

EPP0664

A systematic review of the prevalence of psychosis in people with tuberculosisS. M. Gunawardena^{1,2*}, E. McMahon^{1,2} and A. M. Doherty^{1,2}¹Department of Psychiatry, University College Dublin, 63 Eccles Street and ²Department of Liaison Psychiatry, The Mater Misericordiae University, Dublin 7, Ireland

*Corresponding author.

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Introduction: Tuberculosis is a bacterial infectious disease caused by *Mycobacterium tuberculosis*. This disease predominately affects the lungs but also affects other parts of the body, including the central nervous system. According to the the World Health Organization (2023), tuberculosis has an incidence of 6.4 million people in 2022, with 1.5 million deaths attributed to this disease. Psychosis describes a group of disorders that affects a person's thought process and perception. It is a serious disorder that can have a profound impact on a person's mental and physical health. As a result, psychosis symptoms and its treatment can complicate the management of tuberculosis.

Objectives: The aim of this systematic review is to explore the association between tuberculosis and psychosis. It has been shown that up to 70% of patients with tuberculosis also have comorbid mental illness, this is likely to include psychosis. There are also shared risk factors between tuberculosis and psychosis, including poverty and homelessness, substance abuse, HIV positive serology and isolation. Tuberculosis medication, including isoniazid and rifampicin have been shown to have adverse psychiatric effects and we will examine if this includes psychosis.

Methods: A systematic review was pre-registered with PROSPRO and performed using Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. MEDLINE, OVID and PsychINFO databases were searched from beginning of records to September 2023. This included hand-search of relevant reference lists. Observational and epidemiological studies were included along with population based registries.

Results: Over one thousand (1,154) articles were identified and screened. There was significant heterogeneity in results and over half of studies were from Asia and Africa. Many studies reported cases of drug-induced psychosis from anti-tubercular agents. Studies also discussed the increased risk of TB incidence among patients with psychosis and other psychiatric disorders.

Conclusions: This study identifies the importance of training healthcare workers in rapid detection of co-morbid psychosis in patients with tuberculosis, along with neuropsychiatric side effects of antitubercular agents. Integration of psychiatric and medical care of these patients would be of benefit to improve outcomes in this patient population. More research is needed on co-morbidity of tuberculosis and psychosis.

Disclosure of Interest: None Declared

EPP0665

Fibronectin as a Marker of Myocardial Remodeling in Patients with Depression and Chronic Heart FailureA. K. Sikora^{1*} and S. Fedorov²¹Psychiatry, Narcology and Medical Psychology and ²Ivano-Frankliskenderun National Medical University, Ivano-Frankivsk, Ukraine

*Corresponding author.

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Introduction: Depression is a significant issue in chronic heart failure (HF), with a prevalence of about 20–40%, which is 4–5% higher than in the general population (Mbakwem A., et al., 2016).

Objectives: The purpose of this study was to evaluate plasma fibronectin levels in patients with depression and chronic heart failure.

Methods: A total of 80 patients with HF II-III NYHA classes due to chronic coronary artery diseases (CAD) were observed. All patients were divided into two groups: Group 1 - 20 individuals without signs of depression, and Group 2 - 60 individuals with depression. The diagnosis of HF was confirmed based on ESC guidelines (2021). Depression was diagnosed using several questionnaires (Zung Self-Rating Depression Scale, Beck Depression Inventory, Hamilton's Depression Scale). Standard laboratory and instrumental tests were conducted. The plasma levels of fibronectin and interleukin-1 β (IL-1 β) were identified using ELISA methods. Statistical analyses were performed using Statistica system software, version 12.0.

Results: The average plasma fibronectin concentration in patients with depression and HF was 1.24 times higher than a similar indicator in HF patients without depression: (259.63 \pm 5.71) μ g/ml versus (203.41 \pm 9.51) μ g/ml (p <0.05). The conducted correlation analysis indicated a moderate positive correlation between the level of fibronectin and the number of neutrophils in peripheral blood (r =0.35; p <0.05), the level of fibronectin and the magnitude of endogenous intoxication according to the erythrocyte absorption ability test (r =0.44; p <0.01), the level of fibronectin and IL-1 β concentration (r =0.39; p <0.05), and an inverse correlation with left ventricle ejection fraction (r =0.32; p <0.05).

Conclusions: Thus, the plasma fibronectin content in patients with depression and ischemic HF serves as a marker of the progression of myocardial remodeling processes and the intensity of the inflammatory process.

Disclosure of Interest: None Declared

EPP0666

Psychosomatic relationships between the state of mental health and the level of vital threat of dermatological diseaseM. Markova^{1*}, T. Abdriakhimova², H. Skrebtsova² and M. Chemerys³¹Kharkiv National Medical University, Kharkiv; ²Bogomolets National Medical University, Kyiv and ³Danylo Halytsky Lviv National Medical University, Lviv, Ukraine

*Corresponding author.

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Introduction: According to the literature, 25-60% of dermatological patients have mental disorders. In the case of oncodermatological disease, the patient is under the influence of two stressogenic factors – existential experiences and social discomfort from the manifestations of the disease, which imprints on the patient's mental health and promotes the development of mental maladaptation (MM).

