prescription, 18.4% of the participants indicated that they did not systematically and regularly assess its necessity.
Conclusions: The severity of the side effects associated with BZDs, especially those of tolerance and dependence, are at the origin of strict prescribing rules, dictated by several guidelines. According to the results of our study and to the literature data, the prescribing practices of these molecules remain nonetheless in many cases non-compliant with the recommendations.

Keywords: Benzodiazepines; Prescribing; psychiatry; habits

EPP1059

Bleeding risk between newer direct-acting oral anticoagulants and selective serotonin reuptake inhibitors. Case report and literature review.

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Introduction: The use of selectiveserotonin reuptake inhibitors (SSRIs) is an independent risk factor for bleeding events. Antidepressants and oral anticoagulants (OACs) are often prescribed together as depression and anxiety often coexist with cardiovascular diseases, atrial fibrillation and thromboembolic disorders. Serotonin is released from platelets in response to vascular injury, promoting aggregation. Inhibition of serotonin transporter (responsible for the uptake of serotonin into platelets) can lead into a reduced ability to form clots and a subsequent increase in the risk of bleeding. Direct oral aticoagulants (DOACs), rivaroxaban, apixaban and edoxaban are primarily metabolized via CYP3A4. The co-administration of antidepressants with inhibitory effects on CYP3A4 may theoretically interact with them.
Objectives: Presentation of a case of upper gastrointestinal bleeding after initiation of Apixaban in a patient taking Sertraline and literature review.
Methods: We carried out a literature review in Pubmed electing those articles focused on bleeding risk between newer direct oral antigulants and selective serotinin reuptake inhibitors.
Results: A 66-year-old woman sought medical assistance for generalized ecchymosis and melena. She was diagnosed with atrial fibrillation treated with apixaban 7 days ago. Concomitant treatment between apixaban and sertraline was the possible cause of upper gastrointestinal bleeding and ecchymosis. We had to switch sertraline into vortioxetine (with less dregree of serotonin reuptake inhibition) and add proton-pump inhibitor (Omeprazole) in order to decrease the risk of bleeding.
Conclusions: SSRIs increase the risk of gastrointestinal bleeding, much more in case of concomitant use of oral anticoagulants. If SSRI use cannot be avoided, monitor closely and prescribe proton pump inhibitors.

Keywords: selective serotonin reuptake inhibitors; Atrial Fibrillation; anticoagulants; bleeding risk

EPP1060

Benzodiazepines prescribing in anxiety : Between practice and guidelines

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Introduction: Benzodiazepines (BZD) are psychotropic drugs prescribed in psychiatry for their anxiolytic, hypnotic and sedative properties. Several guidelines aimed to limit the chronic use of BZDs. However, BZDs prescribing that does not comply with international recommendations remains widespread, estimated in France at 30% for anxiolytic BZDs.
Objectives: The aims of our study were to evaluate BZDs prescribing practices in the treatment of anxiety and to assess their compliance with international recommendations.
Methods: This is a cross-sectional study conducted through a Google-forms self-administered questionnaire,intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.
Results: One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. The most prescribed BZD for anxiolytic purposes was Prazepam (76.2%). Clonazepam was prescribed for anxiolytic purposes in 10.5% of cases. Of the 105 participants, 48 indicated that they prescribed BZDs for anxiolytic purposes in states of acute stress (45.7%), 28.6% prescribed them for the treatment of mild to moderate anxiety manifestations in anxiety disorders. For the treatment of anxiety without panic attacks, 20% indicated that they prefer a short half-life BZD, 80% a long half-life BZD. The maximum duration of BZDs prescription for anxiolytic purposes was 12 weeks (62%), and 6 months in 10% of cases.
Conclusions: BZDs are often prescribed in psychiatry for their anxiolytic property, sometimes in a way that does not comply with the recommendations of good practice, with regard to the prescribed molecules, their indications and the duration and modalities of prescription.

Keywords: Benzodiazepines; guidelines; Prescribing; Anxiety

EPP1061

Aripiprazole-induced rosacea. Case report and literature review.

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Introduction: Skin and subcutaneus tissue disorders are common type of adverse drug reactions reported with a wide variety of both typical and atypical antipsychotics. Aripiprazole is a quinolinone antipsychotic that is a partial agonist at the D2 and 5-HT1A receptors and antagonist at the 5-HT2A receptors. We report a case of rosacea that developed after starting aripiprazole in a patient with schizophrenia and which remitted after the drug was stopped.

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