

EPV0321

Management of patients with conversion disorder

I. Baati¹, M. Ben Abdallah^{1*}, A. Arous¹, S. Hentati¹, F. Guermazi¹, J. Jdidi² and J. Masmoudi¹

¹CHU Hedi CHaker hospital Sfax Tunisia, Department Of Psychiatry (a), Sfax, Tunisia and ²CHU Hedi CHaker hospital Sfax Tunisia, Department Of Community Health And Epidemiology, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1203

Introduction: Conversion disorder (CD) is largely managed by primary care physician. A good knowledge of this disorder and a mastery of adequate therapeutic means will allow patients to recover promptly and reduce recurrences.

Objectives: To evaluate the management of CD by primary care physicians.

Methods: This cross-sectional and descriptive study involved 90 primary care physicians in the region of Sfax (Tunisia). We submitted a self-administered anonymous questionnaire to physicians to explore their practice towards patients with CD.

Results: Among the 90 doctors contacted, 54 (60%) responded to our questionnaire. Their age ranged from 25 to 70 years, with a median of 41 years. The sex ratio was 0.92. The average number of years of practice was 15 years (SD = 9.7). Half of the physicians reported that the consultation of a patient with CD lasted between 15 and 30 minutes. Faced with a first episode of CD, 61.1% of the doctors decided to treat the patient alone and 18.5% preferred to take the advice of a psychiatrist. In the case of a recurrence, 59.2% chose to refer the patient immediately to a psychiatrist. The use of pharmacological treatment was indicated by 64.8% of participants. Half of the doctors stated that they had difficulties in managing patients with CD.

Conclusions: According to our results, the management of CD by primary care physicians remained restrictive and difficult. It is therefore necessary to encourage primary care physicians to express the difficulties they encounter and to turn to their psychiatric colleagues for help.

Disclosure: No significant relationships.

Keywords: Conversion Disorder; Primary Care Physician; management

EPV0320

An Impulsive Suicide Attempt in a Patient with No Psychiatric History and a Recent COVID-19 Diagnosis: A case report

J. Kim*, C. Jackson and H. Raai

SBH Health System, Department Of Psychiatry And Behavioral Health, New York, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1204

Introduction: The coronavirus disease 19 (COVID-19) pandemic has prompted concerns regarding increased suicide rates and exacerbation of underlying mental illness symptoms. •There is evidence suggesting neurocognitive changes as well as immune response in COVID-19 infection may increase a patient's propensity for suicidal ideation. • Patients who are diagnosed with COVID-19 may be affected by psychological factors of anxiety,

stress related to having this novel virus as well as depression, post-traumatic stress disorder and sleep disorders throughout treatment and post-treatment of continued concerns. •The combination of psychiatric, neurological, and physical symptoms associated with COVID-19 may elevate suicide risk

Objectives: We present a case of a female with no prior psychiatric history who impulsively attempted suicide after a recent COVID-19 diagnosis and subsequent quarantine. Will explore possible link between increase of suicidal ideation and COVID-19 infection.

Methods: A case report.

Results: Link between increase of suicidal ideation and COVID-19 infection has not been clearly established but there have been reports, as in our case, of the possible vulnerability to mental illness and new onset suicidal ideation that COVID-19 survivors may experience. It may be useful to screen all patients for depressive symptoms after a COVID-19 infection. Early identification and treatment of depression in recovered COVID-19 patients will help to improve psychological impact on COVID-19 survivors and potentially reduce suicide rates.

Conclusions: As COVID-19 infection may trigger new onset mental illness, exacerbate symptoms of underlying mental illness, and may increase suicidal ideation, further research is needed to evaluate links between COVID-19 infection and depression with suicidal ideation

Disclosure: No significant relationships.

Keywords: Coronavirus; Covid-19; Suicide

EPV0321

Addison crisis related psychosis

A. Papanastasiou*, A. Roubi, L. Tsitrouli, A. Antoniou, G. Vouraki, E.T. Tsapardoni, V. Drakuli, S.M. Papageorgiou and A. Pahi

SOTIRIA GENERAL UNIVERSITY HOSPITAL, Psychiatry, ATHENS, Greece

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1205

Introduction: Addison's disease (AD) is a rare disorder of the adrenal glands which causes deficiency of cortisol and aldosterone. It presents with a variety of symptoms, including neuropsychiatric manifestations. We discuss the case of a patient who exhibited psychotic symptoms in clear consciousness and no other clinical sign of AD.

Objectives: To investigate the association between AD and neuropsychiatric symptoms; to make clinicians aware of psychotic manifestations of AD as first presentation.

Methods: Case Presentation of a patient with psychosis and AD. A review of the literature was conducted in PubMed using the following keywords: Addison's disease, Addison crisis, psychosis, psychotic, neuropsychiatric

Results: A 32-year-old alert male patient presented with delusions of persecution, auditory hallucinations and mild psychomotor agitation after a stressful life event. Lab tests showed hyponatremia (132 mEq/L). Patient exhibited rapid clouding of consciousness after admission and further lab results showed low levels of cortisol. He was therefore started treatment with high doses of hydrocortisone with good response. A close association between AD and psychiatric manifestations was indicated by the literature review, especially in males and those with thyroid dysfunction comorbidity. These include a wide range of symptoms, such as apathy, catatonia, anxiety, depression, lethargy, delirium, cognitive disorder,

irritability, behavioural disorders, agitation, delusions, hallucinations, and rarely psychotic symptoms in clear consciousness. The aetiopathogenetic mechanism involves electrolyte disturbances, cortisol deficiency and increase in endogenous endorphines

Conclusions: Clinicians should be alert of the manifestation of AD with psychiatric symptoms; patients with AD should be informed of the risk for Addison crisis after stress.

