

Conclusions: The present findings showed a worse mental health in subjects with IBD and psychiatric comorbidities during Covid-19 pandemic, highlighting the importance of screening and treatment of psychiatric symptoms disorders in these patients.

Disclosure: No significant relationships.

Keywords: Psychiatric comorbidities; Inflammatory Bowel Disease; Mental health evaluation; Covid-19 pandemic

EPP0506

Stroke care in people with and without schizophrenia: a retrospective, observational study

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Introduction: Serious mental illness tends to course with a higher prevalence of comorbidities and schizophrenia is a disabling disease that affects approximately 1% of the world population. Worldwide, cerebrovascular accidents are an important cause of mortality and disability and in Portugal they are one of the leading causes of death in the general population. There is growing evidence that the prevalence of strokes is higher in people with schizophrenia, with pronounced age and gender variations.

Objectives: To describe the sociodemographic and clinical differences among patients hospitalized with a primary diagnosis of cerebrovascular disease with and without a secondary diagnosis of schizophrenia in Portugal.

Methods: We performed a retrospective observational study using a nationwide hospitalization database containing all hospitalizations registered in Portuguese hospitals from 2008 to 2015. Based on the International Classification of diseases version 9, clinical modification, hospitalizations with a primary diagnosis of stroke were selected (431;433;434), and from those, the ones with a secondary diagnosis of schizophrenia (295.xx) were isolated for a sociodemographic and clinical comparative study. Comorbidities were analysed using the Chalson index score.

Results: Episodes associated with a secondary diagnosis of schizophrenia were younger (mean: 66 vs 73.7 years; $p < 0.001$) and had longer median LoS (10.0 vs 8.0 days; $p < 0.001$). In-hospital mortality was lower in patients with schizophrenia (11.7% vs 13.2%).

Conclusions: The understanding of the association of cerebrovascular accidents with schizophrenia is complex. Although some studies show conflicting evidence, more attention should be given to the investigation of the incidence, prevalence and impact of cerebrovascular diseases within this particular population.

Disclosure: No significant relationships.

Keywords: stroke; schizophrenia; comorbidity

EPP0507

Pathoplastic effects of metabolic disorders in severe mental illness

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Introduction: Patients with severe mental illness (SMI) have a higher risk of weight gain, dyslipidemia and insulin-resistance. It was observed that insulin resistance has a pathoplastic effect: in Schizophrenia it was associated with a greater severity of negative symptoms, whereas in Bipolar Disorder it was associated with more chronicity and rapid cycling. Moreover a correlation was observed between obesity and a worse outcome in Bipolar Disorder type I.

Objectives: We aimed at assessing the influence of dysmetabolisms on clinical characteristics in patients with SMI.

Methods: We recruited 78 patients with SMI consecutively hospitalized in the Psychiatry Clinic of the Ospedali Riuniti of Ancona, Italy. We administered a checklist for socio-demographic and clinical features (diagnosis, age of onset, illness duration, number of episodes, number of episodes per year, suicidal attempts and comorbidities), and evaluated the following metabolic parameters: weight, height, BMI, abdominal circumference, blood pressure, total cholesterol, HDL, triglycerides, glycemia and insulinemia. We determined insulin-resistance according to the HOMA-IR model. We performed bivariate Pearson correlations to compare metabolic and socio-demographic/clinical parameters.

Results: The analyses showed positive correlations between BMI and disease duration ($P = 0.003$), and BMI and the number of episodes ($P = 0.022$). Furthermore, a positive correlation was found between HOMA-IR and the number of episodes per year ($P = 0.008$). The associations remained statistically significant after controlling for age through partial correlations.

Conclusions: Weight gain and insulin-resistance in severe mental illness are associated with a more severe SMI, as suggested by the greater number of acute episodes.

Disclosure: No significant relationships.

Keywords: severe mental illness; metabolic syndrome; Insuline resistance; Pathoplastic effect

EPP0508

Post-stroke mania

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Introduction: Approximately one-third of stroke survivors develop poststroke depression. Post-stroke mania is relatively rare, with a prevalence of less than 2%. One review of case reports of late-onset mania in 2015 demonstrated that 51% of the patients had established vascular risk factors. In 28% of cases, the treatment of underlying organic cause contributed to successful remission of the manic episode.

Objectives: For this review, we aimed to compile published case reports from the past 20 years to review late-onset mania as one of the neuropsychiatric outcomes of stroke and its management.

Methods: literature search on Pubmed, PsychInfo, and Embase utilizing keywords combinations: Bipolar, Manic, Mania, Secondary, Stroke, Poststroke, Post-stroke, Elderly, Old, Late onset, Late-onset, Lateonset, Hemisphere, Brain, Vascular, Infarction.

