endocrinology department of Farhat Hached hospital, Sousse, due to fatigue, psychomotor retardation, and an enlarged goiter, in the context of discontinuation of his replacement therapy. Laboratory tests revealed a significantly elevated TSH level of 17.5mUI/L, indicating profound hypothyroidism. Hospitalization was therefore prompted by this endocrine decompensation to reinitiate treatment and to monitor him to prevent complications.
During the hospital stay, thyroid hormone replacement therapy was resumed. However, despite adequate treatment, the patient quickly became unstable, exhibiting vague persecutory delusions, marked irritability, changes in behavior, distractibility, attention problems, insomnia and confusion. This clinical picture raised the possibility of either a manic relapse with psychotic features, potentially triggered by the resumption of thyroid treatment, or Hashimoto's encephalopathy.
Further investigations, including brain imaging and anti-thyroid peroxidase antibodies (ATPO) measurement, were performed. Brain imaging was normal, and ATPO were elevated. Given the clinical history and elevated thyroid antibodies, the diagnosis of Hashimoto's encephalopathy was considered. The patient was started on corticosteroid therapy (prednisone), leading to a significant improvement in both psychiatric and cognitive symptoms within weeks.
Results: This case illustrates the importance of considering HE in patients with neuropsychiatric symptoms and underlying thyroid disease. The combination of elevated ATPO levels and progressive psychiatric deterioration, with normal neuroimaging, and significant improvement with immunomodulatory treatment supports the diagnosis of HE. It is a rare condition with a reported prevalence of 2.1/100000. It presents with a wide range of neurological and psychiatric symptoms and the presentation varies among patients.
Conclusions: This case underscores the need for increased awareness of HE as a differential diagnosis in patients with thyroid disorders and neuropsychiatric manifestations.

Disclosure of Interest: None Declared

EPP602

The hidden wolf – Case report of valproic acid drug-induced cerebral lupus erythematosus

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Introduction: Neuropsychiatric symptoms associated with valproic acid were already described in the 1980s. Valproic acid is known to cause valproate encephalopathy and hyperammonemia[(1,2)]. Rarely it can cause drug induced lupus erythematosus[(5)]. Previous studies and case reports have documented manifestations such as rash, pulmonary involvement, pleuritis and carditis due to valproate-induced lupus erythematosus. However, little is known about other manifestations[(3,4,6)]. To date, there are no descriptions of cerebral drug-induced lupus erythematosus due to valproic acid.
Objectives: We report the case of a female 63-year-old patient who was initially treated in our inpatient clinic for prolonged delirium and major neurocognitive disorder following severe traumatic brain injury with bilateral traumatic intracerebral temporal bleeding eight months prior. Symptoms from the severe traumatic brain injury included aphasia, impulse control disorder, reduced frustration tolerance and depression, which were treated with valproic acid and quetiapine. The patient experienced a strongly fluctuating, progressively deteriorating neuropsychiatric syndrome that began six months before hospitalization. Additionally, a fluctuating neurological syndrome including temporary complete hemiparesis, hyperreflexia and loss of consciousness, which lasted from 30min to hours, and halluzinations was observed. The patient also developed epileptic seizures, which could not be managed by a combined antiepileptic therapy with valproic acid, brivaracetam and clobazam. Previous examinations (brain-MRI and CT, CFS, extended lab testing) excluded acute cerebrovascular insult, encephalitis and hyperammonemia.
Methods: The diagnosis of cerebral vasculitis was considered after excluding infection or cerebrovascular insult. Anti-nuclear antibodies and anti-histone Antibodies were detected in the blood sample. Anti-NMDA receptor antibodies as well as antibodies for paraneoplastic syndromes and Bickerstaff encephalitis were not detected. MRI scans over eight months showed an increase of white matter lesions periventricular and in the brain stem.
Results: Based on these results and the medical history, we considered a drug-induced vascular lupus erythematosus due to valproic acid. We initiated immunosuppressive therapy with high-dose prednisone while tapering valproate acid. Within days, the neurological symptoms declined and epileptic seizures ceased.

