patients with hypertension – on the biological and social well-being of significant others (74,4%).
The dynamics of anxiety states are different: in 57,7% of patients with hypertension, fear initially develops as a result of traumatic social or situational factors, in 69,1% of patients with hypertension with IHD, unreasonable anxiety acquired a plot due to somatic distress. Psychopathological symptoms in patients with hypertension with anxiolytic states are represented by pronounced asthenic manifestations (95,8%) in combination with hypochondriacal (37,5%), depressive (24,2%), and vegetative (15,0%).
A differentiated psychotherapeutic model for the correction of psychosomatic relationships has been developed, aimed at deactualization of fears, reduction of anxiety, elimination of psychopathological manifestations, improvement of the somatic state, improvement of the quality of life and social adaptation.
Conclusions: The application of the developed model has shown its high efficiency in the complex therapy of patients with hypertension.

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EPV0491

Conversion disorder: an inclusive approach based on its history

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Introduction: The conversion symptom, present in current medical practice, traces its origins to Ancient Egypt, having had, over time, several interpretations. Under the name Hysteria, it was studied by Charcot with hypnosis at the Salpêtrière Hospital. Currently, it belongs to Conversion Disorders, and neurology has given the term psychogenic nonepileptic seizures (PNES), to differentiate these phenomena from epileptic seizures.
Objectives: This work proposes to describe the history of Conversion disorder, from Freud's hysteria to the concept of psychogenic nonepileptic seizures, and to summarize useful concepts in approaching patients with conversion disorder, in different contexts.
Methods: Non-systematic review of the literature with selection of scientific articles, using PUBMED as database the following keywords: «Conversion disorder», «hysteria» and « psychogenic nonepileptic seizures». Seven articles were included. We also selected 5 reference books.
Results: In the 19th century, the conversion symptom constituted a very important milestone in Psychiatry, as it was through monitoring patients with hysteria that Freud created Psychoanalysis. Then, the physical symptoms of hysteria (paralysis, convulsions…) began to be understood as symptoms of psychic origin, and as a symbolic expression of a representation that was unacceptable to the Self and, therefore, repressed. According to psychoanalysis, in hysteria, body is invaded by psychic and serves as a stage for unconscious representations. Nowadays, the term hysteria can include psychogenic nonepileptic seizures, which are paroxysmal episodes of changes in behavior, movement, sensitivity or consciousness, similar to epileptic seizures, but which, unlike epileptic seizures, are not caused by a change in brain's electrical activity.
Conclusions: With the description of the evolution of conversion disorder, from Freud's hysteria to nowadays, it is possible to find that conversion pathology will not tend to disappear. It represents a specific mode of psychic functioning, characterized by an organization of defense mechanisms, cognitive styles, memory functions and specific personality traits. Therefore, it is important to continue investigating strategies to individualize the approach to these patients. Also, it would be beneficial to extend access to important psychological knowledge to more general doctors, in order to improve the capacity of managing conversion disorders cases that arise in different health contexts. We highlight the importance of understanding the suffering of these people. Patients with conversion symptoms do not choose to have a certain symptom and shouldn't be a target of stigma. Each person develops their own psychic functioning process, as each person constitutes an unique identity and deserves an individualized and inclusive approach.

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Functional Movement Disorder to Huntington's Chorea: Unmasking the Underlying Condition in a Patient Initially Diagnosed with Anxiety Disorder

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Introduction: Huntington's disease (HD) is a hereditary neurodegenerative disorder characterized by motor, cognitive, and psychiatric symptoms. Initially, the patient's involuntary movements were attributed to anxiety-related restlessness and psychomotor agitation, leading to a diagnosis of anxiety disorder. During hospitalization, the patient was referred to neurology for his movements, where functional movement disorder was considered. However, due to worsening cognitive decline, apathy, and the psychiatrists' suspicion that the movements were not functional, further investigations were conducted. Cranial MRI, followed by a dementia protocol MRI, revealed caudate nucleus atrophy, leading to the diagnosis of HD.
Objectives: To illustrate the diagnostic challenges in identifying Huntington's disease in a patient initially misdiagnosed with anxiety disorder and functional movement disorder.
Methods: A 58-year-old male presented with anxiety and involuntary movements, leading to initial diagnoses of anxiety disorder and functional movement disorder. As symptoms progressed—including worsening involuntary movements and cognitive decline—a comprehensive reassessment was conducted. This included neurological examination, neuroimaging, neuropsychological testing, and genetic testing via blood test for CAG repeat analysis.
Results: Cranial MRI revealed bilateral caudate atrophy and dilated lateral ventricles, consistent with Huntington's disease. Neuropsychological assessment showed significant impairments in verbal learning, memory, and executive function. The patient was treated with venlafaxine 150 mg/day, mirtazapine 30 mg/day, and haloperidol 6 drops/day, leading to significant improvement in anxiety symptoms and a reduction in chorea.