

Additionally, the case of a 35-year-old female with BPD who developed neurosyphilis is presented, demonstrating the complexities in distinguishing between overlapping psychiatric symptoms. The case also emphasizes the importance of comprehensive care.

Results: The psychiatric symptoms of neurosyphilis, such as impulsivity, mood instability, and cognitive dysfunction, significantly overlap with those of BPD, complicating diagnosis and treatment. Literature indicates that neurosyphilis occurs in 0.5% to 2% of untreated syphilis cases. Common psychiatric manifestations of neurosyphilis—such as irritability, cognitive decline, and affective dysregulation—are often misattributed to underlying psychiatric disorders, leading to delays in proper treatment. In the case of the 35-year-old patient, her longstanding BPD symptoms, including emotional instability and impulsivity, worsened with the progression of neurosyphilis. Cognitive testing revealed mild impairment, which was consistent with the cognitive decline seen in neurosyphilis, further complicating the clinical picture.

Conclusions: This case underscores the critical need for timely syphilis screening, particularly for individuals with a history of untreated or inadequately treated infections. Early diagnosis and treatment of neurosyphilis can significantly improve cognitive and psychiatric outcomes while promoting overall wellness. Routine sexually transmitted disease screenings, especially in psychiatric populations, can prevent severe neuropsychiatric complications and support holistic well-being. Given the global resurgence of syphilis, a proactive approach to sexual health is essential in fostering both mental and physical health.

Disclosure of Interest: None Declared

EPP217

Neuropsychiatric Symptoms in Huntington's Disease: A Case Report on Manic and Psychotic Features Huntington's disease (HD)

S. Buyo Lagares^{1*}, A. Picallo Vieito¹, M. Grueiro Cao¹, M. Pardal Iglesias¹, A. Lagoa Pena¹, C. Ramil López¹, C. Ovies Fernández¹, A. Parada Barcia¹, P. Piñeiro Magro¹, L. González Pereira¹, J. Ricoy Chaín¹ and R. Prieto Pérez¹

¹Hospital A Coruña, A Coruña, Spain

*Corresponding author.

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Introduction: Huntington's disease (HD) is a hereditary neurodegenerative disorder marked by progressive declines in motor, cognitive, and psychiatric functions. This case report presents a 45-year-old female patient with HD who displayed significant manic symptoms, which later evolved into acute psychosis. Notably, her neuropsychiatric symptoms emerged months before motor deficits. This case aims to raise clinician awareness of the interplay between neuropsychiatric symptoms and HD.

Objectives: Analyze early neuropsychiatric manifestations, particularly manic and psychotic symptoms; highlight the importance of recognizing these symptoms before the onset of motor dysfunction; and explore the neurobiological mechanisms underlying, including neurotransmitter dysregulation and structural brain changes.

Methods: A comprehensive clinical evaluation was conducted for the patient. Her psychiatric history was assessed using standardized tools, including the Young Mania Rating Scale (YMRS) and the Positive and Negative Syndrome Scale (PANSS).

Neuroimaging, including computed tomography (CT), assessed structural brain changes in regions related to mood regulation and psychosis, such as the striatum and prefrontal cortex. A literature review correlated these findings with existing research on neurobiological mechanisms in HD, focusing on neurotransmitter systems and brain morphology.

Results: Initially, the patient exhibited manic symptoms such as elevated mood and irritability, with moderate severity noted on the YMRS. Within a month, her condition escalated to acute psychosis, featuring auditory hallucinations and paranoid delusions, as reflected by moderate PANSS scores. Neuroimaging revealed structural changes consistent with HD, including striatal atrophy and prefrontal cortex alterations. These findings supported the hypothesis of neurotransmitter dysregulation, particularly involving dopamine and serotonin.

The management plan included mood stabilizers and antipsychotics, such as valproic acid and risperidone, along with temporary benzodiazepines to manage agitation. This approach led to a significant reduction in both manic and psychotic symptoms, improving the patient's overall quality of life through integrated psychiatric care.

Conclusions: This case underscores the importance of recognizing early neuropsychiatric symptoms, particularly manic and psychotic features, in HD patients. The emergence of these symptoms prior to motor dysfunction calls for heightened clinician awareness, as early identification can facilitate timely interventions and enhance patient outcomes. The observed structural brain changes and neurotransmitter dysregulation suggest underlying neurobiological mechanisms, warranting further research in the broader HD population. A multidisciplinary approach is essential for effectively managing the interplay of neuropsychiatric symptoms.

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EPP218

Test-Retest Reliability and Informant Consensus Pilot Study of the BRIEF-A in the Non-Clinical Spanish Population

I. González Herrera^{1*}, R. Sandoval Rodríguez², A. B. Calvo Calvo¹ and J. M. Espejo-Saavedra Roca^{1,3}

¹Personality, Assessment and Clinical Psychology Department;

²Universidad Complutense de Madrid and ³Hospital Universitario 12 de Octubre, Madrid, Spain

*Corresponding author.

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Introduction: Executive functions (EEFF) are different cognitive aspects that allow us to find solutions and adapt to changes. There are several traditional instruments that assess these processes, but they are difficult to generalize to the subject's real environment.

Objectives: To analyze the test-retest reliability of the adaptation of the BRIEF-A to the Spanish population with a non-clinical sample, as well as studying the informant consensus between the Self-report and Informant report forms that this instrument presents.

Methods: The questionnaire has been administered to 58 subjects from the general population (Self-report version) and 58 informants who adequately knew each subject (Informant report version) at baseline and at 4 weeks follow-up in order to study the test-retest reliability. Statistical analysis was carried out using the Pearson Correlation Coefficient to study the test-retest reliability. Self-reports