular gyric crisis which was tratment resistant.
Methods: We administered Electroconvulsvive therapy, bidirectional brief pulse constant current 8 ECTS, under General anesthesia with medical fitness .
Results: Patient Showed complete resolution of Dystonia after second ECTs and Showed improvment in Pyschosis Parameterd. Assessment using Naranjo Protocol made.
Conclusions: Electroconvulsive therapy therapy is viable alternative to manage Dystonia when medical treatment fails

Disclosure of Interest: None Declared

EPV0840

ARIPIPRAZOLE-INDUCED OCULOGYRIC CRISIS (ACUTE DYSTONIA)

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Introduction: Aripiprazole is a third generation atypical antipsychotic and a dopamine serotonin system stabilizer, effective against positive and negative symptoms of schizophrenia. Within the group of atypical antipsychotics, aripiprazole shows a relatively benign safety profile (e.g. lower metabolic impact, mild effect on cardiovascular parameters), although the reported rate of extrapyramidal side effects is measurable.
Oculogyric crisis (OGC) is a rare movement disorder characterized by a prolongued involuntary upward deviation of the eyes, lasting minutes to hours. In most cases, OCG is a drug-induced adverse event with acute or tardive onset often attributable to a functional impairment of dopaminergic neurotransmission.

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