or PP3M), which could reflect influence of severity in treatment. Future research is needed in order to better elucidate this association.

Disclosure: No significant relationships.
Keywords: Paliperidone palmitate; severity; Long-acting inyectable; Treatment

EPV1205

Effects of psychotropic switches on weight change: a prospective cohort study.

M. Piras[1]*, S. Ranjbar[1], C. Dubath[1], N. Laaboub[1], C. Grosu[1], F. Gamma[2], K. Von Plessen[1], A. Von Gunten[1], P. Conus[1] and C. Eap[1]

[1]Lausanne University Hospital, Psychiatry, Prilly, Switzerland and [2]Les Toises Psychiatry and Psychotherapy Center, Psychiatry, Lausanne, Switzerland
*Corresponding author.
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Introduction: Many psychotropic drugs can induce weight gain with differences in their metabolic risk profiles (i.e. high, medium or low-risk).
Objectives: To compare the weight evolution of patients switching versus patients keeping their psychotropic drugs with different risk-profiles.
Methods: Data for patients switching or keeping the same drug were obtained from the Psyclin (from 2007 to 2015) and Psymetab (2007-2019) cohort studies, conducted at the Lausanne University Hospital, Switzerland. Patients either switched from a high to a low-risk, a high to a medium-risk, a medium to a low-risk drug, or for a drug with the same risk category. Patients not switching either kept a high, medium or low-risk drug. The evolution of weight is currently being analyzed using a linear mixed-effect model.
Results: Preliminary results showed that switching from a high to low-risk molecule had the strongest impact on weight changes. The analysis being ongoing, the quantitative results will be presented at the congress.
Conclusions: Switching from a high-risk to a low-risk molecule is likely to have the strongest impact on weight changes.

Disclosure: No significant relationships.
Keywords: psychopharmacology; Weight gain

EPV1206

Clozapine induced myocarditis: a case report.

M. López Isern*, D. Paiva Pajares, A. Martínez Muelas, A. Arévalo Sánchez and M. Sánchez Pérez

Hospital Sagrat Cor, Hermanas Hospitalarias, Psychiatry, Martorell (Barcelona), Spain
*Corresponding author.
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Introduction: Clozapine is one of the most effective antipsychotic drugs. On the other hand, it can cause serious side effects which have to be monitored. An adverse effect is myocarditis, a type B Clozapine reaction that can be fatal if it is not early diagnosed.
Objectives: To report a case of a patient with Clozapine induced myocarditis.
Methods: A 48 years old women with a schizoaffective disorder was admitted to our Hospital due to a clinical decompensation. She had a manic episode with psychotic symptoms (persecutory delusions and auditive hallucinations). Clozapine was introduced after there were no improvement with Olanzapine, Risperidone and Valproic Acid. A dose increase was made reaching 100 mg/day the first week and 200 mg/day the second week. The third week she started with a 39ºC fever, decreased oxygen saturation, leukocytosis (9560 10^3/mm^3), elevated PCR (210 mg/l) and elevated troponins (52,88 ng/l). EKG and other medical tests did not show alterations. There was not found a clear etiology, so Clozapine was retired as a cautionary measure. The differential diagnosis for etiology included viral infections, Clozapine induced myocarditis or idiopathic.
Results: A few days after the withdrawal of Clozapine, cardiac symptoms improved, suggesting it was the most probable etiology.
Conclusions: Although it is not very likely to occur, it is important to consider myocarditis as a sever Clozapine side effect.

Disclosure: No significant relationships.
Keywords: clozapine; schizoaffectivedisorder; Psychofarmacology; myocarditis

EPV1207

Neutropenia induced by Valproic Acid: A case report

N. Baldaquí[1]*, G. Anmella[2], S. Madero[3], F. Gutierrez[1], E. Pujal[1], L. Colomer[3] and A. Giménez-Palomo[2]

[1]Hospital Clínic de Barcelona, Bipolar And Depressive Disorders Unit, Institute Of Neuroscience, Barcelona, Spain; [2]Hospital Clínic, Psychiatry, Barcelona, Spain and [3]Hospital Clínic de Barcelona, Institute Of Neuroscience, Barcelona, Spain
*Corresponding author.
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Introduction: Valproic acid (VPA) is considered a well-tolerated antiepileptic drug used in Bipolar Disorder as a mood stabilizer. Nevertheless, VPA has been related to several adverse effects. Neutropenia is included as a potential adverse effect, although in clinical practice it is not often measured with regularity.
Objectives: To report a case of a patient with Bipolar Disorder type 2 and Personality Disorder Cluster B treated with VPA with a neutropenia caused by VPA.
Methods: A 61-year-old woman assists to the outpatient psychiatric unit in order to a pharmacological treatment adjustment. A blood test is performed showing a decrease in the levels of neutrophiles in comparison with previous tests. Psychiatric history is revised finding and association between the prescription of VPA and the reduction of neutrophile levels. When this drug was removed, neutrophile levels had increased again up to normal levels.
Results: Due to the relationship between neutropenia and VPA treatment, we decided to discontinue this drug. At the beginning the patient doesn't agree with the withdrawal of VPA treatment due to its effectiveness in her mood stabilization. Psychoeducation sessions are performed in order to explain risk and benefits of potentials treatment alternatives versus maintaining the same prescription. Finally the patient accepts the switch of the mood stabilizer treatment to oxcarbazepine with a good tolerability and effectiveness.
Conclusions: Periodical blood test monitoring is needed in order to study adverse effects as neutropenia in patients with VPA treatment.

