

memory errors concerning recent events, clouding of consciousness and inattention.

No fever or other relevant physical symptoms. A lumbar puncture is done, which shows an opening pressure of 37mmHg but no other anomalies. Body CT scan shows no relevant findings. Empirical treatment with dexamethasone is initiated for suspected encephalitis, progressively reducing the dosage until suspension in the following days. During her stay at the hospital she is assessed by ophthalmology, which finds no abnormalities in the eye fundus examination, and psychiatry. A second evacuating lumbar puncture is done to reduce intracranial hypertension. No antipsychotic treatment is initiated: the symptomatology remitted with the lowering of intracranial pressure. At time of discharge, the patient remained asymptomatic without treatment and was able to return home to continue outpatient neurologic study of the etiology of the intracranial hypertension.

Finally, we conduct a review of the existing literature concerning psychotic and psychosis-like symptoms in patients with intracranial hypertension, to explore the diagnostic and management options of this rare finding.

Conclusions: Our findings point to the existing relationship between intracranial hypertension and psychosis-like symptoms. Further studies on pathogenic mechanisms and therapeutic management are required.

Disclosure of Interest: None Declared

EPV0275

Hepatic encephalopathy in cirrhosis and alcohol dependence: complex clinical challenges and multidisciplinary management

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Introduction: Liver cirrhosis, a chronic liver disease, can be closely linked to chronic alcohol abuse, posing a significant medical challenge. Hepatic encephalopathy (HE), a neuropsychiatric condition resulting from liver dysfunction, commonly occurs in cirrhotic patients due to the accumulation of neurotoxic substances like ammonia and manganese in the body. Managing cirrhosis and alcohol addiction is crucial to enhancing the quality of life for these patients, as HE can manifest in various ways and with varying degrees of severity.

Objectives: To emphasize the importance of recognizing and treating hepatic encephalopathy as a potential complication of liver cirrhosis and sedatives during alcohol withdrawal.

Methods: We compiled clinical data, medical history, neuroimaging tests, and therapeutic interventions applied.

Results: A 55-year-old man with a complex medical history, including Child-Pugh B liver cirrhosis, portal hypertension, hypertension, diabetes mellitus, and chronic alcohol abuse with numerous prior hospitalizations for acute pancreatitis and severe head trauma related to alcohol consumption, presented to the emergency department with symptoms of alcohol withdrawal and suicidal thoughts, leading to lorazepam administration and a

recommendation for admission to a specialized Therapeutic Community. After 72 hours, he developed hepatic encephalopathy with symptoms such as confusion, sleep disturbance, sweet-smelling breath, abnormal hand movements, conjunctival icterus, and urinary difficulties.

An EEG revealed a globally attenuated and disorganized bioelectrical activity with triphasic waves. The magnetic resonance imaging showed signs of hepato-cerebral degeneration, including T1-weighted hyperintensity in the lentiform and mesencephalic nuclei due to manganese deposition. Treatment was adjusted to reduce sedative use, and therapy with Rifaximin and Lactulose was initiated to control blood ammonia levels. After a week, the patient exhibited significant neurological improvement, underscoring the importance of appropriate management in patients with hepatic encephalopathy related to liver cirrhosis and chronic alcohol abuse.

Conclusions: This case underscores the complexity of HE in patients with liver cirrhosis and alcohol dependence. HE can present in various ways, from subtle symptoms to severe episodes of confusion and coma. Findings on EEG, such as triphasic waves, are characteristic of HE and reflect brain dysfunction. Furthermore, manganese accumulation in the brain, as evidenced by magnetic resonance imaging, may contribute to neurological symptoms in cirrhotic patients. In this context, the early recognition and multidisciplinary treatment are emphasized to improve the quality of life and prevent the progression of this neuropsychiatric complication. EEG and magnetic resonance imaging findings play an essential role in the evaluation of these patients.

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EPV0276

Management of Acute Organic Change of Character cases by Liaison Psychiatry Unit

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Introduction: The Acute Organic Change of Character (AOCC) is an organic mental disorder subtype in which perception, thought, mood and personality impairment predominate. It consists in a change in the individual's general behaviour or attitude, which is shown to be closely associated with or caused by an underlying organic process, and which is rapidly resolved when the organic noxious agent is eliminated (Pintor et al. Journal of Psychiatry and Psychiatric Disorders 4 (2020): 354-358).

Objectives: To describe the importance of taking AOCC diagnosis into consideration and the role of liaison psychiatrists in AOCC management by presenting two AOCC cases admitted to the Hospital Clinic of Barcelona.

Methods: We retrospectively reviewed two AOCC cases in patients followed by our hospital's liaison psychiatry unit during the summer of 2023. We also searched for previous case reports of AOCC using a PubMed query.