

Introduction: The dual diagnosis among patients with primary psychotic disorders is frequent and causes diagnostic and treatment challenges. In clinical practice, differentiating between substance-induced psychoses and independent (primary) psychoses when the patient is actively using drugs of addiction, is difficult, especially in the acute phase of the psychosis.

Objectives: The aim of the study is to identify clinical data relevant for differentiating between primary psychoses triggered by addictive drug misuse and substance-induced psychoses, using psychometric scales.

Methods: The study was conducted on 111 patients divided in four samples: 28 dual diagnosis psychotic patients (DD), 27 bipolar patients (BD), 25 schizoaffective patients (SCA) and 31 patients with schizophrenia (SCZ). The subjects were assessed using scales for the severity of psychiatric symptoms, cognitive functions and social acuity (theory of mind): BPRS-E (Brief Psychiatric Rating Scale – Expanded), MoCA (Montreal Cognitive Assessment), CBS (Cambridge Behavioral Scale), and RMET (Reading the Mind in the Eyes Test). The tests were performed when patients were in the remission phase of the psychosis.

Results: BPRS-E scores showed significant differences between DD subjects and patients from the other three samples (primary psychoses). CBS revealed significant differences between the DD subjects and patients with schizophrenia spectrum psychoses (SCA and SCZ). RMET identified significant differences between DD and BD patients.

Conclusions: Although differentiating between substance-induced and primary psychoses remains a difficult task, social acuity assessment performed in remitted patients may be helpful in guiding the clinician to establish a more accurate diagnosis.

Keywords: dual diagnosis; substance-induced psychosis; schizophrenia; bipolar disorder

EPP0225

Depression after acute traumatic injuries in children

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Introduction: Acute traumatic injuries in children are diverse: skeletal trauma, traumatic brain injury (TBI), spinal injury (SCI), amputations, combined trauma and others. Severe injuries lead to severe disability and desadaptation of the child. It is known that children tolerate hard the awareness and acceptance of their new state.

Objectives: To study emotional disorders after traumatic injuries in children at early stages of rehabilitation.

Methods: 159 children up to 18 y.o.: 80 (TBI), 60 (SCI), 19 (amputation, skeletal injury, electro-trauma). Methods: psychopathological, psychological; scales, questionnaires.

Results: In children after severe and moderately severe TBI, depression was detected in 43% as a consequence of injury and recovery of mental activity. In children with SCI, depression was detected in

48% as a reaction to stressful situation. In children with amputation, severe skeletal injury, electro-trauma depression was in 60%, both as a consequence of organic recovery of mental activity and as a reaction to psycho-traumatic situation. In the acute period, children had comprehensive interdisciplinary rehabilitation. Neuropsychiatrist recommended neuropharmacotherapy with antidepressants from the group of serotonin reuptake inhibitors (sertraline), GABA preparations. For psychological support, gestalt correction techniques were used.

Conclusions: After acute trauma, depression in children occupies a significant place in clinical picture. Genesis of depressive disorders can be caused both by organic damage to brain structures and by reaction to psychotraumatic situation. In order to improve rehabilitation effectiveness, to make patient's returning to usual living environment easier as well as to improve the quality of life, interdisciplinary approach is needed since early stages of rehabilitation and after.

Keywords: Depression; Children; traumatic injuries; Rehabilitation

EPP0226

Clinical dynamics of anhedonia symptom in mood disorder and in alcohol use disorder

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Introduction: Anhedonia is an important transdiagnostic phenotypic characteristic of schizophrenia, mood disorders (MD), alcohol use disorder (AUD) and other mental diseases. This Symptom could reflect the neurochemical abnormalities in addictive and affective disorders when the function of reward system is dysregulated (Koob G.F., 2017).

Objectives: To compare the severity of Anhedonia in clinic of MD and AUD in dynamic of antidepressant therapy

Methods: The study enrolled 93 patients under treatment in MHRI Clinics: 45 AUD (F10.2; ICD-10) and 48 MD patients (F31-F34; ICD-10). The evaluation of Anhedonia was provided with the SHAPS modified for clinician administration (SHAPS-C) (Rezvan A., 2014).

Results: Due to statistical analysis, we found the level of anhedonia in the MD group was higher than in the AUD group before the treatment. After four weeks of antidepressant therapy the scrutiny of score difference shows less changes in severity of the Symptom in the AUD group (Table 1) Table 1. Dynamics of Anhedonia in MD and AUD groups by SHAPS-C

Conclusions: Anhedonia in the structure of AUD is less pronounced than in MD, but responds less to antidepressant therapy. The study is supported by RSF Grant no. 19-15-00023 "Clinical features and search of potential biomarkers of comorbidity of alcoholism and affective disorders".

