**EPV1204**

**Clozapine cessation**

H. Ktari¹,², A. Ouertani², S. Madouri³, A. Aissa¹, Y. Zgueb¹, U. Ouali¹ and R. Jomli¹

¹Razi hospital, Psychiatry A Department, Manouba, Tunisia; ²Razi Hospital, Psychiatry A, Manouba, Tunisia and ³Razi hospital, Psychiatry A Department, manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1884

**Introduction:** Approximately 30% of individuals diagnosed with schizophrenia suffer from treatment-resistant or refractory schizophrenia. The gold standard for treatment is clozapine. However, a significant number of patients discontinue clozapine treatment and this carries a poor prognosis.

**Objectives:** This study explores patients’ motives for cessation of clozapine therapy and its prevalence.

**Methods:** A longitudinal, retrospective and descriptive study on a period of 20 years, at the psychiatry department A of the Razi hospital in Tunisia. Data was collected from the medical files of patients treated by clozapine using a pre-established sheet.

**Results:** The studied sample included 64 patient records. Treatment with clozapine was stopped spontaneously or following a medical decision in 37 patients (57.8%). The total number of clozapine stops in these 37 patients was 70. Indeed, each one of these patients had stopped treatment at least once. Clozapine was discontinued by some patients in the study sample for poor compliance (45.9%), for adverse side effects of treatment (16.2%) and by treating physicians for poor response treatment (8.1%). Clozapine was discontinued by 11 patients for hematological adverse reactions, representing 27.9% of the total number of clozapine discontinuations. Withdrawal of clozapine was indicated in 2 cases of agranulocytosis (18.2%), in 2 cases of moderate neutropenia (18.2%), in 3 cases of eosinophilia (27.2%), in 3 cases of thrombocytopenia (27.2%) and in 1 case of severe anemia (9.2%).

**Conclusions:** Clozapine discontinuation was essentially caused by poor patients’ observation and hematological adverse reactions appearance. Future research should seek to further investigate clozapine cessation factors in order to better benefit from the medical virtues of this molecule.

**Disclosure:** No significant relationships.

**EPV1203**

**Drug-induced liver injury in association with antipsychotics**

R. Zeiss* and M. Gahr

University of Ulm, Department Of Psychiatry, Ulm, Germany

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1885

**Introduction:** Drug-induced liver injury is one of the leading causes for acute liver failure and drug withdrawal after marketing approval. One important risk factor is the extent of exposure of the hepatocytes to a substance, either by high doses or by long-term medication. In many psychiatric diseases, like schizophrenia long-term use of drugs is common. However, systematic data on the hepatotoxic potential of antipsychotics is scarce.

**Objectives:** To perform an explorative analysis of pharmacovigilance data on the risk of hepatotoxicity related to the use of antipsychotics.

**Methods:** We conducted an explorative case/non-case study based on data from VigiBase for 30 antipsychotics marketed in the European Union. Reporting odds ratios were calculated for antipsychotics associated with the SMQ “Drug related hepatic disorders - comprehensive search” and the SMQ “Drug related hepatic disorders - severe events only”.

**Results:** We found several associations of antipsychotics with drug-induced liver injury including associations with severe events. 17/30 antipsychotics were associated with “Drug related hepatic disorders - comprehensive search”, and for 10/30 substances were associated with severe hepatic events.

**Conclusions:** Several antipsychotics are associated with the risk for hepatotoxic side effects, even severe ones. Further research is warranted on patient and substance-dependent risk factors.

**Disclosure:** No significant relationships.

**Keys:** hepatotoxicity; Antipsychotics; pharmacovigilance; drug-induced liver injury