

Methods: In collaboration with the Department of Neurology, we included patients who are being treated for Parkinson's disease and who meet the criteria for depressive disorder after a psychiatric examination. We divided the patients into two groups: those who had not previously taken any antidepressant drugs and those who were already on therapy with paroxetine and escitalopram but without the expected therapeutic response. All patients were prescribed vortioxetine in their treatment, and the Hamilton Depression Rating Scale (HDRS) was determined during their first meeting with the psychiatrist, and then again after 6 weeks of taking the medication. Also, we used Mini mental state examination (MMSE) to measure cognitive impairment. Our primary outcome measure was the number of patients in each treatment group who responded to treatment. Response was defined as the proportion of patients who had a reduction of at least 50% from the baseline score on the Hamilton Depression Rating Scale (HDRS)

Results: Our primary outcome measure was the number of patients in each treatment group who responded to treatment. Response was defined as the proportion of patients who had a reduction of at least 50% from the baseline score on the Hamilton Depression Rating Scale (HDRS)

Conclusions: In our research, vortioxetine has proven to be effective in treating depressive symptoms without worsening Parkinson's disease, unlike paroxetine and escitalopram, which resulted in partial effects.

Disclosure of Interest: None Declared

EPP0657

Emotional disorders in the structure of psychoorganic pathology in tumors of the diencephalon

Y. Sidneva^{1,2*}, L. Astafyeva³, O. Zaitsev¹, P. Kalinin⁴, M. Kutin⁴, A. Shkarubo⁴, D. Fomichev⁴, I. Voronina⁴, D. Andreev⁴, O. Sharipov⁴, I. Chernov⁴, I. Klochkova³, I. Badmaeva³ and A. Donskoy⁴

¹Neuropsychiatric research, N.N.Burdenko National Medical Research Center of Neurosurgery; ²Rehabilitation, Clinical and Research Institute of Emergency Pediatric Surgery and Trauma; ³Neuroendocrinology and ⁴Neurosurgery, N.N.Burdenko National Medical Research Center of Neurosurgery, Moscow, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.752

Introduction: The tumors of the diencephalon region (thalamic-hypothalamic-pituitary system) include a large group: pituitary adenomas, craniopharyngiomas, gliomas, and others. Tumors differ in the histological structure, and manifestations of the clinical symptoms; by hormonal data; by approaches and methods in treatment.

Psychic symptoms are revealed in disease in addition to cerebral, neuroendocrine symptoms, neurological disorders. Psychoorganic syndrome is represented by emotional, motivational, personal, cognitive impairments, inversion of the sleep-wake cycle, seizures. Disorders of mental activity are detected in all tumors of this localization in varying degrees, according to the different authors from 20 to 100%; affective pathology varies from 2 to 80% by the literature.

Objectives: To study the emotional disorders in the structure of psychoorganic pathology in tumors of diencephalon region

Methods: 290 patients (18-78 years old, mean age 38+2): pituitary adenomas (PA), as the most common – 170 (58,6%), craniopharyngiomas (CG), as with the most varied manifestation of mental symptoms – 120 (41,4%). Methods: psychopathological, data from endocrinological, neurological, neuroimaging methods.

Results: Emotional disorders were detected in patients from 30 to 68% of cases, depending on the histology of the tumours: PA with excessive secretion of growth hormone - emotional disorders are in 60%; PA with excessive secretion of adrenocorticotrophic hormone - in 50%; PA with excessive secretion of prolactin - in 30%; with excessive secretion of thyroid-stimulating hormone - in 40%; non-functioning PA - in 16%; CG - in 68%.

Emotional disorders were more often represented by changeable mood, depression, apathy, sleep disturbance, and visceral symptoms. Symptoms differed depending on the histology of the tumor (type and level of hormones), the volume of the lesion and direction of growth, and concomitant hypertensive-hydrocephalic symptoms. Emotional disturbances often include memory impairment, personality and behavior changes.

Conclusions: Emotional disorders are detected in patients in 30-68% of cases in the structure of psychoorganic pathology with damage to the diencephalon region (in particular, with pituitary adenomas and craniopharyngiomas); are determined by the topography of the tumor and histology with the involvement of the corresponding structures and nuclei in the pathological process.

Disclosure of Interest: None Declared

EPP0658

Rapid cycling bipolar disorder and atypical anorexia nervosa: changes in drug metabolism

J. Teišerskytė^{1*} and K. Norvainytė²

¹Lithuanian University of Health Sciences and ²Department of Psychiatry, Kaunas Hospital of the Lithuanian University of Health Sciences, Kaunas, Lithuania

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.753

Introduction: Bipolar disorder (BD) is a complex mental illness described by recurrent episodes of mania and depression. One subtype of the illness is rapid cycling BD, characterized by experiencing four or more extreme mood swings within a year. Diagnosing and treating BD can be complicated by comorbid conditions, such as atypical anorexia nervosa (AAN), marked by disordered eating and disturbing weight-related thoughts.

Objectives: To discuss the diagnosis and treatment plan of a patient with rapid cycling BD, who experienced adverse effects from prescribed medication and later was diagnosed with comorbid AAN.

Methods: We present a case of a 21 year-old man initially presenting with anxiety, low mood, and obsessive weight-related thoughts, ultimately diagnosed with major depression and mixed anxiety disorder.

Results: 21 year-old man was diagnosed with major depression and mixed anxiety disorder, initially treated with mirtazapine and fluoxetine (limited success), later attempting escitalopram and bupropion combination (partial remission). After 2 years the