providing evidence that psychological defenses may have neurobiological correlates that can be measured in certain conditions. However, a definitive answer remains elusive.
Conclusions: The expanding narrative of a relatively nascent dialogue between neuroscience and psychoanalysis remains not only clinically relevant, but also promotes a holistic view of patients with psychiatric illnesses. Through our discussion, psychoanalytic theory is woven into the current neurobiological framework for FNSD, which we believe will assist clinicians provide empathic care and help patients develop a more adaptive and meaningful explanatory paradigm of their lived experience.

Disclosure: No significant relationships.
Keywords: Conversion Disorder; functional neurologic symptom disorder; Psychoanalytic theory

EPV0333

Somatic comorbidity and physical frailty in elderly with medically unexplained symptoms

M. Arts*

GGZWNB, Psychiatry, Bergen op Zoom, Netherlands
*Corresponding author.
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Introduction: Reported prevalence rates of medically unexplained symptoms (MUS) in people aged ≥65 years range between 1.5 and 18%. People with MUS often describe a low quality of life and frequently suffer from co-morbid anxiety and depressive disorders. In our pilot study on older patients with MUS, the level of somatic comorbidity as well as frailty parameters were significantly higher among patients with MUS which was partially explained by a somatic origin compared to patients with MUS for which no explanation at all was found.
Objectives: The objective of this study was to examine the level of frailty and somatic comorbidity in older patients with medically unexplained symptoms (MUS) and compare this to patients with medically explained symptoms (MES).
Methods: Frailty was assessed according to Fried's criteria (gait speed, handgrip strength, unintentional weight loss, exhaustion, and low physical activity), somatic comorbidity according to the self-report Charlson Comorbidity Index and the number of prescribed medications.
Results: Although MUS-patients had less physical comorbidity compared to MES-patients, they were prescribed the same number of medications. Moreover, MUS-patients were more often frail compared to MES-patients. Among MUS-patients, physical frailty was associated with the severity of unexplained symptoms, the level of hypochondriacal beliefs, and the level of somatisation.
Conclusions: Despite a lower prevalence of overt somatic diseases, MUS-patients are more frail compared to older MES-patients. These results suggest that at least in some patients age-related phenomena might be erroneously classified as MUS, which may affect treatment strategy.

Disclosure: No significant relationships.
Keywords: Frailty; Somatic; MUS; comorbidity

EPV0336

Secondary Gerstmann syndrome, a case report

A.L. Orozco Aguirre*, M. Marín Valdovino, M.A. Ruíz Santos and A.M. González Meléndez

Hospital San Juan De Dios, Psiquiatria, Zapopan, Mexico
*Corresponding author.
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Introduction: Gerstmann syndrome is a rare neurological disorder that consist primarily of 4 neuropsychological signs that include acalculia (impairment in performing calcultaions), digital agnosia (dificulty discriminating their own fingers), agraphia (impairment or dificulty to write by hand); and left-right disorientation (impairment of distinguishing left from right.
Objectives: Presentation of a case report of a patient with Gertsmann syndrome secondary to breast cancer metastasis.
Methods: We analyze the case of a 79 years-old female with a history of breast cancer in remission, with a severe depressive episode of 8 months of evolution, dysphoria, apathy, decrease in the ability to carry out basic activities of daily life, acute personality changes and sleep disruption. 15 days previous to the first examination the patient suffers gait disturbances, falling from her own height, memory impairment, suicide ideation and nomination aphasia.
Results: At the examination we encounter digital agnosia, acalculia, agraphia, right-left disorientation, right hemiparesis. MRI are taken founding 3 tumor lesions in the left and right frontal lobe, 2 solid lesions with a necrotic appearance in the right parietal lobe, one of them in the angular gyrus of the parietal cortex. CT scan found a solid tumor-like lesion in the left pulmonary apex. CA-125 antigen 429.5 U/mL. She was sent to continue her treatment with oncology, receiving radiotherapy.
Conclusions: The psychiatric abnormalities secondary to Gerstmann syndrome make the relatives of this patient seek psychiatric care, requiring multidisciplinary work to reach an accurate diagnosis. Gerstmann syndrome is a rare neurological condition that can mimic lots of other clinical pictures.

Disclosure: No significant relationships.
Keywords: neuroanatomy; breast cancer; Gerstmann syndrome; Neuropsychiatry

EPV0338

Specificities of the Use of Psychotropic Drugs in Bariatric Surgery

C. Fernandes Santos* and R. Gomes

Hospital Garcia de Orta, Department Of Psychiatry And Mental Health, Almada, Portugal
*Corresponding author.
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Introduction: Bariatric surgery is considered an effective treatment against obesity. Psychiatric illness is relatively common in patients who have undergone bariatric surgery. Over one-third of these patients are prescribed psychotropic drugs, particularly antidepressants. Unlike medications for diabetes, hypertension or

