

posing a challenge in differentiation from psychiatric disorders, such as mania or Korsakoff Syndrome. This report highlights the importance of a collaborative evaluation for patients presenting with neuropsychiatric symptoms and a history of alcohol-related cirrhosis.

Disclosure of Interest: None Declared

EPV0472

Descriptive Study on Attentional and Executive Functioning Following CAR-T Cell Therapy in Paediatric Patients with Acute Lymphoblastic Leukaemia

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Introduction: Chimeric antigen receptor-engineered T-cell (CAR-T) therapy is a newly approved treatment that has shown high remission rates among patients with acute lymphoblastic leukaemia. However, its neuropsychological impact remains largely unknown. To our knowledge, this is the first study to examine the neurocognitive effects of CAR-T therapy in children.

Objectives: To analyse attentional and executive functioning outcomes in paediatric patients with acute lymphoblastic leukaemia after CAR-T therapy.

Methods: This study was conducted at the Child Neuropsychology Unit of La Paz University Hospital in Madrid, Spain. Thirteen paediatric patients aged 7–16 years (mean age = 12 years and 1 month; 75% male) were assessed. Neurocognitive assessments were performed at an average of 1 year and 4 months after CAR-T therapy (ranging from 3 months to 3 years and 4 months). Neurocognitive measures included the Symbol Digit Modalities Test (SDMT), the Omission score from the Continuous Performance Test Third Edition (CPT 3), the Test of Nonverbal Intelligence Fourth Edition (TONI-4), and the Verbal Fluency Test (FAS). Descriptive analyses were conducted, including median, minimum and maximum scores for age- and sex-adjusted z-scores, with significant impairment defined as $z < -1.5$.

Results: Findings revealed that 58.3% of the children scored significantly below norms on non-verbal abstract reasoning (TONI-4: Median = -1.53; Min = -3.27; Max = 1.27), 53.9% displayed significant sustained attentional deficits (Omission CPT 3: Median = -3.1; Min = -4.0; Max = 0.70), and 41.7% showed relevant impairments in both processing speed (SDMT: Median = -1.5; Min = -5.7; Max = 1.9) and phonological verbal fluency (FAS: Median = -0.7; Min = -2.9; Max = 1.5).

Conclusions: Paediatric acute lymphoblastic leukaemia survivors treated with CAR-T therapy show deficits in processing speed,

sustained attention, abstract reasoning, and phonological verbal fluency. These findings underscore the need for both short- and long-term neuropsychological monitoring, and tailored interventions targeting attentional and executive functioning deficits in this population. Future studies should replicate these analyses by using larger sample sizes.

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EPV0475

Delirious mania in a 19 year-old Ukrainian refugee

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Introduction: We present a case study of a 19-year old Ukrainian refugee presenting with delirious mania, with no personal or family psychiatric history. Delirious mania is a complex and severe neuropsychiatric condition that remains under-recognised in diagnostic manuals. Delirious mania describes a neuropsychiatric state where a patient exhibits signs and symptoms of mania, delirium and often catatonia. Most of the patients described in past case reports are older in age than our patient and have a personal or family history of a mood disorder.

Objectives: Our objectives were to investigate the signs and symptoms of delirious mania in this 19 year-old patient. We sought to compare his presentation to the existing diagnoses in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition and International Classification of Diseases 11th Revision. These include delirium, mania and catatonia. In addition, we aimed to study existing literature on delirious mania as well as cross-cultural factors in formulation of this complex case.

Methods: We assessed this patient daily as part of the Liaison Psychiatry team and compared his presentation to existing diagnostic criteria of delirium, mania and catatonia. We performed a literature review of delirious mania to identify suggested diagnostic criteria, management strategies and cultural considerations.

Results: Our patient presented to the Emergency Department with a four-day history of bizarre behaviour and poor sleep. He had no past psychiatric history. He was admitted to the general medical ward for a medical work-up, which ultimately yielded no organic pathology. During this time, our patient fulfilled separate diagnostic criteria for delirium, manic episode and catatonia. We found that there was no overarching diagnosis within international diagnostic manuals that encompassed this patient's presentation. However, delirious mania has been described in the literature since 1849. There are various suggested diagnostic criteria for delirious mania suggested in the literature, such as those by Bond (1980) and Fink (1999). This patient was successfully treated with intramuscular lorazepam. In our discussion, we considered various unique factors in the formulation. These included the cultural considerations given that the patient had recently entered the country as a Ukrainian refugee, difficulties in assessment and treatment due to language and cultural barriers and the limitations of psychiatric treatment on a general medical ward.

