

EPV1444

Increased risk of psychosis to ivermectin treatment

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Introduction: Adolescence: a state of mental fragility, where psychiatric disorders may debut, where have been reported several cases of toxidermy, encephalopathy and neuropsychiatric disorder related to ivermectin treatment (excluding organicity, substance abuse or medication) (1). It has effect on the dopaminergic system with an alteration on glycoprotein P leading to high levels of ivermectin causing neurotoxicity (2). In this poster, we discuss the case of a 14 y/o's psychosis to ivermectin

Objectives: Presentation of a clinical report

Methods: 14 years old woman. Background: father with schizophrenia. Comorbidity: None. Initially, presented to ER with 2 week of treatment to ivermectin 6mg for pediculosis; presenting first psychotic episode. She presented first clinical outbreak of psychosis characterized by mystical-religious, erotomaniac, harm and reference delusions, auditory and visual hallucinations adding isolation, abulia, apathy, dialogued soliloquies, and spontaneous crying. No prior psychiatric treatment.

Results: In hospitalization: elevated indirect and direct bilirubins and hiponatremia; neuroimaging studies are reported normal. Haloperidol 7.5 mg/day is indicated and parkinsonism is presented. Treatment is changed to olanzapine 15mg/day with notorious improvement. Diagnostic impression: Acute polymorphic psychotic disorder with symptoms of schizophrenia

Conclusions: Possible causes were analyzed, finding a relationship with ivermectin treatment. This case makes evident the importance of conducting in-dept evaluations and finding risks factors for psychosis.

Disclosure: No significant relationships.

Keywords: Ivermectin; Psychosis

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A case report of Acute and transient psychotic disorder precipitated by Reiki practise

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Introduction: ATPD is defined in the ICD-10 as a polymorphic, predominantly delusional, or schizophreniform psychotic condition characterized by an acute onset (≤ 2 weeks) and rapid remission (expected within 1–3 months), which is often associated with acute stressful life events. A woman in her 30s was brought to the emergency department in an acute psychotic state. Her mental health had deteriorated rapidly following her attendance to Reiki training two weeks ago (Reiki is a form of alternative medicine called energy healing). She presented as agitated, confused and had

disorganised thoughts. She had paranoid, referential, misidentification and bizarre delusions.

Objectives: This paper reports the case of a 37-year-old woman with stress-induced new-onset psychosis instigated by Reiki practise.

Methods: A female patient is described who developed an acute and transient psychosis with polymorphic symptomatology after meditating. Physical examinations, paraclinical testing, and neuroimaging excluded an organic cause of symptoms.

Results: In this case, we wanted to present an example of acute and transient psychosis episodes in which individuals with low psychosis threshold experienced recipient factors such as insomnia, dopaminergic agent (modafinil), practising reiki and meditation. While the family history of the patient, fragile personality structure suggest that the threshold of psychosis may be low; physical fatigue, insomnia, which is common in all 3 episodes, may have triggered acute psychosis.

Conclusions: Our patient recovered completely within 1 week after a brief admission and treatment with haloperidol. The real question here is whether the patient needs psychotropic medication for life.

Disclosure: No significant relationships.

Keywords: brief psychotic disorder; Acute and transient psychotic disorders; meditation-induced psychosis

Sexual Medicine and Mental Health

EPV1447

Sexuality in the Muslim community during Ramadan

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Introduction: Ramadan is a holly month for Muslims. Able-bodied adults fast and abstain from sexual activities from dawn to sunset. These hasty lifestyle changes have a major impact on the sexual life of the Muslim community.

Objectives: To assess the impact of Ramadan on sexual activity in a Tunisian community.

Methods: A cross-sectional study was conducted among married Muslim volunteers in Tunisia. The data was collected with an anonymous self-completed questionnaire, one week before Ramadan (W-1) and the fourth week of Ramadan (W4).

Results: We included 100 person in this study. The sample consisted of 59 females and 41 males. The average age was 40.3 years. During Ramadan, sexual intercourse happened more often on weekends ($p=0.009$) and mostly during the second part of the night ($p < 0.001$). Data suggest a disturbed sex life with less satisfaction about sexual life compared to W-1 ($p < 0.05$). Monthly sexual intercourse frequency dropped from 5.76 coitus/month on W-1 to 3.27 on W 4 ($p < 0.05$) and Duration of sex from 9.45 minutes to 6.85 minutes ($p < 0.001$). Couples communicated less about sex ($p=0.004$). Sexual abstinence was more frequent ($p=0.016$). Preliminaries were less performed ($P=0.01$) and were shorter ($p < 0.001$). Oral sex was less frequent as well as some sexual positions: fellatio ($p=0.01$) and cunnilingus ($p=0.002$), sexual positions