

an improvement of psychological (somatic?) symptoms and psychotropic medication is deemed unnecessary.

Approximately one-third of patients with Graves' hyperthyroidism are prescribed psychotropic drugs. Sometimes to treat mental symptoms like psychosis or severe agitation, sometimes to treat mental symptoms remaining after amelioration of hyperthyroidism, and sometimes when the diagnosis of Graves' hyperthyroidism has been missed and the patient is treated as having a primary psychiatric disorder.

Objectives: To present a case of a patient with neuropsychiatric symptoms caused by thyroid dysfunction.

Methods: Case presentation and non-systematic review of existing literature on Pubmed using the following keywords: hyperthyroidism, psychiatric disorders, psychiatric symptoms, depression, psychosis.

Results: We report the case of a 21-year-old female without history of psychiatric illness who presented to the emergency department with somnolence, apathy, cognitive impairment (answering "I don't know" to most questions), poverty of speech, abulia, perplexity and delusional belief of ruin, in addition to physical symptoms namely alopecia and weight loss. According to her father, she was very active and dynamic person until two days prior, when he started noticing growing apathy, leading to job absenteeism. Urine analysis for illicit drugs was negative.

Investigation for organic disease was undertaken and the blood analysis revealed overt hyperthyroidism.

She was initially treated with aripiprazol. After thyroid dysfunction was identified, she was evaluated by an endocrinologist and started treatment with tiamazol and propranolol, presenting gradual remission of the psychiatric changes. Aripiprazole was discontinued and she was reevaluated in psychiatry consultation after about a month, with complete remission of psychiatric manifestations and normalized thyroid function.

Conclusions: Neuropsychiatric manifestations of thyroid dysfunction are often misdiagnosed as a primary psychiatric disorder. It is necessary to optimize the medical management of these patients in whom the psychiatric symptoms masks a curable organic cause.

Disclosure of Interest: None Declared

EPV0238

Substance use, anxiety and depression among Tunisian college students

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Introduction: Substance use and mental health symptoms are frequent among college students worldwide.

Objectives: This study examined the prevalence of substance use, anxiety and depression among college students and their associated factors.

Methods: A total of 115 college students aged between 19 and 30 years from different universities completed a self-reported online survey during March 2023. The questionnaire included items on demographic information, substance use and the Hospital Anxiety and Depression scale.

Results: Women represented 70% of our population. The average age was 25,1±3,5 years.

Twenty-nine (25,2%) were smokers, thirty-three students (28,7%) consumed alcohol and nine students (7,8%) used cannabis. Five students used ecstasy. Four students used LSD. Three students used cocaine.

Average HADS anxiety score was 7,96±4,26. Twenty-one students (18,3%) had mild anxiety symptoms. Thirty-three students (28,7%) had moderate to severe anxiety symptoms.

Average HADS depression score was 8,59±4. Thirty-one students (27%) had mild depressive symptoms. Forty-one (35,7%) had moderate to severe symptoms of depression.

Smoking was unrelated to gender, age, field of studies, economic or social status, family or personal history. It was related to drinking and doing other activities or hanging out with friends ($p<0,001$). Drinking alcohol was related to the field and year of study, age, hanging out with friends and other substance use ($p<0,001$). Using cannabis was related to psychiatric family history ($p<0,05$). Using one substance was related to using other substances ($p<0,05$). Anxiety was related to gender ($p<0,001$). Depression levels were related to socio-economic status ($p=0,041$). Poly-use was more frequent among older students ($p=0,003$) and medical students ($p=0,031$). Substance use was unrelated to anxiety and depression levels.

Conclusions: Tunisian universities should consider detecting students with substance and mental health problems and offer them support and treatment if needed.

Disclosure of Interest: None Declared

EPV0239

Epilepsy and psychiatric pathologies: A study of a case series

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Introduction: Psychiatric pathologies are more common in people with epilepsy than in the general population and have a negative impact on the quality of life of these patients.

Objectives: The objective of this work is to illustrate, through a series of cases, the complex relationship between epilepsy and psychiatric pathologies.

Methods: We report the cases of four patients with different psychiatric pathologies associated with epilepsy admitted to the psychiatry department of Hedi Chaker Sfax. We collected the clinical characteristics of these patients based on their medical files.

Results: The patients were aged 64, 45, 38 and 26 respectively. The first patient had a late-onset vascular epilepsy following the psychiatric pathology onset by 20 years. In the remaining cases epilepsy onset preceded the psychiatric pathology by 6, 3 and 1 year respectively. The aetiology of epilepsy was juvenile myoclonic epilepsy, and idiopathic in 2 cases. The psychiatric pathologies were schizophrenia, obsessive compulsive disorder with schizoid personality, schizoaffective disorder in the bipolar type and mild intellectual

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.

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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 acid-induced 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.

Disclosure of Interest: None Declared

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