Methods: We reviewed all current available literature in Pubmed dealing with the topic of connection of dry eye disease and psychiatric disorders.
Results: In recent years, the relationship between DED and psychiatric disorders has been gaining attention. A number of epidemiological studies have reported a possible association between dry eye and psychiatric disorders showing that the subjective symptoms of dry eye can be affected not only by changes of the tear film and ocular surface but also psychological factors such as anxiety, depression, schizophrenia, post-traumatic stress disorder (PTSP) and subjective happiness. Apart from psychiatric disorders, psychiatric medications are also considered as risk factors for DED due to their influence on the tear film status. The incidence of ocular side effects increases rapidly with the use of polypharmacy, a very common form of treatment used in psychiatry.
Mental health disorders may be one of considerable contributing factors for dry eye symptoms and undiagnosed mental health conditions can be an influencing element for unexplained levels of DED symptoms. Depression, anxiety, stress, hypochondriasis, neuroticism, sleep and mood disorders may be associated with the exacerbation of symptoms to degrees that are not consistent with the objective signs related to tear dysfunction as well as changes in the anterior surface of the eye.
There is often inconsistency between signs and symptoms of DED, where symptoms often are more related to non-ocular conditions including psychiatric disorders than to tear film parameters. Consequently, in many cases DED may be considered as a psychiatric as well as ophthalmological problem. Psychiatrists and ophthalmologists need to be aware of the potential influence of psychiatric disorders and medications on tear film stability.
Conclusions: A detailed medical history, thorough ophthalmological examination and referral to a psychologist or psychiatrist may be essential in the treatment of those patients. In treatment of psychiatric patients, an integrative and transdisciplinary approach will result in better functioning and higher QOL.

Disclosure of Interest: None Declared

EPV0250

Contribution of a standardized Neuropsychomotor assessment (NP-MOT battery) associated to the WISC-V scale in order to better understand a dysgraphia impairment highlighted by a heterogeneous IQ profile in a High Intellectual Potential child

L. Vaivre-Douret[1,2,3,4,5]*
[1]Faculty of Health, Department of Medicine Paris Descartes, University of Paris Cité, Paris; [2]INSERM Unit 1018-CESP, Faculty of Medicine, University of Paris-Saclay, UVSQ, Villejuif; [3]Chair in Clinical Neurodeveloppmental Phenotyping, Institut Universitaire de France (IUF); [4]Department of Endocrinology, IMAGINE Institute of Necker-Enfants Malades hospital and [5]Department of Child Psychiatry, Necker-Enfants Malades Hospital, AP-HP.Centre, Paris, France
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1600

Introduction: Many research studies and clinicians consider a heterogeneous IQ profile as a specific developmental characteristic to High Intellectual Potential (HIP), despite difficulties in handwriting. We propose to illustrate by a case study, the interest of supplementing a scale IQ with a standardized neuropsychomotor assessment.
Objectives: We report the complex evaluation of a 8.5 years old boy with an IQ = 137, assessed HIP with a heterogeneous profile at the WISC-V but presenting a clumsiness with a dysgraphia (using the right hand) and difficulties in geometry. These disorders have been attributed by a psychologist to a fast thinking that can impact his graphomotor gesture. However, we aimed to better understand the gap between some IQ index scores.
Methods: We have conducted a complete standardized assessment of developmental neuropsychomotor functions (NP-MOT battery, Vaivre-Douret. Digital Ed Neuralix®, 2021; https://neuralix-editions.com/) with age-related normative data, and of neuropsychological functions, in addition an oculomotor examination (Eye-tracking).
Results: The IQ index scores are: VCI = 155, VSI = 108, FRI = 137, WMI = 138, PSI = 92. We found with the NP-MOT battery, a left-handed laterality and at the muscular tone examination, a motor dysfunction of the pyramidal tract on the left body distal side (mild spasticity) and oculomotor disorders of the visual pursuits, associated to visual-spatial motor and visual motor integration impairments.
Conclusions: It is a neurologically right-handed child because he can not effectively use his left hand to correctly write but he is not so good with the right hand to write. Moreover, he presents a visual-spatial motor subtype (< -2 SD) of developmental coordination disorder (DCD according the DSM-5) with oculomotor abnormalities, explaining his clumsiness and dysgraphia, and his difficulties in geometry. Thus, the subtests that make up VSI and PSI highlight a motor component (graphomotor, oculomotor, visuomotor) that should be analyzed in the light of additional neuropsychological and normed assessments of developmental neuropsychomotor functions.
Comorbidity of neurological and motor coordination disorders do not spare the child with a high intellectual potential, despite his high mental abilities helping him to compensate. It is important to complete the WISC-V scale by other investigations, particularly in the motor field, to explain the heterogeneity of the IQ profile with scattered index scales.

Disclosure of Interest: None Declared

EPV0251

ANXIETY-DEPRESSIVE DISORDER IN A PATIENT WITH GRAVES' DISEASE AND PSYCHOSOCIAL PROBLEMS

M. Betriu[1]*, C. Becerra[2], S. Garcia[1], A. Vidal[1] and E. Castan[1]
[1]Subacute hospitalization unit, Hospital Sant Joan de Déu Lleida, Lleida and [2]CSMA Tarragona, Institut Pere Mata, Tarragona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1601

Introduction: There is clear evidence of the association of hypothyroidism with depression. It is known to be effective in some cases of adding triiodothyronine (T3) to antidepressant treatment in resistant depressive disorders. However, depression and anxiety can also be linked to hyperthyroidism.

