EPV0816

Sodium Oxybate-Induced secondary mania with psychotic symptoms: a case report and literature review

C. Cárdenes Moreno[1]*, S. Yelmo-Cruz[1], I. Pérez Sagaseta de Ilurdoz[1], J. J. Tascón-Cervera[2], G. P. González-Rodríguez[1] and M. Gallego-Restrepo[2]

[1]Psiquiatría, Hospital Universitario de Canarias, San Cristóbal de La Laguna and [2]Psiquiatría, Hospital Universitario de Gran Canaria Doctor Negrín, Las Palmas de Gran Canaria, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1441

Introduction: Sodium oxybate, an effective treatment for narcolepsy-associated daytime sleepiness and cataplexy, has been extensively. Despite its therapeutic benefits, sodium oxybate is not without its risks, and adverse psychiatric effects have been documented. This case report highlights a rare manifestation of sodium oxybate-related secondary mania with psychotic symptoms in a patient with narcolepsy, emphasizing the importance of recognizing and managing such adverse events. Additionally, we provide a brief review of similar cases reported in the literature.
Objectives: This report aims to describe the presentation, evaluation, and management of sodium oxybate-induced secondary mania with psychotic symptoms in a patient with narcolepsy. We also discuss the potential mechanisms underlying this adverse reaction and its clinical implications. Furthermore, we summarize findings from previous studies that have reported cases of secondary mania associated with sodium oxybate use.
Methods: We present the case of Mr. X, a 48-year-old male diagnosed with "Narcolepsy with cataplexy," who had been receiving sodium oxybate treatment for 11 years. He was admitted to the hospital following a mild head injury and the emergence of a manic episode with psychotic features. Comprehensive clinical evaluation, including medical history, toxicology screening, and neuroimaging, was conducted.
Results: Upon evaluation, Mr. X exhibited hyperactivity, restlessnes, grandiose delusions, paranoid delusions related to hospital staff, and decreased need for sleep. Notably, he had been consuming sodium oxybate excessively. Sodium oxybate was discontinued, and low-dose olanzapine was initiated. Within 24 hours, his manic and psychotic symptoms resolved. He admitted to overusing his medication, and his family reported a recent increase in his activity level. A review of the literature revealed similar cases of sodium oxybate-induced secondary mania with psychotic symptoms.
Conclusions: This case underscores the importance of vigilance for psychiatric side effects of sodium oxybate, particularly in patients with a history of substance abuse or potential overuse. Secondary mania associated with medications is a rare but significant clinical entity. Prompt recognition and intervention are crucial for patient safety and well-being. Further research is needed to elucidate the mechanisms underlying such reactions and to establish guidelines for their prevention and management.

Disclosure of Interest: None Declared

EPV0817

Brief psychotic disorder treatment with Olanzapine in a patient with Phelan-McDermid syndrome

I. Retsou[1] and D. Antoniadis[2]*

[1]4th Department of PICU, Psychiatric Hospital of Thessaloniki and [2]Psychiatry Department, Aristotle University of Thessaloniki, Thessaloniki, Greece
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1442

Introduction: The patient is a 50-year-old female, with multiple admissions in the PICU. At her first admission, at the age of 30 she presented the following main symptoms :mutism, negativism, crying and loss of bladder and bowel control. After collecting her complete family history, it was determined that her mother and one of her brothers were diagnosed with mild intellectual disability. Concerning her childhood history, she presented with late milestones as an infant and toddler and difficulties throughout primary education. Little information concerning her adult life was given, since the patient remained mute during the entirety of her first hospitalization.
Objectives: Determination of the efficacy of olanzapine in a patient with Phelan-McDermit syndrome with mild intellectual disability and psychotic symptoms such as auditory hallucinations, delusional ideas and disrupted behavior.
Methods: PANSS Test, intellectual capacity test, genetic testing.
Results: PANSS Scale Score at the 1st day of admission:100
PANSS Scale Score at the last day: 79
Intellectual capacity test: mild intellectual disability
Genetic testing results: Phelan-McDermit syndrome
Conclusions: After 20 days, symptoms showed mild recession in responce to 20mg of olanzapine. In a period of 12 months, the patient showed no signs of relapse and she was not readmitted in the PICU.

Disclosure of Interest: None Declared

EPV0818

Urinary retention induced by psychotropics: A case report

E. Smaoui[1]*, D. Mnif[1], N. Reguaieg[1], F. Guermazi[1], S. Sakka[2], I. Baati[1] and J. Masmoudi[1]

[1]Psychiatry, CHU Hédi Chaker and [2]Neurology, CHU Habib Bourguiba, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1443

Introduction: Neurological bladder is considered a functional disability that has a significant impact on the quality of life and psychological state of patients. Psychotropic drugs, in turn, can worsen the urinary dysfunction caused by this disease.
Objectives: Our objective is to illustrate, through the case of a patient suffering from a neurological bladder decompensated by the treatment of a characterized depressive episode, the link between these two pathologies.