disability with histrionic personality, respectively. Familial history of psychiatric disorders was found 2 patients and of epilepsy in one. **Conclusions:** Epilepsy and psychosis have a complex and bidirectional relation. Not only are patients with epilepsy at a greater risk of developing a psychotic disorder, but patients with a primary psychotic disorder are also at greater risk of developing epilepsy. The fact that the association between these pathologies is more frequent than expected should prompt more in-depth studies concerning the underlying etiopathogenic mechanisms to improve their management.

Disclosure of Interest: None Declared

EPV0240

Depression, Ulcers and Confusion – A Clinical Case of Behçet's Disease with Psychiatric Presentation

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Introduction: Behçet's disease, a rare autoimmune disorder, can present a challenging diagnostic puzzle, particularly when neuropsychiatric symptoms take the forefront. In this case study, we delve into the diagnostic process of a 43-year-old patient without prior psychiatric history, who initially presented with depressive and catatonic symptoms. The trajectory from psychiatric admission to a final diagnosis of Behçet's disease with neuropsychiatric involvement underscores the importance of interdisciplinary collaboration and the consideration of rare diseases in psychiatric assessment. Clinical remission was achieved with immunosuppressive therapy.

Objectives: Presentation of a clinical case of Behçet's disease with neuropsychiatric manifestations.

Methods: Review of the patient's clinical data in SOARIAN platform and research on UptoDate and Pubmed using the terms "Catatonia," "Behçet disease," "Neuro-Behçet," and "Psychiatry."

Results: We present a clinical case of a 43-year-old patient, originally from India, not fluent in Portuguese or English, with no prior psychiatric history, who presented to the emergency department exhibiting mutism and was admitted to the psychiatry department with the diagnostic hypothesis of depressive episode with psychotic and catatonic symptoms. During hospitalization, severe vitamin deficiencies, gastrointestinal symptoms (vomiting, abdominal pain, and hematochezia), and gynecological symptoms (dyspareunia and vaginal discharge) were observed. From a psychiatric perspective, in addition to depressive and psychotic symptoms, atypical symptomatology incongruent with the initial diagnosis was identified, raising suspicion of an "organic" disease. There was an atypical fluctuation in symptoms, with periods of severe behavioral disorganization interspersed with periods of apathy and psychomotor retardation, significant alterations in attention and memory, and executive deficits. Additionally, there was a poor response to psychiatric medication and electroconvulsive therapy. A colonoscopy revealed ulcers at the ileocecal valve, and gynecological lesions suggestive of a vasculitic process were observed. Autoimmunity testing showed positivity for HLA B51/52. Given the neuropsychiatric, gastrointestinal, and gynecological manifestations, along with suggestive autoimmunity, the diagnosis of Behçet's Disease with neurological involvement was established. Clinical remission was achieved only with immunosuppressive therapy. The case is enriched by the complex diagnostic journey, multiple complications encountered (including valproic acidinduced encephalopathy), and the challenges faced in treating neuropsychiatric manifestations.

Conclusions: This clinical case exemplifies the challenges in diagnosing a systemic disease with primary psychiatric presentation, as well as the therapeutic success resulting from multidisciplinary collaboration in a public hospital.

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EPV0241

Comorbidity of mental disorders in synthetic cannabinoids abuse: clinical dynamics, behavior, adaptation

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Introduction: The study of the phenomenon of deformation of mental disorders, clinical dynamics, behaviors, and adaptations in case of abuse of synthetic cannabinoids is of relevance.

Objectives: To study the phenomenon of deformation of mental disorders, clinical dynamics, behaviors, and adaptations in case of abuse of synthetic cannabinoids

Methods: Catamnestic, clinical-psychopathological methods (PANS, SANS, CGI, MMPI, CGI, STAI, LSI, TPA, ICD-10), statistical (Python 3.11.0).

Results: 291 men (age from 18 to 35 years) were examined: 240 - F12.2xx, of which 98 - F60.xx-F62.xx, 142 - F20.xx and 51 - F20.xx without substance abuse. The study took place from 2018 to 2023 based on psychiatric institutions of the Russia, Tomsk region, St. Petersburg, Noyabrsk and Nizhnevartovsk.

Conclusions: The phenomenon of abuse of synthetic cannabinoids is a factor in the deformation of mental disorders. Persistent exogenous visual and delusional disorders contribute to the symptoms of exacerbations of schizophrenia; schizophrenic symptoms are included in psychotic episodes in personality disorders. In remission of schizophrenia, there is a quasi-adaptation from socio-professional environments, mostly addictive and criminalized, a pronounced smoothing of emotional impoverishment, a stigmatizing symptom is mainly a volitional defect, as well as frequent rehospitalizations not indirectly related to drugs. In remissions of drug use in patients with personality disorder, persistent schizophrenia of behavior. In patients with schizophrenia and patients with personality disorders, there is a distortion of behavior with a predominance in patterns of inclinations to delict, nonconformity, isolation in an addictive environment, suspiciousness. Drug abuse may initiate auto-aggression predominantly in