shown limited responsiveness to conventional laxatives or other conservative treatments
Objectives: The primary objective of this article is to present the methodology of a randomized control trial assessing the efficacy of prucalopride in the treatment of constipation among patients with mental disorders
Methods: The study will enroll 60 adult patients with mental disorders who will require more than two antipsychotic medications, including clozapine, for stabilization, and who will be experiencing constipation as a side effect
To ensure the validity of the study, the following additional inclusion criteria will be applied:

- Patients will have no severe acute medical conditions
- Patients will have no history of malignancy
- Patients will have no severe respiratory or cardiac diseases
- Patients will have negative results from an endoscopic evaluation of the large bowel, ruling out conditions such as irritable bowel syndrome, ischemic colitis, inflammatory bowel disease, or malignant neoplastic disease

Following the screening process, the patients will be randomly assigned to one of two treatment groups:
Prucalopride Group: Patients in this group will receive prucalopride for the treatment of refractory constipation
Conservative Treatment Group: Patients in this group will continue with conservative treatments.The treatment's success will be determined based on specific endpoints:

- Normalization of bowel movements, characterized by having more than five bowel movements per week
- Resolution of symptoms related to gastrointestinal dysfunction, including pain, bloating, defecation difficulties, and paralytic ileus

Results: Following the conclusion of the study, data from both groups will be meticulously collected and subjected to rigorous statistical analysis to identify differences in treatment outcomes between these two therapeutic approachs
Conclusions: The detailed findings will be presented in a forthcoming article

Disclosure of Interest: None Declared

EPV0823

A case of delirium following treatment with low dose mirtazapine and pregabalin

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Introduction: Pregabalin is a gamma-aminobutyric acid analogue used for the treatment of neuropathic pain, partial-onset-seizures, fibromyalgia, and anxiety disorders. Mirtazapine is an atypical antidepressant used in major depression and often prescribed off-label for insomnia. Delirium, an acute confusional state, is a very rare adverse reaction of both medications.
Objectives: We report a case of an elderly patient treated with low dose pregabalin and mirtazapine who developed drug-induced delirium which resolved rapidly upon withdrawal of both drugs
Methods: A 75-year-old woman was admitted for symptoms of anxiety, various bodily complaints (dysphagia, headache, tinnitus, weakness) and sleep-onset insomnia over the preceding 2 months. On admission, examination revealed an apparently anxious, uneasy and emotional looking patient. Mini mental state examination, as well as clock drawing and copying were normal, suggesting absence of cognitive impairment. Physical examination was unrevealing except for high blood pressure recordings (150/90 mmHg). Laboratory testing indicated creatinine at 1.19 mg/dl, with a creatinine clearance moderately decreased at 38 ml/min. Upon admission, she was placed on pregabalin 25 mg bid and mirtazapine 30 mg ¼ tablet qd.
Results: Three days after admission, pregabalin was increased to 25 mg tid. On the same day and about 2 hours after the night dose, the patient acutely developed delirium: she presented confusion, disorientation, incoherence, restlessness and deterioration of her anxiety. On physical examination she was afebrile with no hypertonia or ataxia. An urgent brain magnetic resonance imaging was grossly unrevealing. Pregabalin and mirtazapine were discontinued, as a drug-induced delirium was suspected. She received as a symptomatic treatment lorazepam progressively up to 4 mg qd. Symptoms of delirium resolved rapidly, and she was discharged days later with full functional recovery
Conclusions: Cases of delirium have been described following treatment with pregabalin, but in significantly higher doses. Pregabalin relies heavily on renal clearance for its excretion and the dose should be adjusted in patients with creatine clearance below 60 ml/min. As our patient had a moderate decrease in renal clearance, we prescribed a dose within suggested limits, but in combination with mirtazapine led to the appearance of a drug-induced delirium. In conclusion, combined therapy with low-dose pregabalin and mirtazapine seems to account for the development of delirium in our patient as based on its temporal association with the initiation of this drug combination and its prompt resolution upon withdrawal of these two agents

Disclosure of Interest: None Declared

EPV0824

Hyperammonemic encephalopathy in a 46 year old patient treated with valproic acid as treatment for borderline personality disorder: a case report.

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Introduction: Valproic acid (VPA) has been used in clinical practice since the 60's, with a relatively favourable safety and efficacy profile. Pancreatitis, hepatotoxicity and teratogenicity are the most significant adverse drug reactions. VPA is also known for causing hyperammonemia, which may be asymptomatic or can present with encephalopathy. VPA-induced hyperammonemic encephalopathy (VHE) is a serious but reversible condition, which requires high clinical suspicion for diagnosis. It may occur acutely or after chronic use of VPA.
Objectives: Review how frequent is for valproic acid to cause hyperammonemic encephalopathy, signs to watch out for and how it can be treated.

