

Methods: We present a case of chronic pain in pediatric age, referred to a multidisciplinary chronic pain consultation. Through the analysis of this case, we review the concept of juvenile fibromyalgia and its pathophysiology, the risk factors, the diagnostic criteria, the recent evidence for the treatment of these cases and the prognosis of this disorder.

Results: We describe the case of an 11-year-old female, who presented with widespread musculoskeletal pain, headaches, and sleep disturbances for a period over 3 months. At physical examination no significant alterations were found except for pain at palpation of the referred pain locations and at palpation of 11 typical fibromyalgia tender points. Complementary diagnostic exams were normal. The patient was referred to a multidisciplinary chronic pain consultation and was prescribed pharmacological therapy with antidepressants and a gabapentinoid and non-pharmacological therapy with a plan of physical exercises and psychotherapy.

Conclusions: This case report demonstrates the importance of considering juvenile fibromyalgia in the differential diagnosis of pain in pediatric age, showing also the complexity involved in the assessment and treatment of these cases. This case also highlights the importance of multidisciplinary collaboration in the management of chronic pain.

Disclosure of Interest: None Declared

EPV0284

Depression and Anxiety in Cardiac Disease, diagnosing and screening

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Introduction: Among patients with heart disease, such as coronary artery disease or heart failure, depression and anxiety disorders are extremely common. In these populations, 20% to 40% have elevated depressive symptoms, and 15% to 20% suffer from MDD. Anxiety may be even more common than depression. A recent meta-analysis suggests that over 50% of patients with heart failure have elevated rates of anxiety, and 13% meet criteria for an anxiety disorder. These prevalence rates are significantly higher than those in the general population and highlight the high-risk status of cardiac patients for these disorders.

Objectives: The aim of this study is to highlight the frequency of anxiety and depression in patients with cardiac health problems and to explain the mechanism by which anxiety and depression influence the manifestation of cardiac diseases.

Methods: A bibliographical review was performed using the PubMed platform. All relevant articles were found using the keywords: depression, anxiety, cardiac disease.

Results: The links between depression, anxiety, and cardiovascular disease are complex and involve psychological, biological, and behavioral mechanisms. Depression, arrhythmias, and coronary artery disease frequently co-occur because they share common behavioral and pathophysiological drivers-unhealthy lifestyle, autonomic dysregulation, hypothalamic-pituitary-adrenal (HPA)

axis dysregulation, endothelial dysfunction, and inflammation-that are intricately related to one another.

Conclusions: In patients with cardiovascular disease, depression and anxiety disorders are common, persistent, and associated with poor functional and cardiac outcomes. As such, making a timely and accurate clinical diagnosis using DSM-5 criteria is critical. Safe and effective treatments are available for the management of these disorders in patients with cardiac disease, and it is hoped that such treatment can improve psychiatric health, quality of life, and medical outcomes.

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EPV0286

Diagnostic and therapeutic challenges in a case of encephalitis with neuropsychiatric manifestation

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Introduction: A broad spectrum of medical conditions manifest with both neurological and psychiatric symptoms. One of them is encephalitis- an inflammatory brain disease, caused by diverse etiological factors. Due to the pronounced psychopathological findings these patients frequently encounter primarily the mental health services or may appear as a part of the consultation-liaison psychiatry practice.

We present the case of a 31-year-old male firstly consulted by a psychiatrist and consequently admitted to neurological ICU. His condition developed over two-year period, developing transient psychiatric symptoms, such as anxiety, auditory hallucinations, persecutory delusions and auto-aggressive behavior; non-specific neurological findings, including pseudobulbar syndrome, oral and manual automatisms; as well as EEG paroxysmal activity. The most notable manifestations were fluctuating orientation and awareness, progressive executive function decline and cognitive impairment. In the course of the illness many psychotropic medicines had been used. The patient had shown either no improvement or low tolerance to adverse effects.

Objectives: To demonstrate a challenging and provocative case of our liaison psychiatry practice, where an interdisciplinary approach was mandatory.

Methods: For the needs of the psychiatric assessment a clinical interview was conducted. A neurocognitive examination via MMSE was performed. Some of the tests that took place in the neurology ward included: virological testing of blood and CSF, immunological screening for paraneoplastic syndrome and autoimmune encephalitis, MRI and EEG. The diagnosis was based on the ICD-10 criteria.

