drugs" with an illegal status, there is a big interest on the use of cannabis in some medical conditions. With more and more users revealing having used this substance to cope with certain psychiatric manifestations, researchers have tried to explore this substance in the psychiatric field where the actual pharmacological treatments and psychotherapy remain ineffective in some cases.
Objectives: To Explore the medical use of cannabis in psychiatric disorders.
Methods: A literature review was based on the PubMed interface and adapted for 2 databases: Science Direct and Google Scholar over the last 10 years.
Results: Giving the interactions between cannabinoids and specific neurotransmitters, it has been suggested that cannabis may have medical effect on some psychiatric illnesses. In this direction, a significant overlap has been demonstrated between PTSD and cannabis use. CBD a non-psychotomimetic cannabinoid, seemed to show promising results as an enhancer of fear extinction and therapeutic consolidation of emotional memories. Military veterans are increasingly using it for reducing induced nightmares although this residual symptom remains difficult to treat. No benefit for improving depression was proved. One isolated study indicated a potential efficacy for cannabinoid combined with terpene in ADHD.
Conclusions: Studies exploring the possibility of using cannabis in the treatment of psychiatric illnesses are promising but it is premature to recommend this drug for the moment especially since it requires gradual titration, regular assessment and precaution in certain diseases.

Disclosure: No significant relationships.
Keywords: medicinal cannabis; synthetic cannabinoids; PTSD; psychiatric illness

EPV1173

Valproate-induced hyperammonemic encephalopathy. A case report

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Introduction: Hyperammonemic encephalopathy is an unusual side-effect of the treatment with valproic acid. According to several sources, this side effect could be underdiagnosed and underreported.
Objectives: We present the case of a 54-year-old patient institutionalized in a psychiatric hospital who was referred to a general hospital after an episode of delirium of unknown etiology. The patient had been diagnosed with Schizoaffective disorder 26 years prior to his admittance and had started treatment with valproic acid the previous month.
Methods: A case report is presented alongside a review of the relevant literature regarding valproate-induced hyperammonemic encephalopathy, its differential diagnosis and treatment.
Results: During his hospital stay, the patient underwent a complete panel of tests including CT Scan, EEG, toxic panel and complete blood tests. In them the only altered parameter was hyperammonemia, therefore valproic acid was removed and was treated with lactulose and rifaximin to reduce ammonium levels.
Conclusions: Hyperammonemic encephalopathy in the context of the treatment with valproic acid is a side-effect which is more prevalent than what was thought in the past. Valproate could reduce ammonium elimination therefore increasing the levels of the molecule. It should be administered carefully in cases where the patient may be presenting with other causes of increased ammonium metabolism or decreased elimination. It is important to bear in mind this possible side-effect to increase patient's safety.

Disclosure: No significant relationships.
Keywords: hyperammonemic encephalopathy; valproate; side-effect

EPV1174

Ischemic colitis related to antipsychotics : A rare and serious entity to know.

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Introduction: Ischemic colitis is a rare condition. It represents 3 to 10% of lower digestive hemorrhages. It preferentially affects the subject over the age of 50 with predisposing factors. Rare cases have been reported in young subjects with the use of cocaine, combined hormones or antipsychotics.
Objectives: This work aimed to study the potential side effects of antipsychotics
Methods: We report a case of ischemic colitis associated with antipsychotics.
Results: A 27-year-old patient, followed for 2 years for schizophrenia treated with antipsychotics (chlorpromazine and haloperidol) and an antiparkinsonian (Biperiden), consulted in the emergency room for rectorragies progressing for 3 days. The examination revealed the installation of diffuse abdominal pain associated with early postprandial vomiting which preceded the 7-day rectal bleeding. The physical examination revealed ascites without edema of the lower extremities. The stools were normal-colored on digital rectal examination. The biological workup revealed anemia and a biological inflammatory syndrome. The abdomino-pelvic scanner showed thickening of the entire colonic wall with signs of recent bleeding. The rectosigmoidoscopy showed an ecchymotic aspect of the sigmoid with less pronounced involvement of the rectum. Pathologic examination of the colonic biopsies concluded with ischemic colitis, showing hemorrhagic suffisions with numerous fibrinous thrombi of the vessels. The course was marked by the onset of multi-organ failure with acute renal failure, a picture of disseminated intravascular coagulation (DIC) and alveolar hemorrhage. Despite the resuscitation, the patient died 2 days after admission.
Conclusions: Ischemic colitis is a rare side effect of antipsychotics. Although rare, this entity should be evoked and diagnosed in time.

Disclosure: No significant relationships.
Keywords: Ischemic colitis; Side effects; Antipsychotics

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