Results: Among the 17 case reports, the age of onset of manic episode ranged from 47 to 86 with a mean of 67 years. Of the 17 cases, the right hemisphere was the most frequently affected (14/17, 82%), with cerebrovascular lesion involving the left hemisphere in 3 cases (17.6%).

Conclusions: Clinicians should consider mania secondary to an organic cause in patients presenting with focal or soft neurological signs or symptoms, manic episode with atypical symptoms such as visual or olfactory hallucinations, altered mental status, disorientation, impairment in memory or cognition, unusual age of onset for bipolar disorder, or unusual illness course such as single episode of mania or poor response to psychopharmacologic treatment. Some reviews suggest combination of mood stabilizers and second-generation antipsychotics. Benzodiazepines recommended as an adjunctive drug for acute management such as agitation, aggressive behavior or disinhibition.

Disclosure: No significant relationships.

Keywords: mania; late onset; post-stroke; Elderly

EPP0509

Pseudobulbar affect as an early manifestation of HIV-related toxoplasmosis

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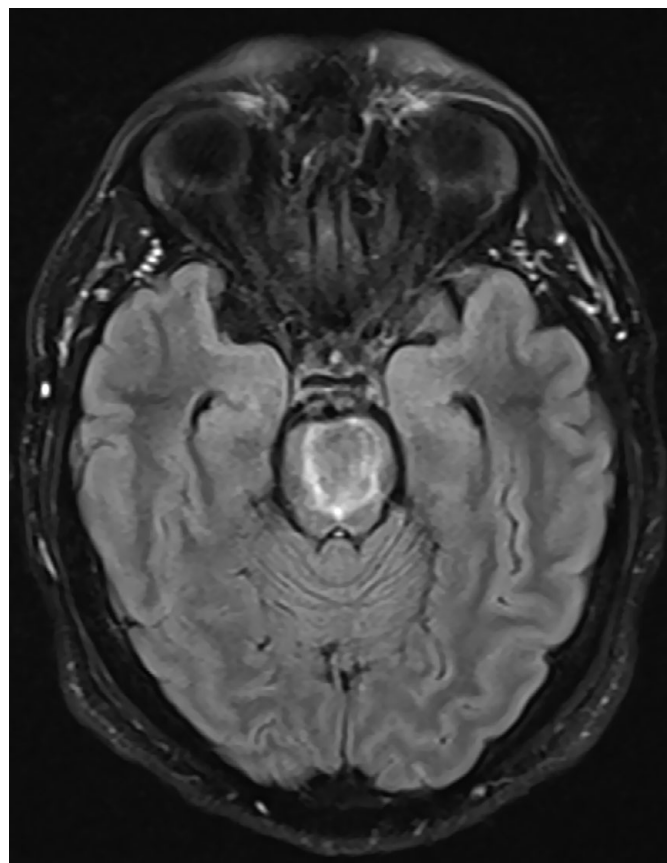
Introduction: Pseudobulbar affect (PBA) is an emotional disorder characterized by uncontrollable outbursts of laughing and/or crying. It is caused by lesions that damage pathways in the frontal lobe and descending to the brain stem, basis pontis and cerebellum. The main causes are neurodegenerative diseases.

Objectives: To present a case of PBA secondary to cerebral toxoplasmosis.

Methods: The present study is a case report of a patient admitted for HIV-related toxoplasmosis to our hospital. We also researched previous case reports of PBA secondary to CNS infection using a pubmed query.

Results: Mr. JA is a 38-year-old male, with no prior psychiatric or medical history. He reported having had same-sex sexual encounters previously. He was admitted for ataxia and dysarthria in a medical unit, and diagnosed of HIV infection, with a CD4 count of 19 cells/ μ L. The MRI showed a lesion of 22x19x18mm with ring enhancement predominantly in basis pontis, compatible with toxoplasmosis (Image1). Treatment with sulfadiazine, pyrimethamine and dexamethasone was initiated. After five days of hospitalization he was referred to Consultation-Liaison Psychiatry for involuntary and uncontrollable outbursts of laughing and crying,

insomnia, but no other psychopathological symptoms. Therefore, citalopram 20mg per day was started, with reduction on the frequency of outbursts.



Conclusions: The clinical presentation suggested the diagnosis of PBA due to cerebral toxoplasmosis. Although we found no previous reports of PBA related to HIV infection or toxoplasmosis, the location of the toxoplasmosis lesion is congruent with the typical damaged pathways in PBA. To our knowledge, this is the first report about PBA secondary to HIV-related toxoplasmosis.

Disclosure: No significant relationships.

Keywords: HIV; toxoplasmosis; Consultation-Liaison psychiatry; pseudobulbar affect

EPP0511

Psychopathological characteristics of patients eligible for a diacetylmorphine prescription program: an ecological pilot study

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