

withdrawing from alcohol or opioids. "Lack of engagement with the treatment team" corresponded to many patients who were delirious. Of the consults that resulted in the diagnosis of delirium the most common reasons for consultation were: delirium/altered mental status (AMS) (21%), depression/adjustment (16%), agitation (11%), psychosis (11%), substance use or overdose (10%), and previously existing psychiatric disorder (26%). Often more than one reason was given for consultation. When only one reason was given previously existing psychiatric disorder (18%), depression (11%), and delirium/AMS (10%) were the most likely reasons for consultation.

**Conclusions:** The role of the psychiatric team is often to help primary teams figure out which question to ask, and this is then the first step towards getting the patient the help they need. This work adds to the literature because shows patterns between consultation requests and ultimate diagnoses. If we can notice patterns in the diagnoses based on the types of questions that are asked, this may help teach the teams to broaden their differential to include patterns that we have noticed.

**Disclosure of Interest:** None Declared

## EPV0489

### From neuroleptic malignant syndrome to malignant catatonia: The impact of ciprofloxacin in a chronic psychiatric patient

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**Introduction:** We present the case of a 58-year-old male patient with a history of bipolar disorder, schizoaffective disorder, renal insufficiency and diabetes insipidus who developed malignant catatonia (MC), possibly related to the administration of ciprofloxacin. In a first admission to our care facility, the patient presented a neuroleptic malignant syndrome (NMS) due to antipsychotic medication, with partial remission following the discontinuation of these drugs and introduction of benzodiazepine (BZD) and dantrolene treatment. However, after this first hospital discharge, the patient required a second hospitalization due to a worsening of his general condition, apparently related to a urinary tract infection (UTI). During this last admission, antibiotic therapy with ciprofloxacin was administered, resulting in the worsening of his neuropsychiatric condition and developing clinical symptoms compatible with catatonia. The clinical presentation of his condition eventually requires treatment with BZD and electroconvulsive therapy (ECT).

**Objectives:** The aim of this work is to describe the course and therapeutic approach of a case of MC possibly induced by ciprofloxacin, clarifying the differential diagnosis between NMS and MC. **Methods:** A thorough review of the patient's clinical history was performed from the onset of symptoms in the care facility through his ICU and inpatient hospitalizations. Pharmacological changes were documented, including antipsychotic interruption and BZD administration. Treatment with ECT was initiated after an insufficient response to BZD. Finally, a literature review was conducted to explore the relationship between MC and ciprofloxacin.

**Results:** Initially, the patient showed a partial remission of the catatonic symptoms with BZD and dantrolene after discontinuing antipsychotics, achieving a temporary stabilization. However, after the introduction of ciprofloxacin, he developed a severe catatonic symptoms characterized by central fever, extreme rigidity, mutism, and withdrawal from the environment. Despite BZD treatment, the catatonic symptoms persisted, leading to the decision to initiate ECT. After multiple sessions, the patient experienced a significant improvement on autonomic, motor and cognitive symptoms of catatonia, as well as a more robust clinical stabilization.

**Conclusions:** This case suggests a possible association between the administration of ciprofloxacin and the onset of MC in a chronic psychiatric patient with a history of NMS. The favorable response to ECT highlights the utility of this therapeutic option in the management of severe catatonia when other treatments are not fully effective. The chronology on this case suggests a neurotoxic effect of ciprofloxacin, emphasizing the importance of considering interactions between antibiotics and psychiatric pathologies in vulnerable patients.

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## EPV0490

### Specificity of anxiety-phobic states in the structure of psychosomatic relations of hypertension as a criterion for differentiation of psychotherapeutic approaches

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**Introduction:** The study of anxiety-phobic states as an integral part of psychosomatic relationships in cardiovascular pathology allows us to detail the pathogenetic mechanisms of formation, develop approaches to early diagnostics, psychotherapy and psychoprophylaxis, which is of unconditional medical and social importance in solving this problem.

**Objectives:** Improving the effectiveness of therapy for patients with hypertension, including in combination with ischemic heart disease (IHD), with anxiety states based on the personalization of psychotherapy.

**Methods:** The survey included the use of clinical, socio-demographic, instrumental, clinical-psychopathological, psychodiagnostic and statistical methods.

**Results:** The study sample consisted of 120 patients who were treated at the Kharkiv Clinical Hospital on Railway Transport No. 1, JSC Ukrzaliznytsia. It was revealed that the main psychopathological variants of anxiety states in patients with hypertension are anxiety and combined fears (biological, situational and social, enhanced by psychotraumatic events related to war). The intensity and spectrum of anxiety states have a direct correlation with the duration, severity of the somatic disease and the severity of psychopathological symptoms.

For patients with hypertension with IHD, the dominant fear is typically focused on their own biological well-being (90.5%), for

patients with hypertension – on the biological and social well-being of significant others (74,4%).