Methods: Presentation of a patient's case and review of existing literature, in regards to encephalopathy caused by valproic acid as a result of ammonia elevation.
Results: In the case displayed here, the patient is diagnosed of hyperammonemic encephalopathy after being treated with valproic acid as treatment for borderline personality disorder.
Reviewing literature, cases of hyperammonemia are rarely reported as VPA-induced, probably because this increased level of ammonia in blood can vary between asymptomatic, and clinically relevant levels. Symptomatology due to VPA-induced hyperammonemia include: lethargy, impaired consciousness, focal neurological signs and symptoms and increased seizure frequency. More rare described symptoms are: aggression, ataxia, asterixis, vomiting and coma.
There are multiple treatment modalities for patients diagnosed with VHE, the primary treatment being the discontinuation of VPA. Other treatments frequently used are Lactulose and Carnitine.
Conclusions: VHE is a rare occurrence, however can have fatal outcomes if not recognized and managed in time. Physicians should be vigilant while initiating Valproate therapy to patients. Clinicians should consider the possibility of VHE in patients with unexplained altered mental status, regardless of the duration of VPA therapy. A timely diagnosis is essential to prompt effective treatment, thus ensuring the patient's safety and decreasing the length of hospitalisation and the cost of care in hospitals.

Disclosure of Interest: None Declared

EPV0827

A case report of Paliperidone palmitate-induced anaphylaxis

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Introduction: Paliperidone Palmitate (PP) is an atypical antipsychotic, approved by the FDA for acute and maintenance treatment of schizophrenia and schizoaffective disorder.
It has a relatively safety profile, and reported cases of paliperidone palmitate-induced angioedema or anaphylaxis are uncommon.
Objectives: We intend to present a case of paliperidone palmitate-induced anaphylaxis to alert clinicians regarding this rare, but possible complication.
Methods: Non-systematic review of the literature and report of a case study.
Results: Long-acting injectable Paliperidone Palmitate (LAIPP) is a safe and effective alternative to oral Paliperidone, with less incidence of disease relapse related to medication non-compliance.
Substance use disorder (SUD) is highly prevalent in first-episode psychosis (FEP), and it is associated to decreased treatment compliance, which impairs the outcomes of these patients. Therefore, several authors have been recommended long-acting injectable antipsychotics (LAI-AP), such the LAIPP, as a first line for treatment of FEP-SUD patients.
The most common side effects associated with LAIPP are injection site reactions, extrapyramidal symptoms, hyperprolactinemia, sedation, hypersalivation, orthostatic hypotension, tachycardia, and weight gain. Hypersensitivity reactions have rarely been reported and may be dose-dependent.
We report a case of a 20-year-old female, without medical history and no history of allergies, who was medicated with once-monthly LAIPP at dose 100 mg for the maintenance treatment of a first psychotic episode associated with cannabis abuse.
Approximately 24 hours after the first monthly injection dose, she was admitted in the emergency room (ER) presenting an increasing angioedema associated with stridor, requiring endotracheal intubation and administration of adrenaline, clemastine and hydrocortisone during the assessment in the ER.
After clinical stabilization, she was transferred to the internal medicine ward, and following a full recovery, she was discharged 6 days later while being medicated with Olanzapine 15 mg/day, Lorazepam 3 mg/day and Sertraline 50 mg/day. LAIPP was suspected as the etiology of the anaphylaxis reaction due to temporal relationship of its onset with therapy administration and by the exclusion of other potential causes. Consequently, LAIPP was discontinued at discharge.
Conclusions: This report shows the possibility of a late and potentially life-threatening anaphylactic reaction to LAIPP. So, all physicians should be aware of this potential complication, which requires timely recognition and management.

Disclosure of Interest: None Declared

EPV0828

Guanfacine in the Treatment of a Child Diagnosed with Tourette Syndrome: A Case Report

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Introduction: Tourette syndrome (TS) is a neurodevelopmental disorder characterized by the development of persistent and changing motor and phonic tics over time. The presence of at least two motor tics and one vocal tic that have persisted for at least a period of 1 year is required, and which developed before the age of 18. The most commonly used pharmacological treatment are antipsychotics, with a preference for atypical antipsychotics such as aripiprazole or risperidone. Clonidine and guanfacine have shown effectiveness in suppressing tics, and although generally less effective than antipsychotics, some authors are considering them as first-line treatments. The treatment is also influenced by any comorbidities the patient may present.
Objectives: To enumerate in a clinical case the pharmacological alternatives for TS, which vary according to the patient's comorbidities and the intensity of the tic symptoms.
Methods: Case study. Anamnesis of the patient and their family.
Results: A 12-year-old boy presenting simple motor and vocal tics for over a year. At the same time that a valuation is requested by child psychiatry, the mother also requests follow-up by neuropediatrics. Other causes are ruled out, an EEG is performed, and a TS diagnosis is made. The initial treatment was low-dose aripiprazole with partial effectiveness. After 3 months, he presents an