

EV1329

Psychiatry heal thyself: a lifestyle intervention targeting mental health staff to enhance uptake of lifestyle interventions for people prescribed antipsychotic medication

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Introduction People experiencing severe mental illness (SMI) face a shortened life expectancy of up to 20 years, primarily due to preventable cardiovascular (CV) diseases. Lifestyle interventions are effective in reducing CV risk, yet examples of service-wide interventions are lacking. Staff culture remains a barrier to the successful implementation of lifestyle interventions. The Keeping the Body in Mind (KBIM) program, established by SESLHD (Australia), aims to close the gap in life expectancy through multidisciplinary teams, including clinical nurse consultants, dietitians, exercise physiologists, and peer support workers. Prior to the KBIM rollout, an individualized lifestyle intervention called Keeping Our Staff In Mind (KoSiM) was offered to all district mental health staff.

Objective KoSiM examined the effectiveness of a staff intervention to improve physical health, confidence, knowledge and attitudes of mental health staff.

Methods Mental health staffs were invited to participate in an online survey and a 4-week individualized intervention including personalised health screening and lifestyle advice, with a 16-week follow-up. Outcomes assessed included: attitudes, confidence and knowledge regarding metabolic health, weight, waist circumference (WC), blood pressure, sleep, diet, physical activity and exercise capacity.

Results Of a total of 702 staff, 204 completed the survey (29%). Among those completing the survey, 154 staff (75%) participated in the intervention. A mean decrease in waist circumference of 2 ± 2.7 cm, ($P < 0.001$) was achieved. Among staffs that were overweight or obese at baseline, 75% achieved a decrease in WC.

Conclusion Improving staff culture regarding physical health interventions is an important step in integrating lifestyle interventions into routine care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1330

Prolactine borderline, a case report

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Introduction It is known that antipsychotic drugs can increase prolactinaemia, we report a case in which the use of aripiprazole after treatment with paliperidone helped regaining normality levels.

Case report During treatment with PALiperidone 12 mg/day the patient, a 27-year-old female diagnosed with borderline personality disorder, developed hyperprolactinaemia with galactorrhea and menstrual disorders. During hospitalization, aripiprazole is introduced while paliperidone is progressively decreased. Antipsychotic were prescribed because delusions of reference and auditory pseudo-hallucinations arose suddenly in a woman without history of previous psychotic breaks. Before treatment with aripiprazole, prolactinaemia was 156,96 ng/mL (pregnancy test was negative) and after stopping, paliperidone was 23,60 ng/mL.

Discussion If hyperprolactinaemia symptoms appeared (galactorrhea...), aripiprazole is a good option if antipsychotic treatment is required. In this case, paliperidone was decreased slowly, while aripiprazole was increased, until minimum effective dose was reached.

Conclusions Hyperprolactinaemia is a common side effect in antipsychotic treatments and if symptoms appeared aripiprazole is a good option.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1331

Delirium associated with sertraline, a case report

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Introduction Delirium is a clinical entity consisting of acute loss of consciousness, with attention deficit and fluctuating evolution. Antidepressive medication can cause these symptoms or worsen them.

Case report We report the case of a 84-year-old blind female who was diagnosed of delirium in relation to intoxication with sertraline. The patient was admitted into a short-stay psychiatric unit for three days. She presented behavioural disturbances consisting in auto and heteroaggressive behaviour, altered consciousness and visual hallucinations (rocks, turtles). When dosage of sertraline was doubled from 50 mg/day to 100 mg/day visual hallucinations started. There were not other medical causes found, so sertraline was suspended, achieving clinical improvement.

Discussion This case report shows how a patient with antidepressive treatment can display delirium. The three main causes of delirium that are infections, side effects and methabolic syndrome.

Conclusions In the case of treating a patient with delirium, the presence of previous illness has to be investigated. It is indispensable to describe the presence of previous illness, medication and recent changes of the dosages in the medical history in a patient with Sertraline.

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EV1332

Drug eruption due to bupropion, a case report

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Introduction We present a clinical case of eruption caused by the use of bupropion. Bupropion is known to cause hypersensitivity reactions.

Case report We report the case of a 48-year-old female who was diagnosed of depressive disorder. She went to emergency because a few days after prescribing bupropion (150 mg/24 h) scaly skin eruptions were found distributed along the skin. In the present case, after its introduction, bupropion was found to be a probable etiological agent. The patient was successfully treated with corticosteroids. Because of that, bupropion dosage was stopped and replaced with fluoxetine. No remissions and exacerbations were noticed in a month's follow up.

Discussion In this case report, we present a patient with an eruption related to bupropion. The aetiological spectrum of erup-

tion include drugs, infectious agents and food additives. Drugs attributing eruption include nonsteroidal anti-inflammatory drugs, antibiotics, and anti-epileptic drugs, antidepressive medication amongst others.