Graves' disease is an autoimmune disorder that is the most common cause of hyperthyroidism. Some of the symptoms associated with the disease are goiter, ophthalmopathy and psychiatric manifestations such as mood and anxiety disorders.
It is known that different psychosocial factors such as traumatic events, relevant life events, daily stressors, lack of social support, or different personality traits may correlate with Graves' disease.
Objectives: The case of an 18-year-old boy diagnosed with Mixed Adaptive Disorder and Graves' Disease is presented.
Methods: Clinical case presentation and non-systematic narrative review in PubMed.
Results: Clinical case: 18-year-old male patient presenting with nervousness, obsessive thoughts, insomnia, decreased anorexia with marked weight loss, tachycardia, involuntary periorbital muscle movements, trichotillomania and wounds in the oral cavity secondary to bites in the context of serious problems with his family and with the law. Anxiolytic and antidepressant treatment is started but the paitent does not take regularly. Admission to Subacute Unit for clinical stabilization and containment of the situation at the social area. Through blood analysis, a diagnosis of Graves' disease is made and antithyroid treatment is started, presenting significant clinical improvement. Later, with the adequate intake of the psychopharmacological treatment, aims a complete resolution of symptoms.
Review: 1)The association between anxious depressive symptoms and thyroid function is significant. 2) The psychiatric symptoms of Graves' disease do not follow a specific pattern and are similar to those of an anxiety disorder or a primary anxiety-depressive disorder. 3)They have observed changes in psychopathological aspects in patients with subclinical hyperthyroidism. 4)In various studies it is shown that neuropsychiatric symptoms persist for a later time than thyroid function is normal and in some cases the complete resolution of these symptoms is not resolved. 5)Recent studies conclude that stress can be related to the debut and the evolution of Graves' disorder despite the difficulty in quantifying it objectively.
Conclusions: 1) Routine screenings for thyroid disorders are important in patients with mood and anxiety disorders. 2) When neuropsychiatric symptoms persist despite normalization of thyroid function it should be considered the coexistence of a primary psychiatric disorder as well as the existence of psychosocial factors. 3) It is of interest to carry out research based on a biopsychosocial model to expand the study of the impact of stress on Graves' Disease.

Disclosure of Interest: None Declared

EPV0252

The association between Darier's disease and schizophrenia : a case report

M. Abdelkefi*, F. Guermazi, N. Bouattour, F. Cherif, I. Baati and J. Masmoudi

psychiatry A, Hedi Chaker university hospital, sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1602

Introduction: Darier's disease, also known as Darier-White disease or keratosis follicularis, is a rare autosomal dominant genodermatosis. Clinical experience has long suggested an association between neuropsychiatric abnormalities and Darier's disease. Moreover, associations with mental retardation, schizophrenia, mood disorders and suicide have been reported.
Objectives: We studied the association between Darier's disease and schizophrenia.
Methods: We illustrate a case of schizophrenia and Darier's disease comorbidity with a small review of the literature that summarizes the characteristics of such an association.
Results: Mrs SD, 48 years old, with a prior history of schizophrenia, moderate intellectual disability and several hospitalizations in psychiatry.
She was hospitalized in our department of psychiatry "A" of the Hedi Chaker university hospital after she was brought by the police for odd and disorganized behavior, environmental violence and refusal of treatment.
On somatic examination, the presence of crusty maculopapular skin lesions, non-pruritic, yellowish brown in color and a few millimeters in diameter, located on the back of both hands and feet, face and neck was noted. The patient reported that her brother has similar skin lesions. A dermatological consultation was sought for assessment of her skin condition and a skin biopsy confirmed the diagnosis of Darier's disease.
Conclusions: Schizophrenia and intellectual disabilities are frequently associated with Darier's disease. Physicians should be aware of this association in order to allow a rapid diagnosis and early management of psychiatric disorders associated with this genodermatosis.

Disclosure of Interest: None Declared

EPV0253

THE COMPLEXITY OF DUAL PATHOLOGY: REGARDING A CASE REPORT OF SEIZURES

M. F. De Andrade*, M. Magalhães, L. Gil, V. Viveiros and C. Moreira

Centro Hospitalar Psiquiátrico de Lisboa, Lisbon, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1603

Introduction: Wernicke's encephalopathy (WE) is a potentially reversible neuropsychiatric emergency caused by thiamine deficiency, whose classical triad consists of acute onset of confusion, gait ataxia, and oculomotor dysfunction. The diagnosis is missed in 75-80% of cases and approximately 80% of untreated patients develop Korsakoff Syndrome, which is characterized by memory impairment associated with confabulation. Early recognition of nutritional deficiency or any portion of the triad is critical and should prompt treatment, since WE is readily reversible if treated with adequate doses of parenteral thiamine.
Objectives: Starting from a case report of suspected WE, we pretend to discuss the differential diagnosis of seizures in dual pathology.
Methods: Non-systematic review of the literature was performed in PubMed database using the keywords "Wernicke's Encephalopathy", "Seizures", "Alcohol" and "Benzodiazepines". The articles were selected according to their relevance. A patient´s clinical record was reviewed and presented.