The dynamics of anxiety states are different: in 57,7% of patients with hypertension, fear initially develops as a result of traumatic social or situational factors, in 69,1% of patients with hypertension with IHD, unreasonable anxiety acquired a plot due to somatic distress. Psychopathological symptoms in patients with hypertension with anxiolytic states are represented by pronounced asthenic manifestations (95,8%) in combination with hypochondriacal (37,5%), depressive (24,2%), and vegetative (15,0%).

A differentiated psychotherapeutic model for the correction of psychosomatic relationships has been developed, aimed at deactivation of fears, reduction of anxiety, elimination of psychopathological manifestations, improvement of the somatic state, improvement of the quality of life and social adaptation.

**Conclusions:** The application of the developed model has shown its high efficiency in the complex therapy of patients with hypertension.

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## EPV0491

### Conversion disorder: an inclusive approach based on its history

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**Introduction:** The conversion symptom, present in current medical practice, traces its origins to Ancient Egypt, having had, over time, several interpretations. Under the name Hysteria, it was studied by Charcot with hypnosis at the Salpêtrière Hospital. Currently, it belongs to Conversion Disorders, and neurology has given the term psychogenic nonepileptic seizures (PNES), to differentiate these phenomena from epileptic seizures.

**Objectives:** This work proposes to describe the history of Conversion disorder, from Freud's hysteria to the concept of psychogenic nonepileptic seizures, and to summarize useful concepts in approaching patients with conversion disorder, in different contexts.

**Methods:** Non-systematic review of the literature with selection of scientific articles, using PUBMED as database the following keywords: «Conversion disorder», «hysteria» and «psychogenic nonepileptic seizures». Seven articles were included. We also selected 5 reference books.

**Results:** In the 19th century, the conversion symptom constituted a very important milestone in Psychiatry, as it was through monitoring patients with hysteria that Freud created Psychoanalysis. Then, the physical symptoms of hysteria (paralysis, convulsions...) began to be understood as symptoms of psychic origin, and as a symbolic expression of a representation that was unacceptable to the Self and, therefore, repressed. According to psychoanalysis, in hysteria, body is invaded by psychic and serves as a stage for unconscious representations. Nowadays, the term hysteria can include psychogenic nonepileptic seizures, which are paroxysmal episodes of changes in behavior, movement, sensitivity or consciousness, similar to epileptic seizures, but which, unlike epileptic seizures, are not caused by a change in brain's electrical activity.

**Conclusions:** With the description of the evolution of conversion disorder, from Freud's hysteria to nowadays, it is possible to find that conversion pathology will not tend to disappear. It represents a specific mode of psychic functioning, characterized by an organization of defense mechanisms, cognitive styles, memory functions and specific personality traits. Therefore, it is important to continue investigating strategies to individualize the approach to these patients. Also, it would be beneficial to extend access to important psychological knowledge to more general doctors, in order to improve the capacity of managing conversion disorders cases that arise in different health contexts. We highlight the importance of understanding the suffering of these people. Patients with conversion symptoms do not choose to have a certain symptom and shouldn't be a target of stigma. Each person develops their own psychic functioning process, as each person constitutes an unique identity and deserves an individualized and inclusive approach.

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## EPV0492

### Functional Movement Disorder to Huntington's Chorea: Unmasking the Underlying Condition in a Patient Initially Diagnosed with Anxiety Disorder

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**Introduction:** Huntington's disease (HD) is a hereditary neurodegenerative disorder characterized by motor, cognitive, and psychiatric symptoms. Initially, the patient's involuntary movements were attributed to anxiety-related restlessness and psychomotor agitation, leading to a diagnosis of anxiety disorder. During hospitalization, the patient was referred to neurology for his movements, where functional movement disorder was considered. However, due to worsening cognitive decline, apathy, and the psychiatrists' suspicion that the movements were not functional, further investigations were conducted. Cranial MRI, followed by a dementia protocol MRI, revealed caudate nucleus atrophy, leading to the diagnosis of HD.

**Objectives:** To illustrate the diagnostic challenges in identifying Huntington's disease in a patient initially misdiagnosed with anxiety disorder and functional movement disorder.

**Methods:** A 58-year-old male presented with anxiety and involuntary movements, leading to initial diagnoses of anxiety disorder and functional movement disorder. As symptoms progressed—including worsening involuntary movements and cognitive decline—a comprehensive reassessment was conducted. This included neurological examination, neuroimaging, neuropsychological testing, and genetic testing via blood test for CAG repeat analysis.

**Results:** Cranial MRI revealed bilateral caudate atrophy and dilated lateral ventricles, consistent with Huntington's disease. Neuropsychological assessment showed significant impairments in verbal learning, memory, and executive function. The patient was treated with venlafaxine 150 mg/day, mirtazapine 30 mg/day, and haloperidol 6 drops/day, leading to significant improvement in anxiety symptoms and a reduction in chorea.