

EPP0229

Unusual drug-resistant psychotic state with epilepsy manifestations, cognitive deterioration and muscular atrophy - case report

M. Bazhmin

Faculty Of Medicine, TechnionShaar Menashe Mental Health Center, Shaked, Israel
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Introduction: This article will focus on the case of patient whose disease manifested after episode of dehydration at 16 years of age and within 8 years led to his death. During the eight years of illness, the patient suffered from polymorphic psychotic states accompanied by various types of epileptic seizures, including absence and grand-mal seizures, resistant to drug therapy. In addition, he suffered from multiple motor disorders, skeletal and mimic muscle atrophy, as well as progressive cognitive decline from very high level of cognitive functions to level of moderate deterioration. Despite repeated evaluations, there was no unequivocal diagnosis of his disorder.

Objectives: Male, born in 1994, without a known hereditary pathology in the field of neurology or psychiatry. Pregnancy and child-birth proceeded without features and the early stages of cognitive-motor development were marked as normative, with the exception of a single epileptic seizure at the age of 3 years (according to the description of the parents). Until the age of 16, the patient was not under the supervision of a neurologist or psychiatrist, developed on a par with his peers, successfully attended school with high marks in the exact sciences, and went in for sports.

Methods: Case report

Results: Case report

Conclusions: A patient is considered with a non-standard course of psychosis and epilepsy, which was accompanied by multiple neurological and psychiatric symptoms. In Israel there are only 13 patients with a resemble clinical picture and there is no diagnosis or group of diagnoses in ICD, DSM or any neurological classification that can describe his disease.

Keywords: Epilepsy; psychosis; cognitive deterioration; tic disorder

EPP0228

Emotional outcomes in tunisian stroke survivors

N. Charfi^{1*}, S. Elleuch¹, N. Smaoui¹, M. Maalej Bouali¹, L. Zouari¹, M. Dammak², C. Mhiri³, J. Ben Thabet¹ and M. Maalej¹

¹Psychiatry C Department, Hedi chaker University hospital, sfax, Tunisia; ²Neurology Departement, Habib Bourguiba hospital university, sfax, Tunisia and ³Neurology, Habib Bourguiba Hospital, sfax, Tunisia

*Corresponding author.

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Introduction: Depression and anxiety are recognized as common psychiatric complications of stroke, yet little is known about their clinical correlates and their impact on functional outcome.

Objectives: To assess the prevalence of anxiety and depression during the first year post-stroke; To determine their relationships with clinical and functional variables.

Methods: We conducted a cross-sectional study, which included 147 patients, followed for stroke that had occurred over the past year. We used the HAD scale in its Arabic version for screening for anxiety and depression and the modified Rankin scale to assess the degree of disability due to stroke.

Results: Anxiety was detected in 55.1% of patients and depression in 67.3% of them. These emotional disturbances were more common during the first six months post-stroke. Depression was more common among male gender ($p=0.003$). Older age and more than secondary educational attainment correlated with post-stroke anxiety (p respectively 0.013 and 0.002). Post-stroke anxiety and depression were significantly more common in case of infarcts involving the territory of the Sylvian and the anterior cerebral artery (p respectively 0.01 and 0.001). Depression was significantly associated with the presence of motor deficit on the initial neurological examination ($p<0.001$) and subsequent neurological sequelae ($p<0.001$). Anxiety and depression were significant predictors of functional disability during the 12 months post-stroke ($p=0.007$).

Conclusions: Anxiety and depression impair functional ability after stroke. These data may help identify the patients at greatest risk of poor emotional outcomes and thus help in planning appropriate interventions.

Keywords: Depression; Anxiety; stroke survivors; HAD

EPP0229

Escitalopram in patients with psoriasis

M. Artemieva¹, I. Danilin^{1*}, Z. Ziewozinska², R. Suleimanov¹ and A. Lazukova¹

¹Psychiatry And Medical Psychology, RUDN University, Moscow, Russian Federation and ²Dermatology And Venereology, Pirogov Russian National Research Medical University, Moscow, Russian Federation

*Corresponding author.

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Introduction: Psoriasis is a chronic skin disease, affecting up to 2-4% of population. The majority of investigations agree that this disease appears to be a result of confluence of genetic, allergenic and emotional factors. There is usually more than one trigger that leads to the manifestation or exacerbation of symptoms. Psychogenic factors are clearly in a pattern here. Some personality traits may lead to instability of the emotional sphere that can act alternately as a cause, then as an aftereffect of exacerbation of the chronic process, forming a so called "vicious circle" of psychosomatic disease.

Objectives: To discover the impact of escitalopram on the symptoms of psoriasis.

Methods: 14 patients were diagnosed with psoriasis. All patients underwent psychiatric interviewing and psychological testing (STAI and HADS). The results revealed increased trait anxiety levels among 8 of them with moderate severity of the process according to SCORAD index. 3 cases demonstrated symptoms of clinically expressed and 4 subclinical levels of depression. Escitalopram (10 to 20 mg. daily) was administered along with common dermatologic therapy in these patients.

Results: Patients treated with escitalopram showed a reduction of anxiety and depression tests scores as well as the values some dermatological symptoms such as pruritus.

Conclusions: These preliminary results of 3 months study gives us a hope of successful psychopharmacological treatment of psoriasis in cooperation with dermatologists. Finding intercommunications in pathogenesis of skin and emotional disorders could optimize the

treatment and improve patient's quality of life. The publication was prepared with the support of the "RUDN University Program 5-100".

Keywords: Escitalopram; psoriasis; psychosomatic disease

EPP0230

The quality of life of comorbid patients with pathology of thyroid gland and gastroesophageal reflux disease

M. Artemieva*, I. Manyakin, E. Basova and V. Fon Ratenau
Psychiatry And Medical Psychology, RUDN University, Moscow,
Russian Federation

*Corresponding author.

