Introduction: Haloperidol is a high-potency first generation antipsychotic and one of the most frequently used antipsychotic medications. It is a potent central antagonist of type 2 dopamine receptors, with low alpha 1 adrenergic activity and has no antihistamine or anti-cholinergic activity. It is a widely used drug with proven efficacy. Angioedema is a very rare side effect, occurring in <1% of cases.
Objectives: Case report and reflection on its etiology
Methods: A Pubmed search was performed with the MeSH terms "haloperidol" and "Anaphylactic reactions". Relevant articles obtained from the respective bibliographic references were also consulted.
Results: The following case describes the development of angioedema in a patient with an acute confusional syndrome on the second haloperidol IM administration for symptomatic control of agitation. Angioedema has been reported as an adverse effect of various antipsychotics such as clozapine, risperidone, ziprazidone and chlorpromazine, however, resulting from haloperidol administration is rare.
Conclusions: In long-term formulations sensitization testing is especially important but a single prior administration is not sufficient, a second controlled administration is essential to avoid this kind of fatal reactions.

Keywords: Angioedema; Anaphylactic reaction; Haloperidol

EPP1050

Title: Risk factors of prolonged corrected QT interval among patients with mental disorders

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Introduction: There is an increased rate of sudden cardiac death in mental health patients. Studies provide consistent evidence that prolonged QT interval is associated with higher risk of all-cause and cardiovascular mortality.
Objectives: This study aimed to assess the prevalence of prolonged QTc interval (corrected QT>450 milliseconds) and to determine the possible factors in hospitalized psychiatric patients.
Methods: We reviewed records of all mental health inpatient admissions to the psychiatry "C" department at Hedi Chaker university hospital in Sfax, between 1 february and 30 april 2019. Electrocardiogram (ECG) availability was noted and QTc interval was manually measured. Sociodemographic, clinical, biological and therapeutic data were collected.
Results: Of 68 mental health inpatient admissions, 59 (86.6 %) presentations had an ECG. A total of seven (11.8 %) had a prolonged QTc interval. These seven patients were treated with typical antipsychotics. Of the 7 patients with a prolonged QTc, 4 patients (57.1%) suffered from schizophrenia. QTc prolongation was significantly correlated with the presence of a recent physical trauma ($p = 0.021$), dietary restriction ($p = 0.026$), and taking at least two antipsychotics ($p = 0.008$). Moreover, this prolongation of QTc was linked to a longer duration of disease and an older age, without significant associations.
Conclusions: Our study supports an association between a prolonged QTc interval and clinical situations at risk and antipsychotic polypharmacy. However, a larger study with routine ECG screening is required to better assess the significance of this problem.

Keywords: Mental disorders; Antipsychotic drugs; Risk factors; Prolonged qt interval

EPP1051

Oxcarbazepine-induced hyponatremia: A case report

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Introduction: Oxcarbazepine (OXC) is an antiepileptic drug widely used in the treatment of bipolar disorder (BD), specially when there are side effects with other mood stabilizers. Nevertheless, it isn't innocuous of adverse effects and its consequences can even endanger the patient's life.
Objectives: Brief review of the literature on OXC-induced hyponatremia and exposure of a case report.
Methods: Review of the literature through research in the PubMed database, using the following keywords: "oxcarbazepine", "hyponatremia" and "adverse effects".
Results: Although most of the patients are asymptomatic, hyponatremia is one of the most important side effects of OXC. About 29.9% of the patients develop hyponatremia, but only 2.5-3% of psychiatric patients develop severe hyponatremia. The risk of hyponatremia is higher during the first three months of treatment. Severe and/or symptomatic hyponatremia has important clinical implications and may be associated with neurological damage, including seizures, brain stem herniation and death. A 44-year-old woman diagnosed with BD started OXC due to drug intoxications with other mood stabilizers. Six days after initiating treatment, she presented persistent vomiting and severe hyponatremia was detected in blood tests. OXC was suspended with symptomatic resolution.
Conclusions: Healthcare professionals should be alert to symptoms that may arise in patients under OXC. Periodic evaluations of serum sodium levels should be carried out. Cases of severe and/or symptomatic hyponatremia should be rapidly identified and treated in order to reduce the risk of developing brain injury and death.

Keywords: Oxcarbazepine; Hyponatremia; adverse effects

EPP1053

How to manage antipsychotic-induced akathisia

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