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hyperlipidemia, which are generally reduced and at times discontinued, postsurgery psychotropic use is only slightly reduced. The surgical intervention and the subsequent weight loss can affect several pharmacokinetic parameters, leading to a possible need of dosing adjustment.
Objectives: To review the influence of bariatric surgery on the use and pharmacokinetics of psychotropic drugs.
Methods: Non-systematic review of literature through search on *PubMed/MEDLINE* for publications from 2011 to 2021, following the terms *psychotropic* and *bariatric surgery*. Textbooks were consulted.
Results: It is difficult to predict how psychotropics will be affected by bariatric surgery because of interindividual differences and limited data. Malabsorptive surgical procedures have a relatively greater potential to alter drug exposure. Medication disintegration, dissolution, absorption, metabolism and excretion have been found to be altered in postbariatric patients. Antidepressants are the best studied psychotropics in the bariatric population and their absorption is reduced. The risk of gastric bleeds with bariatric surgery will probably be increased by serotoninergic antidepressants. Antipsychotics and mood stabilisers are not well studied in these patients. Depot antipsychotics avoid the risk of reduced absorption after surgery. Lithium use requires particular close monitoring.
Conclusions: Close treatment monitoring and the ongoing monitoring of symptoms are needed after bariatric surgery. Many patients may not require significant changes to drug treatment after surgery.

Disclosure: No significant relationships.
Keywords: psychopharmacology; obesity; bariatric surgery; psychotropics

EPV0341

A Complicated Case of Catatonia

A. Makela*

Harvard Medical School at Cambridge Health Alliance, Department Of Psychiatry, Cambridge, United States of America
*Corresponding author.
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Introduction: Many different causes of catatonia are well-documented in medicine. Modern understanding of catatonia has evolved in the last 100 years with the suggestion that there is a root cause in neuroinflammation. This is a case report of a young woman who presented to the emergency department with altered mental status, found to have catatonia responsive to lorazepam, with the underlying etiology being a diagnosis of multiple sclerosis.
Objectives: A case-based approach is used to support the following learning objectives: - Review the diagnostic criteria for catatonia - Distinguish between simple and malignant catatonia - Review the Bush-Francis Scale - Review available treatment
Methods: Mother brings 24-year-old woman into the hospital for altered mental status and changes in behavior including staring spells, periods of withdrawal, refusal to eat, lack of purposeful movement, apraxia, and mutism that worsened 24 hours prior to presentation.
Results: The patient was afebile with negative covid-19 test. Recent diagnosis of Bell's palsy treated with antivirals and oral steroird, which terminated just prior to presentation. Additionally, patient had outpatient treatment for vertigo. Lumbar puncture was negative for an infectious process. MRI revealed multiple stable white matter lesions in the periventricular, pontine, and subcortical regions, some oriented perpendicular to the corpus callosum.
Conclusions: This case of a 24-year-old woman with catatonia brought an opportunity to retrospectively review a case in detail in order to feature learning objectives that review very important considerations in the evaluation, differential diagnosis, symptom tracking, and treatment of catatonia. The future of research in catatonia is bright and diverse.

Disclosure: No significant relationships.
Keywords: Bush Francis; multiple sclerosis; inflammation; Catatonia

EPV0342

Psychiatric manifestations in HIV infection

T. Jupe[1]* and B. Zenelaj[2]

[1]Psychiatric Hospital of Attica, 5th Acute Psychiatric Department, Chaidari, Greece and [2]National Center for Children Treatment and Rehabilitationn, Child Psychiatry, Tirana, Albania
*Corresponding author.
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Introduction: The HIV is a retrovirus, which is immunosuppressive, predisposing the individual to opportunistic infections and certain neoplasm. In addition to impairment in immune functions, evidence has suggested that HIV is neurotropic. It should therefore be anticipated that neuropsychiatric complication might be common in HIV positive individuals during all phases of HIV related illness. The neuropsychiatric aspect of the AIDS remains a challenge for psychiatrists involved in patients care.The relationship between HIV and psychiatric symptoms and conditions is complex and the direction of effects between severe mental illness and HIV infection is unclear. In general, people with severe mental illness are at increased risk of contracting and transmitting HIV, and the prevalence of HIV infection among them is higher than in the general population.
Objectives: To determine how frequently psychiatric symptoms in an HIV positive adult population occur, as well as to determine social, demographic and clinical factors that are associated with the presence of these symptoms.
Methods: Literature review on Pubmed
Results: Depression has a high prevalence in HIV-positive individuals, ranging between 5.8 and 36.0%. Typical features of depression are similar to those in HIVnegative people, although fatigue, loss of appetite and weight, impaired concentration, hopelessness and guilt are more common.Depressed HIV-positive individuals are at high suicide risk.Apathy has also been more commonly reported among HIV patients than in the general population.The prevalence of anxiety among HIV-positive individuals ranges from 4.3 to 44.4%
Conclusions: The rate of psychiatric symptoms in HIV positive patients in this population is high. Most of them go unnoticed and therefore untreated.

Disclosure: No significant relationships.
Keywords: psychiatric symtoms; hiv infection