

Introduction: Psychogenic nonepileptic seizures (PNES) consist of paroxysmal changes in responsiveness, movements, or behaviour that superficially resemble epileptic seizures.

Objectives: Presentation of a clinical case of a PNES in a patient with a diagnose of secondary epilepsy, illustrating the relevance of an adequate evaluation, differential diagnosis, and intervention.

Methods: Description of the clinical case, with brief literature review and discussion. A search was conducted on PubMed and other databases, using the MeSH terms “nonepileptic seizure”, and “epileptic seizure”.

Results: We report the case of a 45-year-old female patient, brought to the emergency department because of tonic axial and limb nonsynchronous movements, closed eyes, long duration, with immediate awareness, no desaturation, tongue bite, facial flushing, dyspnoea or sphincter incontinency. She was medicated with clonazepam 1 mg and levetiracetam 1000 mg ev. TC-CE had no acute alteration. Bloodwork had no other major alteration except valproic acid below therapeutic levels (her usual medication, along with other antiepileptic drugs, antidepressant and antipsychotic). The antecedents of the patient: mild intellectual disability and an accidental traumatic brain injury in infancy, with secondary epilepsy. She was transferred to Psychiatry department. No electroencephalogram (EEG) was realized, because she had a recent one confirming PNES, and many other emergency observations with the diagnosis of PNES.

Conclusions: This clinical case showcases the diagnostic difficulties that clinicians face when there is an overlap in symptoms, emphasizing the need to combine patient history, witness reports, clinician observations, and ictal and interictal EEG to help distinguish these different clinical identities.

Disclosure: No significant relationships.

Keywords: Nonepileptic seizure; Epileptic seizure

EPV0036

Functional Neurological Disorder: a multidisciplinary approach

C. Alvarez Garcia^{1*}, A. Gomez Martín¹, M.D.C. Molina Liétor², I. Cuevas Iñiguez³ and A. Sanz Giancola¹

¹Hospital Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares, Spain; ²Hospital Universitario Príncipe de Asturias, Psiquiatría, Alcalá de Henares, Spain and ³Hospital Principe de Asturias, Psiquiatría, Alcalá de Henares, Spain

*Corresponding author.

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Introduction: Functional neurological disorders (FNDs), also known as “conversion disorder”, consist in the appearance of neurological symptoms that do not correspond to any medical condition and produces an impairment in social, occupational and other areas in the patient’s life. This disorder can represent up to 30% of neurologist’s consultation. We introduce the case of a 23-year-old man who attended the emergency services due to fainting and was finally diagnosed with FND.

Objectives: To summarize the difficulties of making a diagnosis of FND and the importance of a multidisciplinary approach.

Methods: A narrative review through the presentation of a case.

Results: The patient presented many absence seizures during his stay in the hospital. These episodes were characterized by non-

reactivity, dysarthria, tremors, tachycardia and hyperventilation. The neurological examination and imaging tests didn’t show any pathological findings. During the psychiatric interview he revealed he had lived a severe conflict with his brothers the previous week and he was being excluded within his family. Furthermore he didn’t have any social support besides his mother in the city he was living, leading this situation to an incrementation of anxiety. Due to the absence of any abnormalities in the examination and recent psychological conflict that was affecting him, FND diagnose was made. **Conclusions:** Very frequently the absence of a clear psychological trigger and the presence of neurological alterations can hinder the study of the patient. This makes necessary a multidisciplinary approach and the knowledge of signs that can help to carry out an accurate diagnosis.

Disclosure: No significant relationships.

Keywords: multidisciplinary; neurological; conversion

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A review on interventions for psychogenic nonepileptic seizures: which treatments improve outcome?

J. Simas^{1*}, O. Nombora² and C. Rio¹

¹Centro Hospitalar do Tâmega e Sousa, Department Of Psychiatry And Mental Health, Penafiel, Portugal and ²Centro Hospitalar de Vila Nova de Gaia/Espinho, EPE, Department Of Psychiatry And Mental Health, Vila Nova de Gaia, Portugal

*Corresponding author.

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Introduction: Psychogenic nonepileptic seizures (PNES), the most common conversion disorder, are episodic alterations in behaviour that resemble epileptic seizures without its characteristic EEG changes. PNES presumably reflect a physical manifestation of underlying psychological distress and can be as disabling as epilepsy. Standardized treatment approaches for PNES care are lacking.

Objectives: Our aim is to review the literature for therapeutic interventions in PNES.

Methods: A literature search was conducted in PubMed/MEDLINE database for randomized controlled trials (RCTs) examining the effect(s) of specific intervention(s) in patients with PNES. Search terms were “psychogenic-nonepileptic-seizures” and selection was based on the abstracts of all the studies retrieved. Priority outcome was frequency of PNES.

Results: We identified 8 eligible RCTs. Samples ranged from 19 to 82 patients. Follow-up periods varied from 6 weeks to 18 months. Regarding reduction of PNES frequency, several interventions were effective: motivational interviewing combined with psychotherapy; cognitive behavioural therapy informed psychotherapy (CBT-ip); combination of CBT-ip and sertraline; immediate withdrawal of antiepileptic drugs after PNES diagnosis; a standardized diagnostic approach associated with psychiatric inpatient consultation. Treatment with sertraline alone and brief educational interventions didn’t reduce PNES frequency significantly. Beside PNES rate reduction, most interventions conveyed some type of benefit such as improvement in quality of life, mood or functionality.