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Introduction: In Russia, the prevalence of GERD is 18-46% [Ivashkin V. T., Maev I. V., Trukhmanov A. S., 2011]. GERD leads to a significant decrease in the quality of life of patients, especially with nocturnal symptoms, extraesophageal symptoms (chest pain, persistent cough), and increases the risk of complications such as bleeding from ulcers and erosions, peptic strictures and, which causes the greatest caution, Barrett's esophagus and esophageal adenocarcinomas

Objectives: The medical and social significance of the pathology of the thyroid gland and gastrointestinal tract problem is determined by their high prevalence regardless of age, the annual increase in morbidity and the decrease in the quality of life (QOL).

Methods: Patients were divided in two groups: patients with GERD; patients with GERD and hypothyroidism. Quality of life was studied using the non-specific (general) SF 36 questionnaire.

Results: The lowest indicators were shown by patients with GERD and hypothyroidism (PF scale - Me 75.00 and 45.00 ($p=0.005470$), RF scale - 75.00 and 25.00 ($p=0.043046$), BP scale - 74.00 and 52.00 ($p=0.036493$), GH scale - 58.00 and 15.00 ($p=0.009959$)). The second group was more disadvantaged (VT scale - IU 52.50 and 32.50 ($p=0.098125$), SF scale - 75 00 and 50.00 ($p=0.019016$), RE scale - 33.30 and 0.00 ($p=0.028841$), GH scale - 48.00 and 36.00 ($p=0.025919$)).

Conclusions: According to the results, the presence of combined pathology of the thyroid gland and gastrointestinal tract significantly affected the physical and psychological component of health in the studied patients.

Keywords: quality of life; pathology of thyroid gland; comorbidity; gastroesophageal reflux disease

EPP0231

Executives functions in co-occurring adult attention deficit hyperactivity disorder and alcohol use disorder.

A. D'Alessandro^{1*} and P. Bendimerad²

¹Psychiatry Department, University of Poitiers, Poitiers, France and

²Psychiatry Department, La Rochelle Hospital, La Rochelle, France

*Corresponding author.

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Introduction: Executives functions (EF) are cognitive processes mediating the ability to successfully regulate thoughts and behaviours in order to fulfil a goal. EF impairment has been found both in the Attention Deficit Hyperactivity Disorder (ADHD) and in the Alcohol Use Disorder (AUD). Deficits in EF may have a major impact on patients' everyday life.

Objectives: The aim of this study was to evaluate EF in a population with a dual diagnosis of Adult ADHD et AUD. We also evaluated the correlation between EF and the dimensions of quality of life.

Methods: For this observational multicentric study, we included patients with AUD starting long-term residential treatment. We used ASRS v.1.1 to screen for Adult ADHD and DIVA to confirm the diagnosis. We assess EF with BRIEF-A. WHOQoL-BREF was used to evaluate quality of life.

Results: Our population consists of 49 patients. Adult ADHD prevalence was 24,49%. Impairment score of all EF explored (Inhibition, Shifting, Emotional Control, Self-Monitoring, Initiative, Working Memory, Planning/Organizing, Organization of materials, Task Monitoring) was higher in patients with co-occurring Adult ADHD and AUD than in patients without Adult ADHD ($p<0,001$). We found strong negative correlation between Psychological Health and impairment score of Inhibition ($p<0,001$), Emotion Control ($p<0,001$), Self-Monitoring ($p<0,001$) and planning/Organizing ($p<0,001$). The other dimensions of quality of life were poorly correlated to EF impairment.

Conclusions: The prevalence of Adult ADHD in AUD patients is high. When AUD and Adult ADHD coexist, EF impairment is stronger and quality of life is poorer. Psychological health and EF impairment are strongly associated.

Keywords: attention deficit hyperactivity disorder; alcohol use disorder; Executives functions; quality of life

EPP0232

Comorbid anorexia nervosa and schizophrenia.

C. De Andrés Lobo^{1*}, C. Vallecillo Adame², T. Jiménez Aparicio³, M. Queipo De Llano De La Viuda¹, A. Gonzaga Ramírez¹, G. Guerra Valera¹, I. Santos Carrasco¹, J. Gonçalves Cerejeira¹, C. Capella Meseguer⁴ and E. Rodríguez Vázquez¹

¹Psiquiatria, Hospital Clínico Universitario de Valladolid, Valladolid, Spain; ²Psiquiatria, Hospital Clínico Universitario Valladolid, Valladolid, Spain; ³Psiquiatria, Hospital Clínico Universitario Valladolid, Valladolid, Spain and ⁴Psiquiatria, HCUV, Valladolid, Spain

*Corresponding author.

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Introduction: Although schizophrenia and anorexia nervosa are very different disorders, when they occur in the same patient it can be difficult to distinguish whether the alterations in body image are due to psychotic symptoms or correspond to a comorbid eating disorder. It is also relevant to know how they can interact with each other.

Objectives: Presentation of a clinical case of anorexia nervosa in the context of a patient with a previous diagnosis of paranoid schizophrenia.

Methods: Bibliographic review of the relationship between schizophrenia and alterations in the perception of body image by searching for articles in Pubmed.

Results: We present a 48-year-old woman who resides with her mother and a sister. Diagnosed with paranoid schizophrenia and eating disorder. She had previously been admitted to hospital twice. Since 2004, she has been followed up in mental health consultations. The patient reports constant weight changes. A year ago she began to feel overweight and began to restrict her intake and to exercise, having lost 20 kg. She reports psychotic symptoms in the