EPV0829

Neuroleptic malignant syndrome with haloperidol and quetiapine treatment in a schizophrenia patient: A case report and 1 year follow up

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Introduction: Neuroleptic malignant syndrome is a rare but also life-threatening adverse reaction associated with mostly antipsychotic use. It is mostly related with the administration of D2 dopamine receptor-blocking antipsychotics or sudden discontinuation of antiparkinsonian drugs.
Objectives: In this article, we present a 55-year-old male patient diagnosed with schizophrenia who was admitted to the emergency department with acute onset confusion and fever. He had been on haloperidol and quetiapine treatment for several years.
Methods: His Creatine kinase (CK) levels were elevated (2928 - 11462 U/l within 1 day. U/l). She was admitted to the intensive care unit with an initial diagnosis of NMS. The patient's all antipsychotic treatment was discontinued.
Results: At a follow-up examination after 6 days, myoglobin, CK, and leukocyte values were noted to start decreasing. The rigidity and altered mental status improved after 6 days. After 9 days he was discharged. He was admitted to the psychiatry outpatient clinic. He was suffering from auditory hallucinations therefore the antipsychotic treatment has been started and it was planned to reach the target dose of 10mg olanzapine PO by increasing the weekly dose to 2.5 mg. However, due to the increase in the patient's auditory hallucinations, the treatment was rearranged and the target dose of 15mg was reached. After that, the patient's positive symptoms regressed significantly. The patient has been on 15 mg olanzapine treatment for the last 1 year with no positive symptoms.
Conclusions: What is the most appropriate treatment choice after NMS? There is no easy, single answer to this question. Although we were aware that there have been reported NMS cases with olanzapine use for this patient it was chosen since it is one of the second-generation antipsychotics that the patient did not use by examining the treatment history. This case shows that this syndrome may develop even after a long and stable neuroleptic treatment and the patient may continue to benefit from different antipsychotic treatments.

Disclosure of Interest: None Declared

EPV0830

Bilateral pretibial edema associated with risperidone: A case report

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Introduction: Risperidone is a benzisoxazole derivative and is an antipsychotic drug that is frequently used in psychiatric disorders with high binding to 5HT-2A, D2, α1-adrenergic and α2-adrenergic receptors. It is a second generation antipsychotic and the most common side effects are known as extrapyramidal symptoms, weight gain, sedation, hyperprolactinemia, dizziness, insomnia, anxiety and nausea. Edema has been reported in a few cases as a side effect of risperidone in the literature.
Objectives: In this case report, we aimed to present a case of peripheral edema developed in a patient using escitalopram combined with risperidone and to review the literature on this subject.
Methods: A 48-year-old male presented to the outpatient psychiatry clinic with symptoms of difficulty in controlling his irritability and anger, damaging the things around him, depression, loss of interest and desire, sleep disturbance, fatigue, and feelings of worthlessness. The patient also applied to the psychiatry outpatient clinic with similar symptoms 5 months ago, and had been on sertraline 50 mg/day and quetiapine 25 mg/day since then. But it was learned that he did not benefit, so his treatment was adjusted as escitalopram 10 mg/day and risperidone 1 mg/day. The patient, who came to the outpatient clinic control after 1 month and did not describe a similar complaint before, described peripheral edema that developed approximately 2 weeks after he started using psychiatric medication. On examination, 3+ pretibial peripheral edema was detected. Since the patient had a previous history of escitalopram use, it was recommended to continue escitalopram 10 mg/day treatment, and risperidone 1 mg/day was discontinued and he was called for control.
Results: It was observed that the edema completely resolved within 2 weeks following the discontinuation of risperidone treatment.
Conclusions: In conclusion, risperidone is an antipsychotic frequently used in clinical practice, and edema is a rare but important side effect and can be encountered even at low doses. Despite the low incidence, this side effect should be considered by clinicians. There is a need for controlled studies that explain the relationship between risperidone and edema, elucidate the mechanism of edema and investigate its incidence.

Disclosure of Interest: None Declared

EPV0831

Use and experience with six-monthly paliperidone in the Campo de Gibraltar area. Descriptive study.

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Introduction: Long-acting injectable antipsychotics have demonstrated advantages over therapeutic adherence and can reduce the rates of relapses and due to treatment discontinuation. The novel presentation of paliperidone palmitate six-month (PP6M) can simplify the treatment to two injections per year.