

## EPV0405

**Depressive episode as initial symptoms of Perry syndrome**

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**Introduction:** Perry syndrome is a rare neurological disorder, characterized by atypical parkinsonian symptoms, sleep disturbances, central hypoventilation, weight loss, and psychiatric symptoms, especially apathy or depression. This syndrome is due to a TDP-43 proteinopathy as a result of a mutation in the DCTN-1 gene.

**Objectives:** To present the case of a patient with a mutation in the DCTN1 gene, related to Perry syndrome, who debuted with several depressive episodes, with apathy and weight loss.

**Methods:** A non-systematic literature review was conducted on PubMed database on depressive episodes related to Perry's syndrome. The clinical case report was prepared through the review of the clinical record of the patient.

**Results:** The authors present the case of a 49-year-old man, who contacted psychiatry for the first time 10 years earlier due to depressive symptoms, suffering multiple episodes. These episodes consisted of hypothymic mood, apathy, anhedonia and marked irritability, together with suicidal ideation, leading to several drug overdoses. He also presented disruptive behaviors, such as abusive drinking and aggressiveness. These episodes responded to antidepressants at medium doses, although maintaining several relapses. Given this, it was decided to introduce valproic acid as a mood stabilizer, with good tolerance. In parallel, the patient's mother, who had also suffered from depressive episodes, began with dementia symptoms, after which it was decided to request a genetic study. In this context, a mutation, similar in both patients, was observed in the DCTN1 gene, related to Perry syndrome.

In the case of the patient presented, no other associated alterations were found, neither in the neurological examination or in the rest of the tests performed (polysomnography without notable alterations, functional imaging tests without pathological findings).

**Conclusions:** Neurological diseases as Perry syndrome can show depressive symptoms and other behavioral changes at the beginning, developing the rest of the symptoms (parkinsonism, weight loss or central hypoventilation) several years after the onset of the symptoms. It must be taken into account in patients with a family history of mutations or atypical depressive symptoms. It should also be assessed in terms of genetic counseling.

**Disclosure of Interest:** None Declared

## EPV0406

**Relationship between dementia and depression: a case series**

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**Introduction:** Four cases are presented who debut with depressive episodes and after close follow-up, are diagnosed and treated for Alzheimer's disease

**Objectives:** The aim of this case series is to give a brief review of the depressive prodrome of dementia.

**Methods:** Four women, aged 67-77 years, treated on an outpatient basis, consulted for depressive symptoms. In addition to affective symptoms such as apathy, lack of interest, sadness, increased emotional lability and anhedonia, all three reported cognitive impairment. In their follow-up after two years, they became progressively more dependent on their partners, with more memory lapses, forgetfulness and progressive loss of higher cognitive functions. With the progression of cognitive impairment, anxious symptoms have become increasingly present.

**Results:** The mean age of the patients is 70 years. Two of them had an insidious onset of depressive symptoms, while the other two had a psychotic onset of depression. None of the patients had no previous history of depression. All four were started on antidepressant treatment with little response. Following the diagnosis of cognitive impairment, treatment was started with rivastigmine, with an adequate response.

**Conclusions:** Dementia and depression are very common in the elderly. It appears that up to 40% of patients with dementia have depressive symptoms. It appears that depression in old age may actually be a prodromal symptom of dementia.

**Disclosure of Interest:** None Declared

## EPV0407

**Barriers to deprescribing anti-depressants in a primary care setting; an observational study - Are SSRI drugs of dependence and should these be re classified as schedule 3 drugs**

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**Introduction:** There has been an exponential rise in SSRI prescribing, between 2021 and 2022 there was a 5% increase. The majority of SSRI prescription initiation takes place in primary care. This is a national trend and mirrored internationally.

**Objectives:** The study was undertaken to understand barriers to deprescribing both prescribing clinicians and patients and the potential of dependence caused by continued prescribing of SSRI and SNRI. We wanted to understand deprescribing challenges and both clinical anxiety and difficulty experienced and see if there is a correlation with the Drug use screening tool (DUST) tool.

**Methods:** Those patients who were stable on SSRI were offered lowering of dose and deprescribing as part of routine medication reviews. During medication reviews patients were asked about willingness to embark on a deprescribing schedule. Patients were screened during medication reviews on the DUST to see if this can

be used to predict difficulty with deprescribing. We designed a deprescribing difficult questionnaire to assess the difficulty experienced by clinicians during a deprescribing consultation. We were able to study the is a correlation with DUST scores and Clinician experience of difficulty and challenge in deprescribing of the SSRI and SNRI.