Conclusions: Delirious mania continues to be unrepresented in diagnostic manuals, which in turn leads to confusion over diagnosis and treatment. Given the complexity of this neuropsychiatric condition, early recognition is key in providing effective treatment before progression into a malignant state. This would be aided by having delirious mania recognised in international classifications.

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EPV0476

A Service Audit of Psychiatric Presentations of Displaced Ukrainians in the Emergency Department or as a ward consult in University Hospital Galway from March 2022 to December 2023

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Introduction: We are seeing an increasingly diverse population in the Emergency Department. There have been increasing numbers of displaced Ukrainians attending the Emergency Department and referred from the general medical/surgical wards for psychiatric assessment since the Russian invasion of Ukraine in 2022.

Objectives: The objective of this retrospective audit was to examine the demographic and clinical characteristics of displaced Ukrainians presenting to the University Hospital Galway with psychiatric presentations. Our aim was to review the impact of psychiatric presentations of displaced Ukrainians on the Liaison Psychiatry/on-call Psychiatry service

Methods: We utilised the Liaison Psychiatry patient database to extract data on status as a displaced Ukrainian, presenting complaint, working diagnosis, use of interpreter, location of review, outcome of review and other demographic data. This was a retrospective audit using anonymised data.

Results: We found that a total of twenty-eight patient presentations were seen by Liaison Psychiatry or by the on-call Psychiatry doctor from March 2022 to December 2023 (inclusive). Twenty-three patient presentations (82.1%) were seen in the Emergency Department. Nineteen patient presentations (67.9%) required the services of an interpreter. 16 patient presentations (57.1%) were in relation to low mood with or without suicidal ideation. 16 patient presentations (57.1%) resulted in a referral to a Community Mental Health Team.

Conclusions: There is a significant number of Ukrainian refugees attending the Emergency Department for psychiatric reasons. The vast majority of these patients do not speak English and require an interpreter. Being able to communicate effectively is crucial in taking a psychiatric history and further improvements should be made to improve the experience that this population of patients have in the Emergency Department. This audit can be used to inform service development in the Liaison Psychiatry

department to better serve the needs of displaced Ukrainians, such as through the introduction of translated patient information documents.

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EPV0477

Post-Stroke Psychosis Following Basilar Artery Occlusion: A Case Report

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Introduction: Approximately 16 million individuals experience a first-time stroke annually, with vertebrobasilar (VB) strokes accounting for 20% of all strokes and transient ischemic attacks. Neuropsychiatric symptoms affect at least 30% of stroke survivors and are associated with low quality of life, an increase in the burden of caregiving, and impaired functional status. These complications can range from mood disorders to psychosis. Psychosis is a relatively rare complication after stroke but is among the most serious of the poststroke syndromes. However, there are no specific guidelines for its treatment.

Objectives: To describe a case of psychosis following a vertebrobasilar stroke and review the relevant literature on the topic.

Methods: We report a case of post-stroke psychosis in a man with no prior psychiatric history and conduct a non-systematic review of the literature.

Results: A 46-year-old man with a history of dyslipidemia and testicular cancer 13 years prior and no previous psychiatric history was admitted to the Stroke Unit under the care of Internal Medicine and Neurology due to a vertebrobasilar stroke. Liaison Psychiatry was called to assess the patient on the 27th day of hospitalization due to visual hallucinations. On examination, the patient presented with a suspicious facial expression, persecutory and infidelity delusions, and both visual and auditory hallucinations. No other psychopathological changes were observed. The case was discussed with the Neurology team, and the patient underwent laboratory tests, a new head computed tomography, and an electroencephalogram, none of which showed recent significant abnormalities. The patient was started on olanzapine 5 mg daily. The patient was reassessed after one week and continued to have the described psychotic symptoms, leading to an increase in the olanzapine dose to 10 mg. After two weeks of treatment, there was a noticeable reduction in the psychotic symptoms.

Conclusions: Psychosis is a possible complication of stroke and is associated with impairment and increased mortality. According to the literature, strokes in the vertebrobasilar territory can cause hallucinations. Guidelines for managing post-stroke psychosis are currently lacking, and to assure evidence-based care, further research is needed. This case underscores the importance of early detection and intervention, emphasizing the need for a multidisciplinary approach to managing post-stroke psychosis.

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