formulation, delivery device, insufflation technique, and individual factors seem to contribute importantly to the tolerability and efficacy of the intranasal administration rote.
Conclusions: There is the need to develop novel treatments providing effective, more rapid-acting, and sustained relief of depressive symptoms, especially in patients with TRD. Intranasal esketamine has shown antidepressant effects in patients with TRD but further investigation is required to strongly reinforce this potential and safety.

Keywords: esketamine; Ketamine; treatment-resistant depression

EPP1042

Benzodiazepines prescribing in insomnia : 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 20% for hypnotic BZDs.
Objectives: The aims of our study were to evaluate BZDs prescribing practices in the treatment of insomnia 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%. Four BZDs are recommended for the treatment of insomnia, none of which is available in Tunisia. Almost the third of the participants did not systematically look for signs of sleep apnea syndrome before treating an insomnia (30.5%). For treating insomnia, the majority of the participants began by indicating hygieno-dietetic rules (64%), 4% prescribed directly a BZD. Cognitive behavioral therapy was not indicated at all by the particiants. The maximum duration of prescribing BZDs in insomnia was 4 weeks in 20% of cases, and more than 4 weeks in 38% of cases. Among the participants, 41% prescribed BZDs for the treatment of chronic insomnia.
Conclusions: Insomnia appear to be badly managed and early drug prescribing is frequent. These practices do not comply with the recommendations of good practice and increase the risk of dependance and other side effects.

Keywords: Benzodiazepines; psychiatry; Insomnia; Prescribing

EPP1043

Neonatal and infant outcomes of clozapine exposure in pregnancy: A consecutive case series

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Introduction: Clozapine is a second-generation antipsychotic agent approved for treatment-resistant schizophrenia and risk reduction of recurrent suicidal behavior in schizophrenia and schizoaffective disorder. Given the known negative consequences of relapse of severe mental disorders for both mother and infant, the maintenance of clozapine during pregnancy is recommended.[1] Studies of pregnancy regarding to clozapine have demonstrated a heterogenous range of neonatal and infant complications.[2]
Objectives: To evaluate neonatal and infants outcomes of clozapine exposure in pregnancy.
Methods: We report three cases of infants exposed to clozapine politherapy throughout pregnancy. The dose range for all women on clozapine was 200-600 mg/day. Infants were evaluated between 4-6 months of chronological age with the Bayley-III infant development scale (BSID-III)[3] and with the Alarme Détresse Bébé Scale (ADBB)[4] for the detection of early-signs of withdrawal.
Results: Women remained stable during pregnancy but presented obesity and gestational diabetes. Clozapine Newborn were born to term by caesarean section due to breech presentation (N=2) or instrumental delivery due to loss of fetal well-being (N=1). They presented normal weight (3500-3800 gr). Two presented $Apgar_{min1\text{-}5}$ 9/10 and one $Apgar_{min1\text{-}5}$ 6/8 which showed lethargy and low alertness during the first weeks of life. All showed normal capacity for sociability, reciprocity and development of language and communication. However, one baby had scores in the low normal zone for cognition and another for motor skills.
Conclusions: The infant's risks of clozapine exposure during pregnancy should be discussed with women and weighed against those associated with other treatments and/or with untreated severe mental illness.

Keywords: clozapine; neurodevelopment; Neonate; Infant

EPP1044

The health economic potential of harnessing placebos in treatment of ADHD.

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Introduction: Placebo research investigated the underlying mechanisms of placebo effects, but they are rarely used to optimize treatments. Ethical and legal concerns have been raised, but research demonstrated that placebo mechanisms can be used without patients' deception: Experimental studies showed that half of drugs in treatment of attention-deficit/hyperactivity disorder