Conclusions No specific diagnostic criterion exists for eruption and the diagnosis is purely based on clinical presentation. Diagnostic features, which suggest eruption, are the acute onset (or recurrent nature) and skin lesions.

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EV1333

A “Newly Discovered in Romania” atypical antipsychotic prolonged release treatment for patient with schizophrenia. First results of a naturalistic study with recently approved paliperidone palmitate

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Introduction Intramuscular paliperidone palmitate is a long-acting atypical antipsychotic, which has only been marketed in Romania from March 2015 as a free of charge medication/subsidized for the acute and maintenance treatment of schizophrenia in adults.

Objectives and aims To determine the efficacy and tolerability of paliperidone palmitate in 12 patients with schizophrenia in an outpatient care unit, taking into account the limited clinical experience with this product in Romania.

Methods The study was performed in an outpatient care unit. Data was collected from medical records of patients started on paliperidone palmitate between March and June 2015. This time period was selected because we wanted to have at least a 6-month period of evaluating these patients. Some of the patients were previously on risperidone long-acting injection (in Romania the advantages of a 1-month injection instead of 2 and the fact that the medication does not need to be held in a refrigerator are 2 important factors that can increase the compliance of the patients). Others were treated with other long-acting antipsychotics (flupentixol). The rest were patients treated before with risperidone, with good response, but with problems of non-compliance.

Results None of the patients treated with paliperidone palmitate relapsed. Some of them had, at maximum dose, minor extrapyramidal symptoms that disappeared when we lowered the dose. Taking into account the lack of insight and the non-compliance of patients with schizophrenia, this treatment seems to be extremely valuable, maybe more in this kind of cases, in outpatient care units.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1335

Nutrition interventions in people with severe mental illness: Novel strategies for addressing physical health co-morbidity in a high-risk population

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Introduction Nutrition interventions are critical for weight management and cardiometabolic risk reduction in people experiencing severe mental illness (SMI). As mental health teams evolve to incorporate nutrition interventions, evidence needs to guide clinical practice.

Aims A systematic review and meta-analysis was performed to assess whether nutrition interventions improve:

- anthropometric and biochemical measures,
- nutritional intake of people experiencing SMI.

To evaluate the effectiveness of a dietician-led nutrition intervention, as part of a broader lifestyle intervention, in the early stages of antipsychotic prescription.

Method An electronic database search was conducted to identify all trials with nutritional components. Included trials were pooled for meta-analysis. Meta-regression analyses were run on potential anthropometric moderators. Weekly individualised dietetic consultations plus group cooking classes were then offered to clients attending a Community Early Psychosis Programme, who had recently commenced antipsychotics for a 12-week period.

Results From pooled trials, nutrition interventions resulted in significant weight loss (19 studies, $g = -0.39$, $P < 0.001$), reduced BMI (17 studies, $g = -0.40$, $P < 0.001$), decreased waist circumference (10 studies, $g = -0.27$, $P < 0.001$) and lower blood glucose levels (5 studies, $g = -0.37$, $P = 0.02$). Dietician-led interventions ($g = -0.90$) and trials focussing on preventing weight gain ($g = -0.61$) were the most effective. The 12-week nutrition intervention resulted in a 47% reduction in discretionary (junk) food intake ($P < 0.001$) and reductions in daily energy (-24% , $P < 0.001$) and sodium intakes (-26% , $P < 0.001$), while improving diet quality ($P < 0.05$).

Conclusion Evidence supports the inclusion of nutrition interventions as part of standard care for preventing weight gain and metabolic deterioration among people with SMI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1336

Acute dystonia and dyskinesia progressing in the patient with fibromyalgia upon the use of duloxetine

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Purpose In this article, a case who was prescribed duloxetine (30 mg capsule) upon the fibromyalgia diagnosis by a physical therapist and had acute dystonia and dyskinesia after approximately 1.5 hours from duloxetine intake shall be presented.

Case It was learnt that a married female patient aged 38 consulted a physical therapist with the complaint of back pain and duloxetine (30 mg capsule) was prescribed. It was reported that, the patient applied to our hospital with the complaint of involuntary movements around the mouth, on the lips and neck, spasm, inability to open the mouth completely, spasm in jaw, gritting teeth, mumbling and aphasia after approximately 1.5 hours from her duloxetine intake. The patient was conscious. Her psychomotor activity was natural. As a result of cranial MR, EEG, BT examinations hemogram and the routine biochemistry examinations, any abnormality in zinc and iron levels was not detected. Complaints of the patient regressed after 1 hour from the discontinuance of duloxetine and the administration of biperiden 5 mg/mL ampoule 1000 cm³ in SF. After 72 hours, any symptoms were not found.