Disclosure: No significant relationships.

Keywords: delusion; Addison; cortisol; Psychosis

EPV0323

Pots syndrome: the importance of organic screening in anxiety patients. Case report

P. Del Sol Calderón^{1*}, L. Mallol Castaño¹, R. Paricio Del Castillo¹, A. Izquierdo De La Puente² and M. García Moreno²

¹Hospital Universitario Puerta de Hierro, Psiquiatría Infanto-juvenil, Madrid, Spain and ²HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1206

Introduction: 16-year-old female who starts psychiatric follow-up due to episodes of anxiety crises with dizziness and tremors.

Objectives: To expose a case in which it is essential to rule out organic pathology in cases where there is anxiety and physical symptoms.

Methods: Case report and literature review

Results: The patient explains that she was in a situation of conflict with her ex-partner, commenting that he did not accept the breakup. Sertraline was prescribed in ascending doses up to 100 mg per day with complete remission of anxiety. 8 months later, she went to the emergency room for loss of consciousness and tremor of the lower limbs. She was diagnosed with conversive disorder and was prescribed lorazepam up to 3 mg per day. Since then, there has been a worsening in the frequency of syncope occurring up to 10 times a day, limiting her academic and social life. She was evaluated by a cardiologist who diagnosed POTS Syndrome (postural orthostatic tachycardia syndrome) and started treatment with ivabradine and mineralocorticoids. With this treatment, the episodes were drastically reduced and spaced out to 1-2 per week. The dose of lorazepam is decreased until its withdrawal without worsening of the anxious symptomatology.

Conclusions: This disorder consists of an involvement of the autonomic nervous system in which there is a sudden drop in blood pressure together with an abrupt increase in heart rate. Its treatment is based on increasing blood volume with drugs such as corticosteroids as well as postural measures with adequate water intake.

Disclosure: No significant relationships.

Keywords: conversive syndrome; psychosomatic; POTS; functional symptoms

EPV0324

Glaucoma and Psychotropics

T. Cavaco*, J. Rema and C. Rodrigues

Centro Hospitalar Universitário Lisboa Norte, Neurociências E Saúde Mental, Lisboa, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1207

Introduction: Glaucoma is a heterogeneous group of conditions which result in optic neuropathy and visual defects, majorly linked with the increase of intra-ocular pressure (IOP). It is known that psychotropic drugs have been implicated in drug induced angle-closure glaucoma, mostly through its anti-cholinergic effect.

Objectives: Systematize the drugs most and least implicated in its appearance and worsening and understand the care needed on prescribing.

Methods: A search on Pubmed database was made having in consideration the Mesh Terms Glaucoma and Psychotropic Drugs and its different classes. Specific searches were made when appropriate on different platforms.

Results: Implications on the appearance and worsening of glaucoma are clear for tricyclic antidepressants. The evidence is not clear for SSRIs, SNRIs and mirtazapine, but they might be related with increased IOP. Other classes of antidepressants seem to be of lower risk. Antipsychotics do not seem to be greatly associated with angle closure, although there are some case reports. There are descriptions of the potential use of haloperidol, anti-convulsive mood stabilizers, with exception of topiramate, melatonin and anti-dementia drugs on the treatment of this condition. In practice, benzodiazepines do not seem to precipitate angle-closure. Methamphetamines are contraindicated. Electroconvulsive therapy is an option.

Conclusions: Although not prevalent, angle-closure glaucoma can have serious implications and culminate in irreversible blindness. In patients with known risk-factors it is important to have it on consideration at the time of the prescription and warn on seeking immediate help if having acute ocular pain, redness and/ or cloudy vision.

Disclosure: No significant relationships.

Keywords: glaucoma; psychotropic drugs

EPV0325

Neuropsychiatric Disturbance in Huntington's Disease: Approach to Management

J. Jay*, V. Kumar, P. Bidkhanian, E. Garrels, Y. Segal and B. Susaimanickam

BronxCare Health System, Psychiatry, Bronx, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1208

Introduction: Huntington's Disease (HD) is an autosomal dominant, neurodegenerative condition with a prevalence of 10.6-13.7 per 100,000, caused by the trinucleotide CAG (cytosine, adenine, guanine) repeat expansion in the HTT gene. HD is characterized by a range of motor, cognitive, and psychiatric symptoms, the latter of which usually manifest prior to the onset of motor or cognitive disturbances. Amongst psychiatric symptoms, changes in personality are most common, followed by depression. Psychosis has a higher prevalence in those with early-onset HD.

Objectives: This case report aims to demonstrate an approach to the management of neuropsychiatric disturbances in HD as well as expose the need for development of an evidence-based approach to treatment.

Methods: PubMed was searched for the criteria Huntington's Disease AND Psychosis, with a secondary search for Management of Psychosis in Huntington's Disease.