

and psychotic symptoms being less frequent. Psychotic symptoms are difficult to manage, as they are usually resistant to antipsychotic treatment, which is why it is considered an indication for medical treatment of Cushing's syndrome.

**Objectives:** To give visibility to this type of psychotic disorders of organic origin to deepen their study as well as raise awareness among professionals dedicated to clinical care with the intention of improving their prevention.

**Methods:** A description of a clinical case is made, accompanied by a bibliographic review on psychosis of endogenous corticosteroid origin.

**Results:** We describe the case of a 44-year-old woman who was admitted to the charge of Internal Medicine due to Cushing's syndrome. During her admission, she presented a debut of positive psychotic symptoms, so the liaison psychiatry team followed her up. She was diagnosed with an ACTH-secreting lung carcinoid tumor.

**Conclusions:** This entity should be taken into account in cases of atypical psychosis in patients with compatible phenotypic characteristics.

**Disclosure:** No significant relationships.

**Keywords:** Cushing's syndrome; cushing; carcinoid; glucocorticoids

## EPP0120

### Forced Normalization and other neuro-psychiatric manifestations of epilepsy - Case series and A literature review

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**Introduction:** Psychosis of epilepsy has intrigued many neurologists and psychiatrists. We attempt to summarize the phenomenon, suggested diagnostic criteria and distinguishing features between different clinical entities linked with epilepsy. This case series is unique and rare as we include the case that meets full criteria of forced normalization.

**Objectives:** 1) To understand the concept and diagnostic criteria of Forced Normalization 2) To differentiate different psychiatric manifestations of epilepsy

**Methods:** A total of 13 studies were reviewed using the key words from 1999 –2021 using different search engines- Google scholar, Pub-med, Elsevier, Dynamed.

**Results:** Patients with epilepsy have an eightfold increased risk of psychosis (6). Forced Normalization has been described as the onset of psychotic or mood symptoms after the resolution or remission of >50% of seizures, evidenced by normal EEG. It was first described in 1950's and has been extensively studied since 19<sup>th</sup> century. The age of onset can be 8 years to 71 years of age (mean - 28.3). The exact mechanism is still unknown. Different factors have been linked to this phenomenon like kindling, neurotransmitters etc.

**Conclusions:** It is interesting to understand the antagonistic relationship between epilepsy and psychosis. Forced normalization is a rare entity because it is hard to diagnose due to possible overlap with other clinical entities like post-ictal or side effects of AED. The

prognosis seems to be favorable depending on the trigger for the symptoms with better prognosis if the resolution of seizures was achieved AED. Mood disorders had worse prognosis than dissociation and psychosis.

**Disclosure:** No significant relationships.

**Keywords:** Alternative psychosis; forced normalization; psychosis of epilepsy; epilepsy

## EPP0121

### Review of gastrointestinal bleeding during use of SSRIs combined with use of NSAID

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**Introduction:** In recent years, more and more attention has been paid to the risks of using SSRIs. This group of antidepressants may be associated with an increased risk of gastrointestinal bleeding. This risk would be even further increased with concomitant use of NSAIDs. A number of studies have described this interaction, however they reported conflicting results.

**Objectives:** Our objective was to investigate the risk of gastrointestinal bleeding with SSRIs, with or without NSAID use.

**Methods:** We performed a literature search, using Pubmed, EMBASE, and Cochrane library, in order to investigate controlled trials, cohort, case-control and cross-sectional studies that reported the incidence of gastrointestinal bleeding s on SSRIs with or without concurrent NSAID use, compared to placebo or no treatment.

**Results:** 15 case-control studies and 4 cohort studies were included in the analysis. There was an increased risk of gastrointestinal bleeding with SSRIs in the cohort studies and case-control studies. The risk of gastrointestinal bleeding was even further increased with the combined use of both SSRIs and NSAIDs.

**Conclusions:** SSRIs are associated with a modest increase of gastrointestinal bleeding. However, this risk is significantly increased when SSRIs are used in combination with NSAIDs. Psychiatrists should be aware of the hazards in prescribing these medications together.

**Disclosure:** No significant relationships.

**Keywords:** bleeding; SSRIs; NSAID

## EPP0122

### Transdiagnostic Role of Glutamate and White Matter Damage in Neuropsychiatric Disorders: A Systematic Review

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