[PP-307] ***Psychopharmacology***

Obsessive-compulsive symptoms induced by an atypical antipsychotic and recovered with another atypical antipsychotic

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Atypical antipsychotics in the treatment of obsessive-compulsive disorder (OCD) can be used to strengthen. However, reports are available about obsessive-compulsive (OC) symptoms arise with antipsychotics. In this case report, we present a patient whose OC symptoms have been arisen from risperidone treatment. Schizophrenia was recovered, when discontinuation of risperidone and treatment of aripiprazole. Thirty years old female with schizophrenia history for 6 years was brought to the emergency department presented with swearing, irritability, suspiciousness, and restlessness complaints. Patient has been on 400 mg/day clozapine treatment for the last 4 years. 2 months ago, clozapine therapy discontinued due to the development of leukopenia and for 2 months intramuscular injection of flupenthixol 20 mg/2 weeks was applied. A week ago, swearing, resentment, skepticism began. Therefore, a week early injection of flupenthixol was applied. After injection was applied, restlessness added to the existing table. In her mental status examination, she did not make eye contact and her affect was inappropriate. Her mood was irritable. Her associations were scattered. She described persecutory and referential delusion. She was lacking insight and abstract thinking. Akathisia was observed. Patient was charged for inpatient treatment and risperidone 2 mg/d, biperidene, 4 mg/day, lorazepam 7.5 mg/day was started. 2 weeks after the risperidone was increased to 4 mg/day, compulsions present with repetitious expressions like "say yes", "it would not happen, isn't it?", "say it would not happen" "say sincerely" were began. Yale-Brown Obsessive-compulsive Scale (Y-BOCS) score was 39, subscale for compulsion was 20. PANSS positive subscale score was 17, negative subscale score was 26. So risperidone treatment was discontinued and aripiprazole 20 mg/day was added, increased to 30 mg/day. Two weeks later, the PANSS positive subscale score was 12, negative subscale score was 26. It was thought that the patient has benefit from treatment. Two weeks later, at discharge the Y-BOCS total score ratings was 0, PANSS positive subscale score was 7, negative subscale score was 26.

It is considered on the 5HT2A receptor antagonist effect through the emergence of OC symptoms or exacerbation; D2 blockade is thought positive effects in augmentation the treatment of OCD. A possible about the onset of OC symptoms, is the high rate of antagonism 5HT2/D2. Although OC symptoms were induced by clozapine as mentioned incase reports, clozapine use in our patient did not lead to OC symptoms in this four-year period. Compulsions had begun after administration of risperidone 4mg/day. OC symptoms induced by risperidone —but not clozapine — are inconsistent with the hypothesis suggesting that atypical antipsychotics might lead to OC symptoms through high rate of antagonism on 5HT2/D2. Because antagonism rate of clozapine on 5HT2/D2 is higher than that of risperidone. Aripiprazole, a partial agonist of dopamine, is different from other antipsychotics, which have 5HT2/D2 antagonism. This may explain the improvement of OC symptoms in our patients.

Keywords: obsessive-compulsive symptoms, atypical antipsychotic, schizophrenia

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[PP-308] ***Psychosomatic medicine - liaison psychiatry***

The evaluation of the psychiatric disorders developed after central nervous system infection: case report

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Encephalitis, one of the central nervous system infections, can coexist with neurological findings such as resistant generalized or complex partial epileptic seizures that develop over a few days or weeks. It can also coexist with psychiatric findings such as memory impairment, various types of affective disorders or behavioral disorders. Memory impairment: recent anterograde and retrograde amnesia; affective