**Results:** Current alcohol drinkers and smokers were less likely to deprescribe from their antidepressants. Clinicians should do a risk assessment using the DUST screening tool checking for risk of dependence. There is an R value of 0.1586 (P-value is 0.018848) between the correlation of patients increased length time and increased DUST score causing an increased risk of dependence. The average R-score across the three practices between patient's length of time being on medications and their DUST score is  $R=0.18705$  (P value of 0.01)

**Conclusions:** Inability to access IAPT therapies, shortened length of CBT sessions and lack of post IAPT support caused poor patient experience and contributed to reluctance to re-engage with IAPT services. Both cascade and incremental prescribing following lower doses without documentation of the limitations of medication results in unrealistic expectations generated from the prescribing. There is positive correlation between length of SSRI and SNRI prescribed, DUST scores, and Clinical challenge scores with patients' unwillingness to be deprescribed. Patients should have a DUST score review prior to having been put onto any antidepressant as there is a potential link between increased DUST score and lower chances of willingness to deprescribe. Clinicians need to counsel patient of risk of dependence. The likelihood is these are drugs of dependence and clinicians should counsel patients of these risks and given review dates and offered deprescribing.

**Disclosure of Interest:** None Declared

## EPV0409

### Hair loss due to Quetiapine usage : a case report

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**Introduction:** Hair loss is a common clinical complaint, resulting from a wide variety of causes, a variety of medications prescribed to treat mental diseases may contribute to hair loss.

**Objectives:** As far as we know, no previously published reports of alopecia associated with quetiapine were identified in Morocco.

Through this work we will try to expose the first case having this undesirable effect in our context, next to the rare cases in the literature.

**Methods:** This article describes the experience of a 37-year-old male developing diffuse alopecia associated with use of quetiapine and recovering after cessation of the medicament is presented, besides presenting some rare cases that were found and described in other studies.

**Results:** Among these psychotropic agents, this side effect is most often reported with the use of valproic acid and lithium It has been also reported with the atypical antipsychotic medicines olanzapine and risperidone, but only rare cases were reported in relation to quetiapine, In this paper, a 37-year-old male patient developing diffuse alopecia associated with use of quetiapine and recovering after cessation of the medicament is presented.

**Conclusions:** The results of this study are the first known in Morocco, establishing a relationship between hair loss and the use of quetiapine will be taken in consideration while prescribing this medicine. These results confirm the relatively new idea of the impact of quetiapine on hair loss, unlike older studies which suggested good tolerance of this molecule.

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## EPV0410

### Caregiver burden in parents of children with neurological impairment and its relation with depression

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**Introduction:** Caregiving negatively affects the psychological and physical health of the caregivers, especially in parents of children with neurological impairment (NI). Furthermore, the behavior and demands of the patient make the caregivers encounter increased stress levels and negative thoughts about the future that may lead to depression in caregivers.

**Objectives:** To assess the relationship between caregiver burden and symptoms of depression in parents of children with NI.

**Methods:** A total of 33 caregivers of children with NI, participated in this cross-sectional, descriptive and analytical study, carried out in Child Neurology Department of the University Hospital in Sfax (Tunisia), between February and April 2021.

The Zarit-Caregiver-Burden-Scale (Zarit-CBS) and the Beck Depression Scale were administered.

**Results:** The average age of the caregivers (27 mothers and 6 fathers) was  $38,33 \pm 6,53$  years. Among the parents, 81,81% didn't exceed the secondary educational level and 75,75% of them had an irregular occupation.

The average age of the children (21 boys and 12 girls) was  $7,58 \pm 4,29$  years. Near to the half of them (51,51%) had intellectual disability. Over 54.54% of the children had a functional independence, while 21.21% required help in walking and 24.24% were unable to walk. The intervention was based on motor rehabilitation (57,57%), adequate equipment (24,24%), ergotherapy (45,45%) and speech therapy (60,6%). After the intervention, 63,63% of children had an improvement and 30,3% had a stationary state.

The mean score of Zarit-CBS was  $52,45 \pm 14,26$ . The caregiver burden was noted in 96,96%.

The mean score of Beck was  $9,33 \pm 5,48$ . The depression was noted in 78,78%.

The total Zarit-CBS score had positive correlation with Beck scores ( $p=0.038$ ).

**Conclusions:** There is a positive relationship between the caregiver burden and depression symptoms. Thus, effort should be made to relieve caregiver burden in parents of children with NI.

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