Keywords: anhedonia; mood disorders; alcohol use disorder

EPP0227

Unusual drug-resistant psychotic state with epilepsy manifestations, cognitive deterioration and muscular atrophy - case report

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Introduction: This article will focus on the case of patient whose disease manifested after episode of dehydration at 16 years of age and within 8 years led to his death. During the eight years of illness, the patient suffered from polymorphic psychotic states accompanied by various types of epileptic seizures, including absence and grand-mal seizures, resistant to drug therapy. In addition, he suffered from multiple motor disorders, skeletal and mimic muscle atrophy, as well as progressive cognitive decline from very high level of cognitive functions to level of moderate deterioration. Despite repeated evaluations, there was no unequivocal diagnosis of his disorder.

Objectives: Male, born in 1994, without a known hereditary pathology in the field of neurology or psychiatry. Pregnancy and childbirth proceeded without features and the early stages of cognitive-motor development were marked as normative, with the exception of a single epileptic seizure at the age of 3 years (according to the description of the parents). Until the age of 16, the patient was not under the supervision of a neurologist or psychiatrist, developed on a par with his peers, successfully attended school with high marks in the exact sciences, and went in for sports.

Methods: Case report

Results: Case report

Conclusions: A patient is considered with a non-standard course of psychosis and epilepsy, which was accompanied by multiple neurological and psychiatric symptoms. In Israel there are only 13 patients with a resemble clinical picture and there is no diagnosis or group of diagnoses in ICD, DSM or any neurological classification that can describe his disease.

Keywords: Epilepsy; psychosis; cognitive deterioration; tic disorder

EPP0228

Emotional outcomes in tunisian stroke survivors

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Introduction: Depression and anxiety are recognized as common psychiatric complications of stroke, yet little is known about their clinical correlates and their impact on functional outcome.

Objectives: To assess the prevalence of anxiety and depression during the first year post-stroke; To determine their relationships with clinical and functional variables.

Methods: We conducted a cross-sectional study, which included 147 patients, followed for stroke that had occurred over the past year. We used the HAD scale in its Arabic version for screening for anxiety and depression and the modified Rankin scale to assess the degree of disability due to stroke.

Results: Anxiety was detected in 55.1% of patients and depression in 67.3% of them. These emotional disturbances were more common during the first six months post-stroke. Depression was more common among male gender ($p=0.003$). Older age and more than secondary educational attainment correlated with post-stroke anxiety (p respectively 0.013 and 0.002). Post-stroke anxiety and depression were significantly more common in case of infarcts involving the territory of the Sylvian and the anterior cerebral artery (p respectively 0.01 and 0.001). Depression was significantly associated with the presence of motor deficit on the initial neurological examination ($p<0.001$) and subsequent neurological sequelae ($p<0.001$). Anxiety and depression were significant predictors of functional disability during the 12 months post-stroke ($p=0.007$).

Conclusions: Anxiety and depression impair functional ability after stroke. These data may help identify the patients at greatest risk of poor emotional outcomes and thus help in planning appropriate interventions.

Keywords: Depression; Anxiety; stroke survivors; HAD

EPP0229

Escitalopram in patients with psoriasis

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Introduction: Psoriasis is a chronic skin disease, affecting up to 2-4% of population. The majority of investigations agree that this disease appears to be a result of confluence of genetic, allergenic and emotional factors. There is usually more than one trigger that leads to the manifestation or exacerbation of symptoms. Psychogenic factors are clearly in a pattern here. Some personality traits may lead to instability of the emotional sphere that can act alternately as a cause, then as an aftereffect of exacerbation of the chronic process, forming a so called "vicious circle" of psychosomatic disease.

Objectives: To discover the impact of escitalopram on the symptoms of psoriasis.

Methods: 14 patients were diagnosed with psoriasis. All patients underwent psychiatric interviewing and psychological testing (STAI and HADS). The results revealed increased trait anxiety levels among 8 of them with moderate severity of the process according to SCORAD index. 3 cases demonstrated symptoms of clinically expressed and 4 subclinical levels of depression. Escitalopram (10 to 20 mg. daily) was administered along with common dermatologic therapy in these patients.

Results: Patients treated with escitalopram showed a reduction of anxiety and depression tests scores as well as the values some dermatological symptoms such as pruritus.

Conclusions: These preliminary results of 3 months study gives us a hope of successful psychopharmacological treatment of psoriasis in cooperation with dermatologists. Finding intercommunications in pathogenesis of skin and emotional disorders could optimize the