

Methods: This is a descriptive cross-sectional study conducted over a three-month period from October 1 to December 31, 2022, involving 720 diabetic and/or hypertensive patients followed at the primary health centers (CSB) in Kalaa Kbira Sousse. The assessment of sleep disorders was performed using the Pittsburgh Sleep Quality Index. Anxiety and depression were assessed using the Hospital Anxiety and Depression Scale.

Results: Among the 720 patients included, the majority were women (70.6%), with a gender ratio M/F of 0.41. The average age of the participants was 63.45 ± 13.16 years. The chronic illness was hypertension in half of the cases (49.3%), diabetes in a quarter of the cases (26.3%), and both conditions together in a quarter of the cases (24.4%). Anxiety was present in nearly half of the participants (47.1%), depression affected 40.2%, while anxiety-depressive disorder concerned half of the cases (46.5%). The prevalence of sleep disorders was 54.3% according to the Pittsburgh Sleep Quality Index (PSQI) with a median score of 6 [IQR: 3-9]. The subjective quality of sleep was rated as poor in 41% of cases. The prevalence of sleep disorders was 46% among diabetics, 54.6% among hypertensive patients, and 62.5% among those with both conditions simultaneously. In multivariate analysis, factors associated with poor sleep quality according to the PSQI included age ≥ 65 years ($p=0.026$), comorbidities ($p=0.012$), anxiety-depressive disorder ($p \leq 10^{-3}$), poorly controlled diabetes ($p \leq 10^{-3}$), and insulin therapy ($p=0.022$).

Conclusions: Understanding the mental health challenges faced by individuals with diabetes and hypertension is crucial for developing comprehensive care strategies that address both physical and psychological needs.

Disclosure of Interest: None Declared

EPV0505

Combined spinal cord sclerosis, alcohol and bipolar disorder

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Introduction: The alcohol use disorder has consequences on the metabolic, gastroenterological and especially neurological levels.

The somatic complications of alcohol use disorder add to the psychological and psychiatric complications and repercussions. This involves presenting the case of Mr D;D admitted as part of the emergency for psychiatric evaluation.

Objectives: Interest in highlighting multidisciplinary care for somatic and psychiatric liaison

Methods: Presentation of clinical case

Results: Patient case

Conclusions: The management of patients with a psychiatric disorder or a request for psychiatric evaluation within the framework of the emergency liaison requires multidisciplinary and coordinated care.

Close collaboration allows early diagnosis and better overall patient care.

Disclosure of Interest: None Declared

EPV0506

The relationship between depressive symptoms and medication adherence among individuals with hypertension: An updated systematic review

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Introduction: Hypertension, a major global public health challenge, is often associated with mental health conditions, particularly depression. Several studies suggest a bidirectional relationship between depressive symptoms and hypertension, which may negatively affect individuals living with hypertension's ability to maintain essential self-care practices, including adherence to prescribed medications and necessary lifestyle modifications.

Objectives: This study aims to build upon our previous systematic review (doi: 10.5455/msm.2024.36.65-72) by incorporating new data to further investigate the relationship between depressive symptoms and various aspects of self-care, with a particular focus on medication adherence among individuals diagnosed with hypertension.

Methods: The electronic database CINAHL was added to those of PubMed, Scopus, and PsycInfo, with the search extending from April 2023 to the present. Given the substantial diversity among the studies, a narrative synthesis of the results was conducted.

Results: A total of five new studies were included alongside the existing eighteen, involving 11,733 individuals with hypertension who met our eligibility criteria. Among these studies, ten reported a statistically significant association, highlighting the negative impact of depressive symptoms on medication adherence. The remaining thirteen studies did not confirm this association.

Conclusions: This systematic review reaffirms the diverse landscape of research examining the relationship between depressive symptoms and medication adherence in individuals with hypertension. It is advisable to conduct more robust longitudinal studies to thoroughly explore this relationship.

Disclosure of Interest: None Declared

EPV0507

The Impact of HIV and SSRI Treatment on Thrombocytopenia Risk

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Introduction: Cytopenia is a common hematological issue in HIV/AIDS patients. Despite early disease identification and less toxic HAART reducing its prevalence, persistent thrombocytopenia remains. SSRIs, prescribed for depression in this population, can also cause thrombocytopenia. This review explores the

potential combined impact of HIV and SSRI treatment on thrombocytopenia risk.

Objectives: The objective of this study is to evaluate thrombocytopenia incidence in HIV/AIDS patients and those receiving SSRIs, and to provide clinical recommendations for monitoring in individuals affected by both conditions.

Methods: A comprehensive literature review was conducted using PubMed, MEDLINE, and the Cochrane Library. Studies on thrombocytopenia in HIV/AIDS patients or discussing SSRI-induced thrombocytopenia were included. Data on incidence and clinical management were extracted and synthesized to form a cohesive understanding of risks and recommended practices.