Image 1:

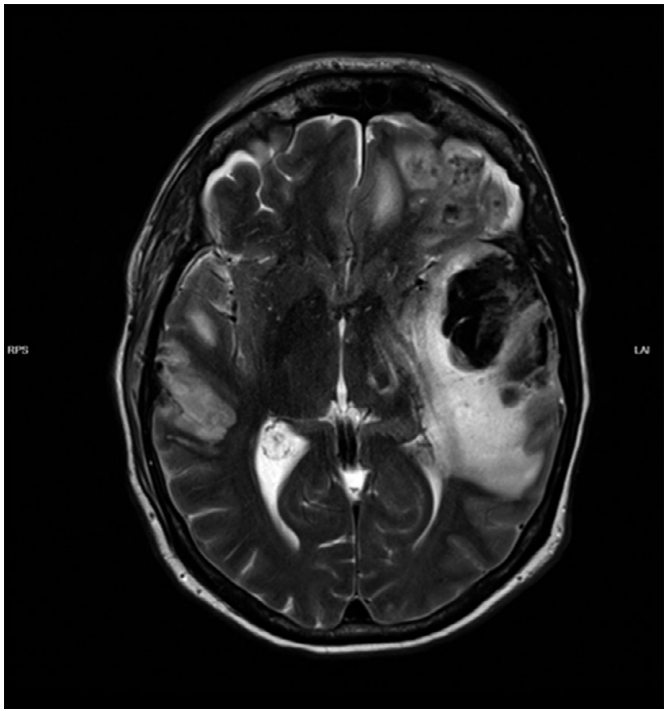
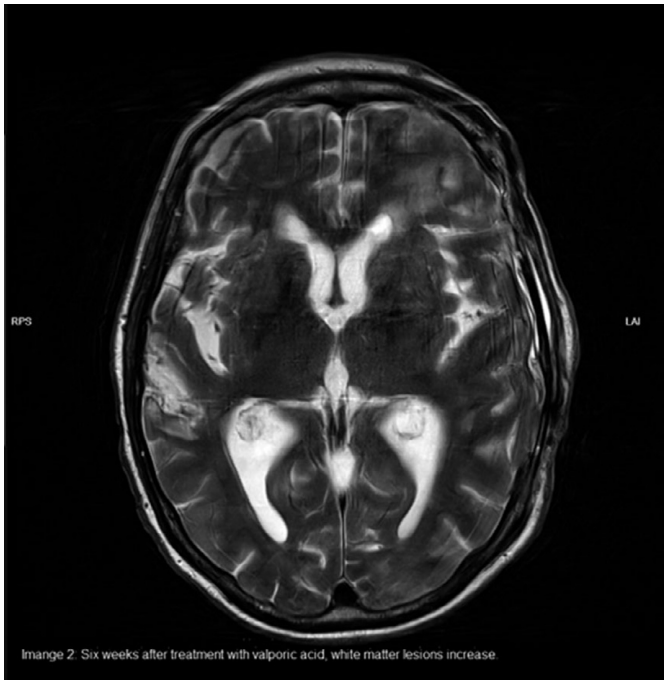


Image 2:



Imange 2: Six weeks after treatment with valporic acid, white matter lesions increase.

