

eosinophilia have been described. This work describes a case of transient eosinophilia caused by clozapine.

**Methods** Description of a clinical case.

**Results** A 22-year-old female patient, with a treatment resistant psychotic disorder initiated clozapine in a slow titration to 300 mg. Ten days after initiating clozapine, the patient presented with eosinophilia (started with  $6.6 \times 10^8/L$  and peaked at  $10.0 \times 10^8/L$ ). Two weeks later, the patient presented with a skin rash in the arms and legs. The case was discussed with internal medicine service and other causes of eosinophilia were excluded. Since the eosinophilia was mild, the rash was not severe and the patient did not present any other symptoms or signs, it was not considered necessary to stop clozapine. During the next three months, with close monitoring, the eosinophilia and the skin rash slowly resolved.

**Conclusions** This is a case of a patient who presented mild eosinophilia and skin rash, associated to clozapine, with spontaneous resolution. We draw attention to the need of close monitoring and exclusion of other causes of eosinophilia and rash. Furthermore, other hematologic disorders should be considered besides agranulocytosis, namely eosinophilia, when prescribing clozapine.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1067

### Polycystic ovarian syndrome in patients with schizophrenia treated with atypical anti-psychotics: A case control study

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**Objective** Objective was to compare the prevalence of probable polycystic ovarian syndrome (PCOS) in females treated with atypical anti-psychotics with normal controls.

**Aims** To compare the prevalence of PCOS in patients treated with atypical anti-psychotics and normal controls. To study the hormone profiles in these two groups.

**Methods** Cases consisted of 102 reproductive age females with schizophrenia treated with atypical anti-psychotics for  $\geq 6$  months and had gained  $\geq 10\%$  body weight. Control group was 123 age and BMI matched females. Menstrual history, physical examination for hirsutism, acne, androgenic alopecia, anthropometrics measures, Ultrasound abdomen and hormone analysis were done.

**Results** Mean age of cases = 33.17 years (SD 8.9) and controls = 33.08 years (SD 5.6). Mean BMI of cases = 25.92 (SD 5.2) and controls = 25.03 (SD 4.3). Polycystic ovarian morphology of ovaries on ultra sound scan was significantly more in cases 49 (48%) than controls 16 (13%) ( $P < 0.001$ ). Probable PCOS was significantly more in atypical anti-psychotic treated females ( $n = 22$ , 21.56%) than in normal controls ( $n = 10$ , 8.13%) ( $P = 0.04$ ). Atypical anti-psychotic treated patients with PCOS had significantly lower mean LH levels 6.69 mIU/L than those without PCOS 10.30 ( $P = 0.35$ ). There was no significant difference in testosterone, FSH, prolactin, TSH and free T4 levels.

**Conclusion** Treatment with atypical anti-psychotics is associated with higher prevalence of PCOS. This has not been reported previously. The hormonal profile in these patients may be different with low testosterone and LH levels.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1068

### Unconventional side effects of antidepressants: Focus on emotional blunting

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**Objectives** The aim of this study was to investigate the unconventional side-effects of selective serotonin reuptake inhibitors (SSRIs) and tricyclics (TCAs) antidepressants during long-term treatment of depression, with a special focus on emotional blunting and, in particular, on the possible changes of some features of loving relationships.

**Methods** Two hundred outpatients (130 women and 70 men, mean age  $\pm$  SD: 43.4  $\pm$  11.1 years) were enrolled. They were suffering from mild or moderate depression, according to DSM-5 criteria, treated with one antidepressant for at least six months and involved in a long-term loving relationship. A specifically designed test, the so-called "sex, attachment, love" (SALT) questionnaire was built to assess the possible changes of the loving relationship.

**Results** The results showed differences between the two genders, in particular women taking TCAs reported more sexual side effects than men, whereas men taking SSRIs complained a reduction of the feelings of love and attachment towards the partner.

**Conclusions** Antidepressants seem to have a dimorphic effect on some elements of loving relationships, however these results need to be further explored.

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#### EV1069

### Citalopram-induced delusions in an older adult

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**Introduction** Selective serotonin reuptake inhibitors (SSRIs) are the most prescribed antidepressants worldwide. In older adults, citalopram is generally well tolerated and safe in the therapeutic dose range of 20 to 40 mg/day. In literature, there are cases of SSRI-induced psychosis, but mainly with fluoxetine. There are only three reported cases of citalopram-induced delusions, however, these case-reports did not involve an older adult.

**Objectives and aims** To provide a case of citalopram-induced psychosis in an older adult, followed by the review of available literature.

**Methods** A case report is presented and discussed followed by a literature review.

**Results** A 64-year-old woman without somatic illnesses was referred by a general practitioner with depressive symptoms. One week after initiation of citalopram 10 mg/day she suddenly developed delusions, predominantly in the early morning. No other medical evidence was found that could explain her delusions. After discontinuation of citalopram her delusions quickly resolved.

**Conclusion** This is the first case report of a SSRI-induced delusion in an older adult. Citalopram has been reported to be one of