

such as the neck. TD can be irreversible and lifelong, with significant negative impacts on psychological health and quality of life.

Objectives: Clinical review and treatment approach for tardive dyskinesia.

Methods: Clinical case and literature review.

Results: A 54-year-old male comes due to involuntary movements of a month of evolution in the tongue and lips that “he cannot control” and generates significant discomfort and anxiety. He reports occipital headache and at the level of both temporomandibular joints that does not wake him up at night or change its characteristics with postural changes. Reviewing the treatment describe that the patient was in treatment for at least 6 months without being able to specify the end of treatment (January to June 2021) Clebopride-Climethicone. This finding inclines the diagnosis towards an orolingual dyskinesia probably secondary to Orthopramides. Discharge was decided with treatment and follow-up in Neurology and Psychiatry consultations.

Conclusions: The diagnosis and management of tardive dyskinesia are best made with an interprofessional team. In most cases, the primary clinician may suspect the diagnosis during follow-up. Movement disorders like tardive dyskinesias are frequently aggravated by the use of drugs that block dopamine. In susceptible patients, even a single dose of an anti-dopaminergic drug can quickly develop disabling movement disorders.

Currently the american academy of neurology recommends few treatments such as tetrabenazine or clonazepam. The first treatment for tardive dyskinesia has recently been approved, such as Velbazine, a vesicular monoamine transport type 2 (VMAT2) inhibitor, the extent of its use remains to be seen.

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EPV0729

Assessment of psychosocial risks in Electricity and Gaz Company

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Introduction: Risk evaluation is a global process covering different aspects of employee’s work and family life. Nowadays, psychosocial risks are as important as physical and chemical risks, and their identification is determinant in each workplace.

Objectives: Our study aimed to assess psychosocial risks among Electricity and Gas Company’s employees and to identify factors related to these risks.

Methods: A cross sectional study was conducted among male workers in a Tunisian electricity and gas Company. The KRASEK scale was used to assess psychosocial risks. The Statistical analysis was performed with SPSS version 23.

Results: Among male workers in the company, 83 employees participated in this study. The mean age of our population was 41.28 years ± 12.12 years. Manual labour was identified in 67.5% of cases. High psychological demands were reported by 63.9% of the employees. The assessment of decision latitude dimension

identified low autonomy at work in 54.2% of cases. The mean social support scale was 23.73 ± 4.18. Job strain was identified among 32.5% of participants. Among employees in job strain, twenty-one subjects (77.8%) were affected in the technical division and 21.7% were in “iso strain”. Job strain and iso strain were associated with sedentary workers aged less than 45 years, p values were 0.006 (OR= 5.474; IC 95% [1.477-20.290]) and 0.010 (OR= 4.917; IC 95% [1.353-17.872]) respectively. However, Iso strain was negatively associated with being married (p=0.038) (0.0327 IC 95% [0.111-0.964]).

Conclusions: This study highlighted the importance of psychosocial risks in this company. The identification of these risks in the workplace may further help preventers to recommend proper interventions to offer employees a supportive work environment and to enhance their personal and professional well-being.

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AIDS dementia complex and neuropsychiatric symptoms : a case report

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Introduction: HIV infection presents complications that may include neuropsychiatric symptoms and whose management is important to avoid misdiagnosis and mistreatment.

Objectives: This case aims to highlight the importance of assessing HIV comorbidity in patients with psychiatric onset pathology.

Methods: Case report and literature review.

Results: We present the case of a patient diagnosed with HIV in 1985, who after 20 years of disease with irregular adherence begins to present delusional ideation of harm and self-referential, control experiences, thought diffusion phenomena, and possible auditory hallucinations, with poor evolution despite the establishment of numerous antipsychotic treatments, which evolves over the years towards a confabulatory character and with progressive neuropsychological deterioration. After numerous admissions, and despite several treatments, the patient developed over time memory failures, bradypsychia, gait disturbances, and difficulties in self-care, which further aggravated his condition by hindering therapeutic adherence, which ended with the patient’s chronic institutionalization. Diagnosis was AIDS dementia complex.

Conclusions: HIV hardly replicates in the central nervous system but generates antigenemia which, in turn, generates an inflammatory infiltrate that can cause diffuse involvement, predominantly subcortical and limbic system. Usually, the dementia-AIDS picture is insidious and develops in patients with poor control of the primary disease. It is recommended to optimize antiretroviral therapy and neuroprotective agents, as well as symptomatic treatment by psychiatry.

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