EPV0347

Parkinson's Disease and Bipolar Disorder: a case report and narrative review

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doi: 10.1192/j.eurpsy.2022.1219

Introduction: Bipolar disorder (BD) is considered a risk factor for developing Parkinson's Disease (PD) because of an altered dopamine activity in both entities. Comorbidity may delay diagnosis and difficult therapeutic management.

Objectives: To describe the case of a patient with both BD and PD and to determine the appropriate diagnostic and therapeutic approach for patients presenting both entities.

Methods: We present the case of a 58-year-old woman attended in our neurology unit due to the initial presence of visual hallucinations as a core symptom.

Results: Psychotic symptoms as hallucinations and off-times, frequently observed in PD, may be misdiagnosed with a worsening of depressive polarity of BD. Thus, overlap between symptoms may lead to a challenging differential diagnosis. Moreover, there is no consensus about the therapeutic management of the comorbidity, due to the bidirectional worsening of symptoms when treatment is adjusted. In our case, a diagnosis of dopaminergic psychosis was made so antipsychotic treatment with quetiapine 50 mg/d was initiated. A worsening of symptoms was observed, presenting the patient a stuporous status, mutism and generalized rigidity. Neuroimaging and lumbar puncture were performed showing no alterations; electroencephalogram showed diffuse slowing. Final diagnosis was an off-episode of PD and a multifactorial encephalopathy resulting in visual hallucinations.

Conclusions: Coexistence of PD and BD may lead to a diagnostic and therapeutic delay and therefore a worse prognosis. Although these diseases are well-known, it is still challenging to manage patients presenting both entities. Further research is needed to clarify the proper diagnostic and therapeutic approach for these patients.

Disclosure: No significant relationships.
Keywords: bipolar disorder; differential diagnosis; comorbidity; Parkinson's Disease

EPV0346

Irritable Bowel Syndrome: The role of the Psychiatry

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doi: 10.1192/j.eurpsy.2022.1220

Introduction: Irritable bowel syndrome (IBS) is the most common functional gastrointestinal disorder, affecting about 20% of people worldwide. This complex and multifaceted disorder has been proposed as a system disease involving not only individual systems including the nervous, endocrine, imune, digestive, microbiota and the environment but also the interactions of these systems. The aetiology of IBS is complex and incompletely understood and this disease are frequently associated with a comorbid psychiatric disease. Current treatment is symptom-directed, rather than based on underlying pathophysiological mechanisms.

Objectives: The authors elaborate a narrative literature review to identify the pathophysiology and therapeutic approach of IBS.

Methods: Pubmed databased searched using the therms "psychiatry", "irritable bowel syndrome" and "treatment".

Results: The IBS is the most common and best described of the functional bowel disorders, which represents a considerable therapeutic challenge. Studies looked at the efficacy of fibre, antispasmodics and peppermint oil in the treatment of IBS found moderately effectiveness in the treatment of global symptoms. Elimination diets are helpful in improving IBS. There is evidence that a low-FODMAP diet can have a favorable impact on IBS symptoms, especially abdominal pain, bloating and diarrhea with improved irritable bowel syndrome symptoms and quality of life. Among the currently available classes of drugs for the treatment of IBS, antidepressants such as selective serotonin releasing inhibitors and tricyclic antidepressants are useful because of their analgesic properties, independent of their mood-improving effects.

Conclusions: Evidence suggest that antidepressants might be useful for treatment symptom of IBS however further investigation is required.

Disclosure: No significant relationships.
Keywords: psychiatry; Treatment; Irritable Bowel Syndrome; Functional

EPV0347

Screnning of viral hepatitis in mental disorder patients: Psiqui-Clinic Programme

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doi: 10.1192/j.eurpsy.2022.1221

Introduction: The WHO would increase diagnosis and treatment of viral hepatitis in the world by 2030, based on the high efficacy of direct-acting-antivirals against HCV, extended vaccination programs in HBC, and epidemiological data. Diagnostic of HCV/HBV infection has been simplified by point-of-care (POC) devices (cheap/easy-to-use/interprete/qick-results), detecting anti-HCV-antibodies or HBV-antigen in capillary blood at the patients´site. The current seroprevalence of viral hepatitis B/C in general population in Spain is 0.5%/1% and would be higher (3-17%) in people with severe-mental-disorder due to risk factors and traditionally less access to health care.

Objectives: To design a screening protocol for HCV eradication and HBV-detection, and risk factors among severe-mental-disorder patients in a CommunityMentalHealthCenter. To guarantee equal access to viral hepatitis screening and therapy among this population.