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EW0752

Selective serotonine reuptake inhibitors or dual antidepressants and syndrome of inapropriate antidiuretic hormone secretion: A systematic search

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Introduction Depression is a disease with high prevalence all over the world. Selective serotonine reuptake inhibitors (SSRIs) and dual antidepressants (DA) are worldwide used to treat the different types of depressive episodes. Between the adverse events of these compounds, an unusual but potentially severe side effect is the syndrome of inapropriate antidiuretic hormone secretion (SIADH).
Results and discussion Several cases published, and an amount of cases series have documented the association of SIADH to the use of SSRIs and DA. All SSRIs and DA are at risk of producing SIADH (fluoxetine, paroxetine, fluvoxamine, sertraline, citalopram, escitalopram, venlafaxine and duloxetine). Old age has been found as a risk factor for developing SIADH. There are not enough data to conclude that other risk factors can play a role in the development of this adverse event. Treatment should include the immediate withdrawal of the antidepressant. The introduction of other antidepressants is controversial, as SIADH has been related with all antidepressive treatments; but the risk of relapse into a depressive episode must be considered also. Between symptomatic treatments, the control of water intake and the use of low doses of loop diuretics can be recommended. Severe cases can be treated with higher doses of loop diuretics and saline hypertonic solution.
Conclusions SIADH has been related with SSRIs and DA antidepressants and it is an infrequent but severe adverse event. Its risk must be considered when prescribing treatment with them. If this adverse event is produced, the substitution of the antidepressant should be done.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0753

Anti-inflammatory properties of brilliant blue G on chronic unpredictable mild stress-induced changes in rat hippocampus

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Objective Purinergic 2X7 receptor (P2X7R) activation has recently been considered to be involved in depression at least partially by triggering microglial activation. The aim of the present study was to examine whether the chronic administration of brilliant blue G (BBG), a highly selective P2X7R antagonist, has antidepressant-like effects and microglial (Iba-1) immunoreactivity in chronic unpredictable mild stress (CUMS) model in rats.
Methods Male Wistar Albino rats (290–360 g) were divided into groups such as control (saline), CUMS, CUMS + Imipramine (20 mg/kg; i.p.), CUMS + BBG25 (25 mg/kg; i.p.), CUMS + BBG50 (50 mg/kg; i.p.) groups (n = 10–12 in each). In CUMS model, various stressors were applied for 40 days. On day 20, the treatment of BBG was started for 20 days. At the end, sucrose preference and forced swimming tests were performed. Then brains were removed with paraformaldehyde perfusion for Iba-1 immunohistochemical analysis in hippocampus. One-way analysis of variance and Tukey's test were used for statistical analysis.
Results The time of immobility in forced swim test was significantly reduced while sucrose preference was increased in Imipramine and CUMS + BBG50 groups compared to control and

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