Results: Thrombocytopenia (<150,000 platelets/ μ l) is a sentinel event frequently seen in HIV/AIDS patients, often prompting further evaluation. A 1982 study reported thrombocytopenia in up to 40% of AIDS patients pre-HAART. Recent data from the CHORUS cohort (1997-2006) showed a decreased prevalence of thrombocytopenia to 14%. However, 23% of those with severe thrombocytopenia (<30,000 platelets/ μ l) remained symptomatic despite HAART. A BC-CfE study found a 0.6% prevalence of symptomatic thrombocytopenia among HAART-treated patients (1996-2012), highlighting non-HIV causes. SSRIs can cause thrombocytopenia by interfering with platelet serotonin uptake, reducing platelet function and lifespan. Several case series reported isolated thrombocytopenia following SSRI introduction. While the concurrent use of SSRIs and HAART's effect on thrombocytopenia risk is unclear, careful consideration and monitoring are necessary.

Conclusions: The relative risk of thrombocytopenia from the combined effect of HIV/AIDS and SSRI treatment has not been definitively established. HIV/AIDS patients on SSRIs should be carefully monitored due to the known hematological impacts of both the disease and medication. Regular monitoring of platelet counts is crucial, especially in those with advanced or poorly controlled HIV. Consider alternative psychiatric treatments with lower hematological risks where possible. Effective management requires interdisciplinary collaboration to address these patients' complexities. This review underscores the importance of vigilant monitoring and individualized treatment strategies for HIV/AIDS patients on SSRIs to manage and mitigate the potential risk of thrombocytopenia.

Disclosure of Interest: None Declared

EPV0508

Suspected autoimmune encephalitis in the presence of neuropsychiatric symptoms. The importance of differential diagnosis

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Introduction: Autoimmune encephalitis is a new and increasingly well-described entity. The most common is encephalitis caused by antibodies against the N-methyl-D-aspartate receptor on the surface of neurons (NMDAR encephalitis). It is a predominant entity in women and young patients and it is often associated with ovarian teratomas, neuroblastomas, Hodgkin's lymphomas and others.

NMDAR encephalitis can manifest with a diverse range of neurological and psychiatric symptoms (personality change, anxiety, insomnia, confusion, attentional and short-term memory deficits, emotional lability, psychotic symptoms, language impairment, fluctuations in the level of consciousness, seizures and dysautonomia).

Objectives: Clinical review of Anti-NMDAR Encephalitis for differential diagnosis with Functional Neurologic Disorder.

Methods: Clinical case and literature review.

Results: We present the clinical case of a 27-year-old woman with a history of depression and anancastic personality disorder. The patient went to the Emergency Department different days presenting both neurological (facial paresthesias, hypoesthesia, weakness, high-intensity occipital headache, dizziness, loss of consciousness and anterograde amnesia) and psychiatric symptoms (obsessive thoughts, anxiety, visual and auditory hallucinations). She was admitted to the Neurology Unit. Complementary tests were performed: EEG, cranial CT scan, MRI, lumbar puncture, blood tests (including tumour markers) and urinalysis, founding no alterations suggestive of encephalitis or other systemic pathologies. She was also evaluated by the Psychiatry service. The patient described that as a result of a recent change in her job she presented emotional lability, obsessive ruminative ideas and anxiety. Treatment with Sertraline 100mg/day and Lorazepam 1mg/8 hours was started. After ruling out autoimmune encephalitis, the patient was diagnosed with Functional Neurologic Disorder, given the temporal relationship of the symptoms with the stressful history at work.

Conclusions: Given their growing prevalence autoimmune causes, such as NMDA anti-receptor antibody encephalitis, should always be considered in the cases of neuropsychiatric alterations. It is very important to carry out a correct organic screening prior to the diagnosis of psychiatric pathology. It is also essential an adequate coordination between different medical departments for an accurate and comprehensive approach to the patient.

Disclosure of Interest: None Declared

EPV0509

The Interdisciplinary Challenge: A Case Report on Treating Recurrent Depressive Disorder Amidst Multiple Medical Comorbidities

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Introduction: This case highlights the interdisciplinary management of a 28-year-old Filipino female with recurrent depressive disorder and multiple medical comorbidities, including HIV, tuberculosis, and sexually transmitted infections. Managing depression in patients with complex medical conditions is especially challenging in resource-limited settings like the Philippines, where drug-to-drug interactions and access to high-quality care must be carefully navigated.

Objectives: The objective of this case report is to illustrate the importance of personalized treatment decisions, the rationale for choosing Venlafaxine over SSRIs, and the value of psychodynamic psychotherapy in addressing underlying emotional conflicts in the context of maternal health challenges.