

EPV0438

Complex Care: Schizophrenia Meets Rheumatoid ArthritisO. Laabidi^{1*}, S. Laabidi¹, A. Touiti¹ and N. Bram¹¹Forensic psychiatry department, razi hospital, la manouba, Tunisia

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doi: 10.1192/j.eurpsy.2025.1207

Introduction: The management of coexisting schizophrenia and rheumatoid arthritis (RA) is complex due to the lack of clear guidelines. While immunosuppressants are the cornerstone of RA therapy and clozapine is the gold standard for treatment-resistant schizophrenia, their shared adverse effects make combined treatment challenging, requiring alternative therapeutic options.

Objectives: present the therapeutic complexity of managing treatment-resistant schizophrenia alongside RA.

Methods: We report a case of drug-induced toxidermia in a patient being treated for RA with some therapeutic particularities.

Results: Mr. W, a 66-year-old man, has been under treatment since 2007 for schizophrenia. Somatically, he has rheumatoid arthritis (RA) that has been progressing since 2016, for which he is treated with Methotrexate.

The diagnosis of treatment-resistant schizophrenia was made. Given this resistance, the introduction of Clozapine was proposed. However, the issue of an interaction between Methotrexate and Clozapine, contraindicated according to pharmacologists' report, required therapeutic reevaluation.

Clinical and biological evaluation showed remission of RA with an EVA score of 0, NAD of 0, NAG of 0, a DAS28 score of 1.13, and an VS of 5 mm. The choice then fell on Sulfasalazine to replace Methotrexate, with a progressive introduction of the drug, starting at 500 mg and increasing by 500 mg every 7 days up to a dose of 2000 mg/day, accompanied by weekly control tests.

Twelve days after the introduction of Sulfasalazine, at a dose of 1000 mg/day, the patient presented with a diffuse rash associated with erythroderma, facial and eyelid edema, an infiltrated, pruritic maculo-erythematous rash, confluent in places but sparing the palms and soles. Given the characteristics of the dermatological lesions and their timing, drug-induced toxidermia caused by Sulfasalazine was strongly suspected. Consequently, Sulfasalazine was discontinued, as well as the antipsychotic, and the patient was treated with topical skin treatments and two boluses of intravenous corticosteroids.

The initial biological workup was normal. However, seven days after stopping Salazopyrin, the patient became febrile with a temperature of 40°C, accompanied by erythematous pharyngitis, an elevated CRP of 45, monocytosis, and the presence of activated lymphocytes on the blood smear. Pharmacovigilance opinion: a DRESS syndrome was suspected, with a Regi score of 2. Two weeks later, the clinical course was favorable, with the complete disappearance of dermatological lesions and normalization of biological parameters.

Conclusions: Managing treatment-resistant schizophrenia alongside rheumatoid arthritis poses a therapeutic challenge due to drug interactions. The case of Sulfasalazine-induced toxidermia highlights this complexity. Close monitoring and tailored treatment alternatives are crucial to minimize risks while ensuring efficacy.

Disclosure of Interest: None Declared

EPV0440

The longitudinal impact of health behaviours on mental health, diabetes distress, and quality of life in people with type 1, type 2, and gestational diabetes: A scoping reviewA. M. McInerney^{1,2*}, C. Flynn¹, K. Fardfini-Ruginets³, S. Liu⁴, C. Koretsidou¹, R. J. Burns³ and S. S. Deschênes¹

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doi: 10.1192/j.eurpsy.2025.1208

Introduction: There can be a considerable mental health burden to living with diabetes. Health behaviours are modifiable factors that influence mental health in the general population. However, despite the centrality of health behaviours to diabetes management, there are significant gaps in our understanding of their longitudinal impact on mental health in people with diabetes.

Objectives: This scoping review aimed to synthesise the longitudinal evidence from observational and intervention research on the impact of health behaviours on mental health and related psychological factors in people with type 1, type 2, and gestational diabetes.

Methods: PubMed, PsychINFO, Embase, CINAHL, and PsycArticles were searched for intervention and observational studies examining the effect of health-promoting, health-risk, or diabetes-specific health behaviours on aspects of mental health, diabetes distress, and quality of life, in people with all types of diabetes. Abstracts, titles, and full texts were screened by two independent reviewers.

Results: In total, 100 relevant studies were identified, including 29 observational studies and 71 intervention studies. Studies had a mean follow-up time of 12.9 ± 17.8 months. The health behaviours investigated in the included studies were adherence, alcohol, carbohydrate-counting, diet, diet and exercise combined, exercise, fasting, medical visits, sleep, self-monitoring blood glucose, smoking, and weight. The review identified knowledge gaps surrounding diabetes-specific behaviours, behaviour interactions/clusters, sleep, sedentary behaviour, screen-time, gestational diabetes, mood and ecologically valid and objective measurements. Exercise was the most frequently investigated health behaviour and also the most likely to be found to have a mental health promoting impact.

Conclusions: Findings suggest that health-promoting behaviours influence mental health in people with diabetes. There is less conclusive evidence regarding the impact of health-risk or diabetes-specific health behaviours. In particular, a broad range of physical activities may improve mental health and wellbeing in people with diabetes.

Disclosure of Interest: None Declared