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Recordati; and declares no support related to the subject of this article.
Keywords: bipolar disorder; neutropenia; valproic acid; adverse effect

EPV1208

Levetirazetam: antiepileptic-induced psychosis

C. Vilella Martín*, P. García Vázquez, Y. Barrera García, P. Fernández Perea, A. Serrano García, M.Á. Alonso De La Torre López, R. Gómez Martínez and C. Franch Pato

Complejo Asistencial Universitario de León, Psychiatry, LEÓN, Spain
*Corresponding author.
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Introduction: Levetirazetam is an antiepileptic drug with psychiatric adverse reactions. It includes psychosis, paranoia or hallucinations. The frequency is less than 1%.
Objectives: To describe a case of Psychosis produced by Levetirazetam
Methods: Retrospective review of clinical records and complementary test, including psychiatry, electrophysiology and neurology. Diagnosis schales such as Salamanca Questionnaire were used as suport.
Results: A 42-year-old woman diagnosed with tuberous sclerosis and undergoing treatment with levetirazetam acudes to the emergency department for behavioral disorders. She has presented an episode of aggression against a relative threatening him with a kitchen knife. The family reports that since the change in antiepilepticus 1 month ago, the patient has presented strange behaviors. Te Patient is conscious, uncooperative. Barely Approachable. Suspicious of her surroundings, with psychomotor restlessness, self-reference ideas and sparse speech. Auditory hallucinations seem to be present, as well as depressed and irritable mood. Psychic and somatic anxiety is found.
Levetirazetam is discontinued, being replaced by valproic acid. Risperidone is started at a 3 mg dose. Treatment is well tolerated, and clinical stability is achived. Cluster A personality traits are found. Complementary test Blood and Urine simples, Imaging tests (CT and MRI), electroencephalogram and Electrocardiogram show no alterations
Conclusions: Levetirazetam can cause psychiatric adverse effects. it is important to make a proper diagnosis before a first psychotic outbreak in later life. Drugs that can produce psychiatric side effects should be identified and patients should be inform.

Disclosure: No significant relationships.
Keywords: Psychosis; levetirazetam; antiepileptic

EPV1209

Clozapine-induced myocarditis: a case report and literature review

I. Angélico Ferreira*, M.A. González Fé, M.D.M. Marqués Pastor, C. Roset and L. Torres

Hospital Universitario Son Espases, Psychiatry, Palma de Mallorca, Spain
*Corresponding author.
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Introduction: We present the case of a male patient, 47 years old, diagnosed with schizophrenia, that was admitted at our hospital presenting a confusional state, with agitation, motor discoordination and difficulty breathing. At the blood analyses there was evidence of an increase in cardiac enzymes. The clinical manifestations had begun 5 days before, with slight leucocytosis showing in a routine blood test made after initiating clozapine, followed by fever, vomiting and progressive impairment of general clinical state.
Objectives: To describe a case of clozapine-induced myocarditis, which is a known, but rare, side effect of clozapine and to do a brief review of the existing knowledge on this matter.
Methods: The authors undertook an article review using PubMed database and a thorough analysis of the clinical case.
Results: The hypothesis of clozapine-induced myocarditis was the main diagnosis considered since the beginning, nevertheless, a thorough clinical examination and complementary tests were made and all the previous psychopharmacological treatment was suspended. The final diagnosis was based on the clinical presentation (fever, vomiting, shortness of breath, confusion and impairment of general state), the elevation of CRP, PCT and TnI and findings on echocardiogram that suggested myocarditis (moderate systolic dysfunction of the left ventricle due to global hypokinesia and a non dilated left ventricle).
Conclusions: The clinical manifestations observed, the results of the complementary diagnostic tests and the review of the existing literature, allowed to make the diagnosis of clozapine-induced myocarditis. We find of considerable importance to continue to publish and study this matter as it is still insufficiently known.

Disclosure: No significant relationships.
Keywords: myocarditis; clozapine; clozapine-induced

Psychophysiology

EPV1211

Altered interpersonal distance regulation in autism spectrum disorder

K. Farkas[1]*, O. Pesthy[2], A. Guttengéber[2], S. Weigl[3], E. Komoróczy[1], B. Szuromi[1], J. Réthelyi[1] and D. Németh[2,3]

[1]Semmelweis University, Department Of Psychiatry And Psychotherapy, Budapest, Hungary; [2]ELTE Eötvös Loránd University, Institute Of Psychology, Budapest, Hungary and [3]Université de Lyon, Lyon Neuroscience Research Center (crnl), Lyon, France
*Corresponding author.
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Introduction: Interpersonal distance regulation is an essential element of social communication. Its impairment in autism spectrum disorder (ASD) is widely acknowledged among practitioners, but only a handful of studies reported empirical research. However, these studies did not measure the alterations of vegetative functions related to interpersonal distance.
Objectives: We introduced a new experimental design to systematically measure interpersonal distance along with heart rate variability (HRV) in adults with ASD and tested the modulatory effect of intentionality, eye contact, moving activity, and attribution.
Methods: Twenty-two adults diagnosed with ASD and 21 matched neurotypical controls participated in our study from 2019 October to 2020 February. Our new experimental design combined the

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