Neurosci Ther 2011;17:490-505) We present a case of phentermine-induced psychosis that could have been precipitated after being co-prescribed with fluoxetine.
Objectives: To discuss a case of phentermine-induced psychosis that could have been precipitated by CYP3A4 inhibition of phentermine by fluoxetine.
Methods: Miss X is a 61-year-old female with a history of major depressive disorder, generalized anxiety disorder, obesity, and rheumatoid arthritis. Her psychiatric symptoms were stable with oral fluoxetine 60 mg daily, oral aripiprazole 2mg daily, oral amitriptyline 100mg at night, and oral lorazepam 1mg daily. Miss X was prescribed oral phentermine 15mg daily for appetite suppression for weight loss. Subsequently, she started developing paranoid delusions against her family members, generalized anxiety, increased psychomotor activity, decreased appetite, and decreased sleep. Her symptoms continued to worsen even after discontinuing her medications on the 7th day. Miss X was eventually brought to the emergency room on the 14th day as her symptoms continued to deteriorate and she could not take care of herself.
Results: Miss X's symptoms resolved after a dose of Intramuscular injection of 2mg of lorazepam. No signs of serotonin syndrome were present during the examination. Drug-drug interaction between phentermine and fluoxetine is suspected to be a causative factor in the precipitation of psychosis as fluoxetine can inhibit the CYP3A4 metabolism of phentermine. Her electrocardiogram also demonstrated prolonged QTc (470ms), which could have been precipitated by co-prescribing phentermine and amitriptyline. Miss X was admitted to the inpatient psychiatric unit, and oral fluoxetine 60mg daily, oral aripiprazole 2mg daily, and oral lorazepam 1mg daily were restarted. Due to QTc prolongation oral trazodone 50mg daily was started instead of amitriptyline. After her psychiatric symptoms were stable on the medication regimen, Miss X was discharged on the third day of admission to the inpatient psychiatric unit.
Conclusions: Our case demonstrates the caution needs to be taken when prescribing phentermine not only for its neuropsychiatric side-effects but also for drug-drug interactions.

Disclosure of Interest: None Declared

Psychophysiology

EPV0856

Glutamatergic dysfunction, neuroplasticity, and redox status in patients with functional movement disorders

B. Demartini[1]*, V. Nisticò[1], C. Benayoun[1], A. C. Cigognini[1], R. Ferrucci[1], A. Vezzoli[2], C. Della Noce[2], O. Gambini[1], A. Priori[1] and S. Mrakic-Sposta[2]

[1]Department of Health Sciences, Università degli Studi di Milano and [2]Institute of Clinical Physiology, National Research Council (CNR), Milano, Italy
*Corresponding author.
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Introduction: Functional Movement Disorders (FMD) are characterized by the presence of neurological symptoms that cannot be explained by typical neurological diseases or other medical conditions. First evidence showed that, compared to healthy controls (CTR), FMD patients presented increased levels of glutamate+glutamine in the anterior cingulate cortex/medial prefrontal cortex, and decreased levels of glutamate in the cerebrospinal fluid, suggesting that a glutamatergic dysfunction might play a role in FMD pathophysiology.
Objectives: According to the evidence of these abnormalities in many neuropsychiatric disorders at level of brain network activity, connectivity, and specific anatomic areas of altered metabolic, and given the evidence of a potential role of glutamate and BDNF in the pathophysiology of FND, in this study we aimed to assess circulating levels of glutamate, BDNF, dopamine, oxidative stress biomarkers, creatinine, neopterin and uric acid in patients with FMD and in a control group of healthy subjects.
Methods: 12 FMD patients (4 males, 8 females) and 20 CTR (4 males, 16 females) were recruited and underwent venous blood sampling and urine collection: levels of glutamate, BDNF, dopamine, oxidative stress, creatine, neopterin, and uric acid were analysed. Participants also underwent a psychometric assessment investigating depression, anxiety, and alexithymia.
Results: Levels of glutamate, BDNF and dopamine were significantly lower in the blood of FMD patients than CTR. Glutamate and dopamine levels were positively associated with levels of alexithymia.
Conclusions: Our findings give further evidence that glutamatergic dysfunction might be involved in the pathophysiology of FMD, possibly representing a biomarker of disease; moreover, since glutamatergic and dopaminergic system are closely interconnected, our results might have a relevance in terms of treatment options for FMD patients.

Disclosure of Interest: None Declared

EPV0857

Locus of control as a personal coping resource of a sportsman

S. Fedorchuk*, T. Petrovska, I. Kohut, O. Hanaha and L. Arnautova

National University of Ukraine on Physical Education and Sport, Kyiv, Ukraine
*Corresponding author.
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Introduction: In sports psychology, the issue of finding resources to overcome stress remains relevant at present. Currently, the priority is the search for personal resources that can help overcome difficult life situations. Currently, the priority is the search for personal resources that can help overcome difficult life situations. Research by many psychologists (Folkman S., Hobfoll S., Haan N.A., Heim E., Lazarus R., Moos R.N., Schaefer C., Grin O.R., Dementiy L.I., Kalnysh V.V., Tukaiev S.V., Khazova S.A. et al) is devoted to this topic. Among the coping resources, the authors single out motivation, locus of control, resilience, self-control, purposefulness, outlook, intelligence, etc.
Objectives: The purpose of the study is the analysis of literary sources regarding the study of the locus of control as a personal coping resource of an athlete.