Methods: The patient was referred to the Psychiatry service due to suicidal ideations. She has a history of depressive episodes linked to family stressors and initial flashbacks and nightmares related to her physical abuse from her previous partner. Her extensive comorbidities made the usual first-line antidepressants (SSRIs) unsuitable due to drug interactions. Venlafaxine 75 mg/day was selected, and psychodynamic psychotherapy, trauma-informed psychotherapy, and psychoeducation were integrated into her treatment. Coordination with infectious disease, obstetrics, and internal medicine specialists ensured comprehensive care.
Results: Venlafaxine was effective in improving mood, sleep, and appetite, with no significant side effects. Regular follow-ups confirmed adherence to the medication, and psychodynamic psychotherapy helped her address deep-seated emotional conflicts, particularly surrounding her history of trauma. Ongoing psychiatric care, along with monitoring her medical conditions, provided a supportive framework for her continued improvement. Despite financial constraints, the patient adhered to her treatment regimen, showing improved mental health and commitment to her care.
Conclusions: This case underscores the complexity of treating depression in patients with multiple comorbidities, particularly in resource-limited settings. The selection of Venlafaxine was crucial due to the potential interactions of SSRIs with the patient's medical regimen. Psychodynamic and trauma-informed psychotherapy, combined with interdisciplinary collaboration, were key to the successful management of this case. This highlights the need for an integrated approach to mental health care, especially in low-resource environments, where interdisciplinary coordination is vital.

Disclosure of Interest: None Declared

EPV0511

PANDAS have claws too: A case report of an adolescent female with concurrent PANDAS and Mood Disorder

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Introduction: Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection (PANDAS) is an autoimmune disease caused by Group A Streptococcus bacteria. It usually affects children 3 to 12 years of age, however, have also been reported among adolescents. PANDAS presents with neuropsychiatric symptoms which can overlap or coincide with existing psychiatric disorders that often emerge further as children get older. Identifying the causation of events may be challenging making such cases difficult to manage.
Objectives: To understand the presentation of PANDAS with concurrent mood disorder and its management.
Methods: Clinical case report
Results: A 16-year-old female was initially admitted due to blank stares, disorganized behavior, paranoia, aggression, and depressive symptoms. Her EEG and MRI were normal. She did not tolerate Fluoxetine but improved with Olanzapine (12.5mg). At 17 years old, she had throat discomfort, colds, and headache with supportive management done. She felt depressed and suicidal due to school stress prompting her second admission. She was started on Escitalopram and Olanzapine was shifted to Quetiapine. Subsequently, she developed manic symptoms with hallucinations and worsened paranoia. Escitalopram was discontinued and Quetiapine was increased (300mg). Bipolar I Disorder with Psychotic Features was considered. Shortly after, she developed explosive motor and vocal tics, involuntary screeching with head gagging and jerking and urges to choke herself or hit her head on the wall. Quetiapine was discontinued and was placed on Clonazepam (0.25mg/8h). Work ups revealed normal EEG, positive ASO and ESR, and findings of Mild Rheumatic Heart Disease on 2D Echo, hence, the assessment of PANDAS. Treatment is multidisciplinary involving antimicrobial, immunomodulatory, and psychotherapeutic interventions. Medications were then adjusted to: Co-amoxiclav (625mg/10days) followed by Penicillin V (250mg/12h), Aripiprazole (15mg), and Divalproex Sodium (1000mg). Intravenous immunoglobulin was suggested due to her moderate to severe presentation. Henceforth, improvement of symptoms were noted and she was reintegrated back home.
Conclusions: Diagnosing PANDAS can be complex among adolescent due to concurrent issues with similar symptom presentation. PANDAS is episodic in nature but may also have sawtooth-like presentation which may indicate first admission as an episode and the second, a flare up. The case could have also been a combination of PANDAS and Bipolar Disorder thus the severity. Regardless, the interplay of biological and psychological facets have evidently magnified her predispositions leading to an intense manifestation of symptoms.

Disclosure of Interest: None Declared

EPV0512

Management of Functional Neurological Disorders: Turkiye Experience

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Introduction: Functional neurological disorder (FND) is diagnosed in approximately one-third of admissions to the general neurology outpatient clinic. Although it affects both gender in a wide age range, it occurs more frequently in women between ages of 35 and 50. As a common neuropsychiatric disorder affecting mostly young people at productive ages, FND also leads to an important socioeconomic burden. For this reason, clinical and research activities tended to increase recently in order to develop new neuroscientific approaches for the treatment of this disorder. Various new clinical centers that offer specialized and multidisciplinary treatment to FND patients, have been established around the world. Likewise, a study group was established in Hacettepe University Adult Hospital, where FND patients were started to be treated by a multidisciplinary team, by also considering the specific needs of our country's population.
Objectives: Here, we aim to share the phenomenological and clinical characteristics and treatment response of patients with functional neurological disorders (FND) who received short-term inpatient multidisciplinary treatment in a university hospital between 2020 and 2023.