Objectives: To study the features of mental state in patients with dermatological diseases with different levels of vital threat.

Methods: The examination included the use of clinical-psychological, psychodiagnostic and psychometric research methods.

Results: 120 dermatological patients were examined: 60 patients with non-vital dermatological diseases (L82, A63.0, D18.0, L80), and 60 patients with dermatological diseases posing a vital threat (C43, C44, D04).

The identification of clinical signs of MM proved their presence in 70 (58.4%) people in the total sample. Among patients with non-vital diseases, the signs of MM were established in 33 (55.0%), among the patients with vital diseases – in 37 (61.7%). So, among patients with dermatological diseases, there are both psychologically adapted and maladapted individuals, regardless of the vitality/non-vitality of the pathological process.

In dermatological patients with signs of MM, the clinical picture is dominated by anxious (mainly in patients with non-vital diseases) and depressive (mainly in patients with vital diseases) radicals. Auxiliary psychopathological constructs are represented by manifestations of somatization, obsessive-compulsive symptoms, interpersonal sensitivity, and phobic anxiety. Affective symptoms are most pronounced in patients with MM and vital diseases, it is less pronounced in patients with non-vital pathology.

The presence and intensity of maladaptive pathopsychological-affective reactions in patients with dermatological pathology are not clearly associated with the vitality of the dermatological process, but are based on mechanisms of the mutual influence of biological predisposition and psychological and psychosocial factors, the mosaic combination of which determines the individual's resource capabilities for constructive acceptance the fact of the presence of a dermatological disease and the development of an adequate strategy for its mastery, regardless of the severity of the disease.

Conclusions: These patterns should be considered when developing treatment measures and rehabilitation for patients with dermatological pathology.

Disclosure of Interest: None Declared

EPP0667

Lithium Intoxication with Therapeutic Doses Following Laparoscopic Sleeve Gastrectomy: A Case Report and Review of the Literature

S. Kukurt^{1*}, Z. Dönmez¹, O. Kilic¹, G. Dokuz¹, F. Coşkun¹, E. Yardımcı¹ and I. Kırpınar¹

¹Bezmialem Vakıf University, İstanbul, Türkiye

*Corresponding author.

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Introduction: Lithium is a mood stabilizer often used as a first-line treatment for bipolar disorder. Its narrow therapeutic window and changes in the absorption, distribution, and elimination of the drug following bariatric surgery have important implications regarding patient safety.

Objectives: We present a 51-year-old female patient with bipolar disorder and a medical history of morbid obesity, type 2 diabetes mellitus, hypothyroidism, hyperlipidemia, and essential hypertension. She was mentally stable on lithium 1200 mg/day, valproate 500 mg/day, and quetiapine 400 mg/day. She had undergone laparoscopic sleeve gastrectomy. After a month, she showed up to the emergency room (ER) with nausea, vomiting, diarrhea, and fatigue. Gastroenteritis was suspected until the patient started showing neurological symptoms such as delirium, dysarthria, ataxia, chorea, and athetosis.

Methods: The patient was monitored and received aggressive intravenous hydration (3000 cc of 0.9% serum isotonic) in the intensive care unit (ICU). She was prescribed intramuscular biperiden injection of 5 mg/ml/day, pheniramine 45.5 mg/2 ml/day, and lorazepam 1 mg/day. Her lithium levels were checked every six hours. She was agitated and disoriented for the first five days despite lithium levels being in the therapeutic range. On day six, her blood lithium levels dropped to 0.399 mmol/L. Her psychiatric examination revealed that she resumed cooperation and orientation, her dysarthria subsided. However, her thought content and attitude were grandiose, and she had a labile affect. We prescribed 5 mg/day of olanzapine routinely and 1 mg/day of lorazepam on a needed basis. The next day, her labile affect became calmer, and her sleep improved so she was discharged from the ICU and admitted to general surgery inpatient service, and olanzapine was titrated to 10 mg per day since she had elevated mood symptoms.

Results: After 7 days of intravenous hydration and supportive treatment, her neurological symptoms completely subsided except for a fine tremor, which lasted for another 3 days and then ceased. She was clinically stabilized without further need for intervention. Her lithium level was 0.206 mmol/L before her discharge.

Conclusions: We believe it is of utmost importance to build a consensus in guidelines and inform physicians about lithium toxicity and its symptoms after bariatric surgeries. We recommend a careful follow-up of the patient pre- and postoperatively. Preoperative psychiatric intervention includes decreasing the lithium dose gradually and discontinuing it. After the operation, lithium can be started with a much lower dose and may be increased by checking lithium levels every week for at least 6 weeks after the operation until the patient can digest solid food again, and then every 2 weeks for 6 months, and thereafter every month for one year.

Disclosure of Interest: None Declared

COVID-19 and related topics

EPP0668

Comparison of inpatient psychiatric care for SARS-CoV-2 positive and negative adults in Vienna

A. Erfurth

1st Department of Psychiatry and Psychotherapeutic Medicine, Klinik Hietzing, Vienna, Austria

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Introduction: The structure of psychiatric care has undergone many changes in recent decades. In addition, the SARS-CoV-2 pandemic has posed specific challenges for inpatient psychiatric