Image 3:

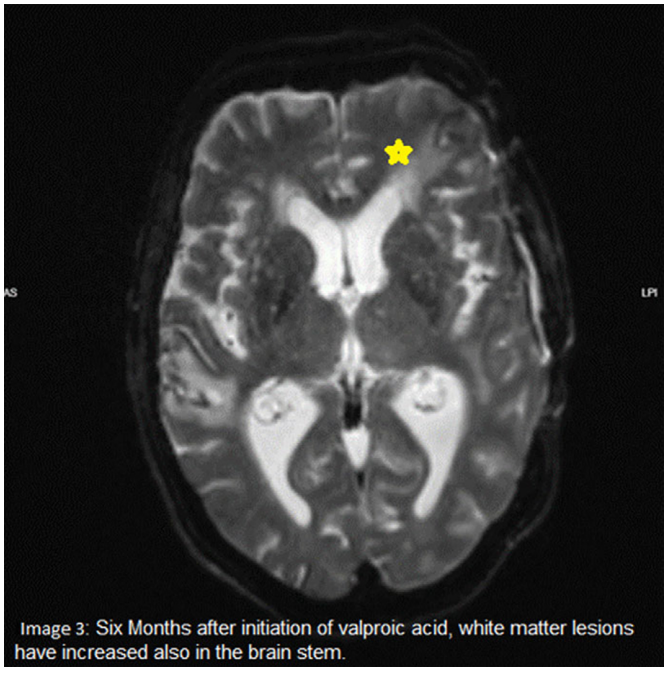


Image 3: Six Months after initiation of valproic acid, white matter lesions have increased also in the brain stem.

Conclusions: This is the first described case of valproic acid-induced cerebral lupus erythematosus. There are no established recommendations for therapy or knowledge about the course and outcome of this condition. This case highlights the importance of evaluating valproate-induced lupus erythematosus in patients with fluctuating neuropsychiatric symptoms under valproic acid medication, in addition to valproate-induced encephalopathy. Prednisone might be a viable treatment option.

Disclosure of Interest: None Declared

Rehabilitation and Psychoeducation

EPP605

"Step by Step" Toward Recovery for People with Severe Mental Illness – The Example of a Community Mental Health Structure on the Outskirts of Lisbon

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Introduction: Addressing severe mental illness requires assertive community intervention. The "Assertive Program – Step by Step", implemented in 2016, involves a mental health team in the Sintra region (Lisbon). Through a case manager model and regular patient contact, an Individualized Care Plan is developed to ensure treatment continuity, coordinate psychosocial interventions, and reduce both the frequency and duration of hospital admissions. The goal is to contribute to clinical improvement, enhance social functioning, and improve the quality of life for individuals with severe mental illness through several measures: regular psychiatric consultations; promotion of adherence to psychopharmacological treatment; individual or group psychological support; participation in rehabilitation programs; psychoeducational programs for patients and families; and facilitation of general medical consultations and social support.
Objectives: This study aims to characterize the sociodemographic profile, occupational status, and number of hospital readmissions among patients followed by the Assertive Program, and to reflect on the relevance of these interventions in preventing relapses.
Methods: A retrospective analysis of data collected from the clinical records of patients enrolled in the Assertive Program in September 2024, with a minimum follow-up period of one year.
Results: In September 2024, a total of 29 patients were enrolled in the Assertive Program, with 19 receiving follow-up for more than one year. The average age was 36.4 years, and 68.4% were male. The majority of patients were either single (68.4%) or divorced (21.1%), and most were not working, with 52.6% being unemployed and 5.3% retired. The predominant diagnosis was schizophrenia (52.6%), followed by Bipolar Affective Disorder (31.6%) and Psychosis Not Otherwise Specified (10.5%). The average number of total hospital admissions was 2.9 (maximum 12, minimum 0). After joining the Assertive Program, 68.4% (n=13) of patients were not readmitted to the hospital. Of those readmitted (31.6%; n=6), most had a diagnosis of schizophrenia (n=4) and were unemployed (n=5).
Conclusions: This study highlights the specific sociodemographic profile of patients with severe mental illness, who appear to be predominantly single and unemployed. The proposed program may help reduce the number of relapses in the care of this patients. Hospital readmissions appear to occur primarily among unemployed patients, underscoring the need for close, personalized follow-up, with a focus on improving occupational functionality.

Disclosure of Interest: None Declared