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Keywords: secondary TRS; refractory psychosis

EPV1379

Ultra-treatment-resistant Schizophrenia. A case report

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Introduction: Despite the efficacy of antipsychotics, up to about 30% of schizophrenia patients do not respond adequately to treatment and are called treatment-resistant schizophrenia (TRS) patients. The treatment of choice in these patients is clozapine, which is used last due to the adverse effects it can cause. However, it has been shown that half of TRSs are also resistant to clozapine, leading to ultra-resistant schizophrenia.
Objectives: We present a clinical case corresponding to a 33-year-old man, single, residing in a community residence, undergoing psychiatric follow-up from the age of 7, receiving during this period the diagnoses of schizotypal personality disorder and paranoid schizophrenia.
Methods: As of 2015, he began to make autolytic attempts, the last being this year, 2021. Moment in which he manifests for the first time presenting imperative, sporadic auditory pseudo-hallucinations, which incite self-harm. These sensory-perceptual alterations appeared from 2015, together with the worsening of the negative symptoms.
Results: The patient has been treated with numerous antipsychotics, without complete remission, so since 2019 treatment with Clozapine 200mg was started. As the symptoms did not subside, the dose was increased to 400mg, at which point some of its side effects began to appear; urinary incontinence, sedation, sexual impotence … so the patient abandoned the treatment, suffering a relapse of his mental pathology.
Conclusions: Despite the arrival of atypical antipsychotics, it remains a challenge that there is a complete remission of symptoms in some patients with schizophrenia, for which we consider that psychopharmacological research in this group of patients is of the utmost importance.

Disclosure: No significant relationships.
Keywords: schizophrénia; treatment resistant; refractory schizophrenia; Antipsychotics

EPV1382

Hormonal alterations due to antipsychotic-related hyperprolactinemia

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Introduction: The use of antipsychotics (APS) is essential. Despite their great efficacy, some of them are associated with an increase in prolactin levels that can lead to hormonal changes needing to be identified and managed [1,2,3]. Hormonal changes use to have clinical implications including hypogonadism, infertility and sexual dysfunction
Objectives: To evaluate possible hormonal alterations and some clinical implications produced by hyperprolactinemia (HPRL) derived from the use of some antipsychotic compounds.
Methods: A complete fasting blood test was performed on a sample of 113 subjects (69 men and 44 women). 54% (n = 61) showed a normal prolactin level and 46% (n = 52) showed hyperprolactinaemia (>50ng / ml). On the global sample, 39.8% (n = 45) was treated with some hyperprolactinemic drug , mostly risperidone and paliperidone.
Results: Some differences were found depending on the gender of the subjects. A highly significant inverse relationship between the values of prolactin and testosterone was found in males (p=0.020, r=-0.285). In females, increased prolactin level was significantly related to decreased cortisol values.
Conclusions: Antipsychotic-related Hyperprolactinaemia (mainly risperidone and paliperidone) is related with a decrease in testosterone levels in males and with an increase in cortisol levels in females.

Disclosure: No significant relationships.
Keywords: antipsychotic; schizophrénia; prolactin; iatrogenic

EPV1384

Electroconvulsive therapy in treatment resistant schizophrenia: Old beacon of hope when nothing else works

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Introduction: Electroconvulsive therapy (ECT) is one of the oldest psychiatric treatments used to this day. It is particularly useful in cases of schizophrenia resistant to treatment with antipsychotics. 49% of patients with schizophrenia experience little or no response with one trial of antipsychotics, 71% do not achieve remission and up to 20% of patients are also resistant to clozapine.
Objectives: Description of a clinical case where ECT is used in the treatment of resistant schizophrenia and review of the literature.
Methods: Description of a clinical case. Non systematic review of the literature, searching the terms "treatment resistant"; "schizophrenia"; "ect" in the databases Pubmed, Medline, Cochrane and Uptodate.
Results: Male, 38-year-old patient, diagnosed with schizophrenia for 20 years, with history of multiple hospitalizations, institutionalized for 9 years. Treated with risperidone 50 mg intramuscular fortnightly, clozapine 750 mg daily, aripiprazol 30 mg daily and