Results: The mental status of the patient during the hospitalization showed no remarkable changes. The MMSE score was 22/30, correlating with a mild cognitive impairment. The neurological status fluctuated slightly over the period. Most of the tests showed none or only borderline deviations, considered nonsignificant. Some of the results were not ready prior the discharge of the patient from the hospital. After an immunomodulatory therapy there was a slight improvement in the condition of the patient.

Conclusions: Based on the course of the disorder, the presence of neurological aberrations, including in the higher cortical functions,

the therapeutic resistance and low adverse effects threshold, a primary psychiatric disorder was excluded. Virological, paraneoplastic and autoimmune genesis of the disorder were also ruled out. More result are expected and more examinations are needed. Postinfectious encephalitis was accepted as the most probable diagnosis.

Disclosure of Interest: None Declared

COVID-19 and Related Topics

EPV0287

DEPRESSION AMONG PATIENTS WHO SURVIVED COVID 19 IN THE EMERGENCY DEPARTMENT

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Introduction: The current SARS cov 2 virus disease pandemic presents a threatening physical danger as well as its impact on mental health. It seems important to screen any patient who has experienced covid 19 for its psychological impact.

Objectives: Therefore the aim of our study was to highlight the impact of COVID-19 infection on mental health by screening them for depression

Methods: This is a cross-sectional, single-center study, conducted at the Sahloul Emergency Department, over a period of 5 months (January to May 2021). Patients are collected from a database of our emergency department COVID-19 unit. We included patients whose age is greater than or equal to 18 years old; who has been infected with SARS-COV-2 according to the results of the PCR test. All patients lost to follow-up, refusing to participate in this study, having a psychiatric illness or having taken a psychotropic medication before randomization or non-cooperating (unable to respond to the evaluation test) were excluded. A telephone follow-up was done after 30 days from admission to calculate the HAM-ILTON score after a positif HAD D scale.

Results: 200 patients were included. For the 20 patients (10%) with depressive symptomatology (doubtful and certain) according to the HAD D scale, their responses to the Hamilton scale were analysed in order to determine the severity of the depressive symptomatology. Note that 30% of patients had mild to moderate signs of depression and 70% had severe depression. The majority of patients in whom the presence of depressive symptoms was noted had an average age of 40 years; those who presented with severe depression had an average age of 51.3 years with a female majority of 72%. No difference was noted in relation to pathological history, half had been hospitalized for treatment of COVID-19 (57%). Patients with severe depression symptom resolution lasted an average of 14 days.

Conclusions: According to the results of this study, interventions may be carried out to minimize the pandemic's negative psychological consequences.

Disclosure of Interest: None Declared

EPV0288

Assessing anxiety among patients who survived after infection with COVID 19

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Introduction: The actual pandemic of COVID 19 is a very unusual yet real situation we are facing. It has affected people in both physical and psychological way. In fact, in such particular circumstances, so many people experience stress, anxiety and depression. Objective

Objectives: The goal of our study is to emphasize the anxiety among patients who were tested positive with COVID 19, using the HAD scale.

Methods: It is a retrospective study single-center study. Patients are collected from a database of the Sahloul emergency COVID unit. We include patients whose age is greater than or equal to 18 years old who has been infected with SARS-COV-2 according to the results of the PCR test. All patients lost to follow-up, refusing to participate in this study, having a psychiatric illness or having taken a psychotropic medication before randomization or non-cooperating (unable to respond to the evaluation test) were excluded. At 30 days follow up, anxiety was evaluated by HAD scale.

Results: 200 patients were included in this study. In our study, 98 patients had symptoms of anxiety (49%) after one month of their consultation in the emergency room; i.e. 39% have a doubtful symptomatology of anxiety and 10% have a certain symptomatology. Half (51%) of the patients had no signs of anxiety depression. The average age of the patients in whom the presence of definite anxiety symptoms was noted was 56.2 years; 63.7% of these patients were female. No difference was noted in relation to the pathological history. Patients in whom the symptoms of anxiety were certain presented a persistence of clinical signs for 10.7 days in average as opposed to 7.1 days in patients without anxious symptoms (p<0.001).

Conclusions: Anxiety is so common among COVID 19 patients and it has a huge influence on the evolution of their health state. This is why all health workers have to fight against COVID and its effects on both physical and mental health. Highlighting the fact that a psychological assistance is highly recommended in the management of COVID 19 patients in order to improve their prognosis

Disclosure of Interest: None Declared

EPV0289

The other side of the pandemic: effects of Coronavirus crisis among student's mental health

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