

## EPV0121

**Delusional disorder and tuberculosis: A clinical case**V. Podence Falcão<sup>1\*</sup>, R. Avelar<sup>1</sup>, C. Abreu<sup>2</sup> and M. Heitor<sup>1</sup><sup>1</sup>Psychiatry, Hospital Beatriz Ângelo, Loures, Portugal and <sup>2</sup>Internal Medicine, Hospital Beatriz Ângelo, Loures, Portugal

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doi: 10.1192/j.eurpsy.2021.1718

**Introduction:** Tuberculosis is still a challenging disease, infecting around a third of the world's population. As comorbidity with mental disorder is common, it is relevant to associate them at a diagnostic, therapeutic and prognostic level.

**Objectives:** We present a clinical case describing a patient with psychosis, further diagnosed with tuberculosis during psychiatric treatment. Moreover, we present a summarized revision of the state of the art.

**Methods:** Revision of the state of the art, drawing from PubMed and using the keywords “mental health”, “psychosis” and “tuberculosis”, in the last 10 years.

**Results:** Male, 61 years old, heavy smoker and alcohol drinker. Admitted for allegedly feeling “worms” in his body. After medical examination, a weight loss of 13 kg in five months and symptoms compatible with tenesmus stood out. Following diagnostic tests, the patient was diagnosed with Ekbohm Syndrome and Ganglionar Tuberculosis; he was then medicated with the adequate antipsychotic and tuberculostatic agents, which resulted in overall clinical improvement.

**Conclusions:** This case illustrates the relationship between tuberculosis and mental disorders, in a patient with a low literacy level and a precarious socioeconomic background, known risk factors for mental disorder in patients with tuberculosis and are often associated with poor therapeutic adherence. Although proper treatment of the mental disorder is key to reducing the risk of tuberculostatic dropout, the stigma of mental disorder and tuberculosis decreases the probability of these patients seeking proper treatment. Thus, we alert the medical community for the possibility of psychiatric comorbidity in patients with diagnosed tuberculosis – and vice-versa –, allowing for an early intervention,

**Disclosure:** No significant relationships.

**Keywords:** mental health; psychosis; tuberculosis

## EPV0120

**Compartment syndrome and suicide attempt**E. Rodríguez Vázquez<sup>1\*</sup>, C. Capella Meseguer<sup>2</sup>, J. Gonçalves Cerejeira<sup>1</sup>, I. Santos Carrasco<sup>1</sup>, M. Queipo De Llano De La Viuda<sup>1</sup>, A. Gonzaga Ramírez<sup>1</sup> and G. Guerra Valera<sup>1</sup><sup>1</sup>Psiquiatria, Hospital Clínico Universitario de Valladolid, Valladolid, Spain and <sup>2</sup>Psiquiatria, HCUV, Valladolid, Spain

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doi: 10.1192/j.eurpsy.2021.1719

**Introduction:** The compartment syndrome is a pathological condition characterized by a decrease, or even interruption, of the microcirculation within a soft tissue compartment. There have been a few cases reported about compartment syndrome due to a suicide attempt.

**Objectives:** To present an unusual complication of an autolytic attempt

**Methods:** A descriptive study of a clinical case and literature review

**Results:** A 49-year-old woman, divorced. With no psychiatric history and no somatic antecedents. Comes to the hospital after been found lying face down on the bathroom's floor for 48 hours, next to her two empty blister packs of lorazepam and naproxen. Her partner says they argued two days ago. Brain CT: with no abnormalities. Blood analysis: metabolic acidosis with rhabdomyolysis and kidney failure. She presents ischemic injuries in both inferior extremities with right foot ischemia and with no pedal pulses. Compartment syndrome is diagnosed, being necessary a bilateral fasciotomy and later a right lower extremity amputation. Initiates referral from Vascular Surgery for self-poisoning. She refers to low mood and mild anxiety due to work and relationship issues/problems. She accepts that she self-poisoning only to attract her partner's attention after the argument. The examination shows logical thought, emotional lability, good judgement, future-oriented without suicidal ideation. Clinical judgement: acute stress reaction.

**Conclusions:** The compartment syndrome is a rare complication of the suicide attempt. Our patient suffered a compartment syndrome lying on the bathroom's floor for 48 consecutive hours without apparent trauma and no somatic antecedents. This syndrome could be developed by high naproxen and lorazepam intake.

**Disclosure:** No significant relationships.

**Keywords:** liaison psychiatry; Suicide Attempt; compartment syndrome

## EPV0121

**Psychocultural experiences of medical students in simulated care in cases of type 2 diabetes mellitus at a public university in southeastern Brazil: A qualitative study**E. Turato<sup>1,2\*</sup>, G. Lavorato-Neto<sup>2</sup> and M.C. Parisi<sup>1</sup><sup>1</sup>Medical Psychology And Psychiatry, University of Campinas, Campinas, Brazil and <sup>2</sup>Lpcq - Laboratory Of Clinical-qualitative Research, University of Campinas, Campinas, Brazil

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doi: 10.1192/j.eurpsy.2021.1720

**Introduction:** The generalist assistance at the Primary Attention is fundamental to face the increase of type 2 diabetes mellitus cases through the relationship physician-patient. This sets the therapeutic plan and its continuous review. Therapeutic Plan could be affected by the same psychocultural phenomena related to the increasing cases numbers of DM2. Therefore, new trends in Medical Psychology have been promoted during medical undergraduate course. These incorporate methods and concepts of Liberal Arts to develop specific psychosocial management skills to DM2 clinic.

**Objectives:** AIM: To understand the experience of medical students in the simulated care of DM2 cases in two different moments: 1) to diagnose and start treatment; 2) start insulinization.

**Methods:** METHOD: Clinical-Qualitative design; data collected through an semidirected interview of open-end questions in depth; thematic analysis generated categories discussed in light of Medical Psychology of psychodynamic framework.