Conclusions: The majority of the beneficial interventions included a structured communicational approach and/or psychotherapeutic treatment. Our analysis highlights the importance of a multidisciplinary strategy that includes psychotherapy. Further studies with

larger samples and longer follow-up periods are needed to robustly inform evidence-based treatment for PNES.

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Keywords: Psychogenic Nonepileptic Seizures; Conversion Disorders

EPV0040

Interpersonal Psychotherapy (IPT) for Posttraumatic stress disorder

J. De Jong

Parnassia Groep, Psyq Psychotrauma, Den Haag, Netherlands
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Introduction: Therapies focused on exposure like prolonged exposure (PE) or Eye Movement Desensitization and Reprocessing (EMDR) dominate the treatment of posttraumatic stress disorder (PTSD). There are many patients with PTSD who are not fully responding with exposure-therapies, or don't want exposure therapies at all. Many patients don't like to be confronted with elements of their traumatic experience. IPT has proven to be highly efficient in e.g. depression and bulimia and is promising as a treatment for PTSD while NOT using exposure. IPT aims to repair the damage trauma does to interpersonal trust and social functioning.

Objectives: Learn more about IPT. Learn more about the way IPT is used in the treatment for patients with PTSD (adaptations).

Methods: Literature review focused on IPT for PTSD.

Results: Among the consequences of PTSD are affective numbing, interpersonal hypervigilance, and social withdrawal (1). Numbness, an avoidance particularly of negative affect, makes it hard to read one's interpersonal environment. Thus in adapting IPT for PTSD, we devote the early part of treatment to affective reattunement: helping patients to identify their emotions and to recognize them as helpful social signals. Once patients can read their feelings, they can put them to use to handle relationships better, deciding whom they can trust and whom they can't. IPT for PTSD tends to focus on role transitions, which are usually inherent having been traumatized (2).

Conclusions: In the past there has been several kinds of research that show that group IPT and individual IPT reduce PTSD and depression in traumatized patients with PTSD.

Disclosure: No significant relationships.

Keywords: Interpersonal Psychotherapy; PTSD

EPV0041

BAD NEWS FOR HYPOCHONDRIACS: Covid-19 Associated Aggravation of Somatic Symptom Disorder with Psychotic Depression

S. Jesus*, A. Costa, G. Simões and P. Garrido

Baixo Vouga Hospital Centre - EPE, Psychiatry And Mental Health Department, Aveiro, Portugal

*Corresponding author.

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Introduction: The Covid-19 pandemic has brought with it far-reaching consequences that affect the mental health of a significant population. Those suffering from somatic symptom disorder (SSD) present a significant focus on physical symptoms, with excessive

thoughts and behaviours, to an extent that results in major distress and dysfunction. Aggravation of SSD could be associated with various stressors, including the current pandemic, and culminate in an increased severity of the base presentation.

Objectives: The authors present the case of an elderly man with previous diagnosis of SSD which began to aggravate and evolve into a depressive psychotic state, precipitated by the beginning of the Covid-19 pandemic.

Methods: The authors conducted a non-systematized literature review with focus on those articles most pertinent to the topic in question as well as presenting a clinical case as complement.

Results: With the pandemic overwhelming the globe, the literature has demonstrated a significant correlation with aggravation of mental health and psychiatric cases. The patient in question was previously followed in consultation for SSD. With the pandemic acting as precipitating stressor, the patient demonstrated a significant aggravation in his base presentation with the development of psychotic depression. He was subsequently hospitalized with implementation of psychotherapeutic and psychopharmacological methods, with remission of the psychotic state, with poor response of the SSD.

Conclusions: External stressors are an important influence on psychiatric disorders. Whenever potential life stressors, especially those that exert influence on a global scale, the psychiatrist should be attentive to the possibility of significant aggravation of a stabilized clinical picture and offer support.

Disclosure: No significant relationships.

Keywords: Psychotic depression; covid 19; somatoform

EPV0042

Psychological characteristics of men with arterial hypertension according to the MMPI test

N. Chernus^{1*}, A. Sivkov², R. Gorenkov¹, S. Sivkov¹, A. Serdakova¹, A. Zolotovickaja¹ and T. Savina¹

¹the I.M. Sechenov First Moscow State Medical University: Moscow, Russia, The Outpatient Care Department, Moscow, Russian Federation and ²the I.M. Sechenov First Moscow State Medical University: Moscow, Russia, The Outpatient Care Department, Москва, Russian Federation

*Corresponding author.

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Introduction: The term hypertension means super-stress - psychoemotional. It is generally accepted that this condition is more inherent in men.

Objectives: Study psychological features of arterial hypertension patients depending on severity.

Methods: Examined 102 men, ages 31 to 62; the average age was 46.4 ± 0.32 years. Of these, with stage I AG 46 patients (1 group), with stage I AG 45 (2 group), with stage III AG 11 (3 group). Psychological status of patients was examined using the MMPI test.

Results: The averaged personality profile of patients showed that a profile exceeding 80 T points is typical for all comparison groups: 82,6%, 73,3%, 81,8%, in groups 1, 2 and 3, respectively. The first profile type in frequency was the profile with a leading peak on the first scale in combination with a moderate rise on the right scales: seventh-eighth: 63.7% of the total number of surveyed. This profile reflected mainly depressive tendencies. The second most frequent profile reflected alarming trends: an increase on the 2nd scale with the main peak at 7. Persons with depressive manifestations were characterized by a focus on compliance with the normative criteria of the social