

was detected. The IgG index was found to be increased at CSF (cerebrospinal fluid). She underwent pulse steroid therapy for seven days. The patient was discharged since her symptoms regressed after treatment.

Results: Here we present a case of MS presenting as depression in a young woman. Depression is a very common, and very important comorbidity in multiple sclerosis. The etiology of depression in MS is likely to be multifactorial, and to include biological, psychological, and social determinants. Although the relationship between depression and MS has been clearly demonstrated in all of these studies, there is no case of MS presenting as depression in the literature.

Conclusions: We know that depression may occur as a prodromal symptom in some organic diseases that affect brain such as dementia and Parkinson. In this case, we wanted to emphasize that organic etiological research is necessary for patients who present with psychiatric complaints for the first time, and that psychiatric complaints may be a symptom of organic diseases that may affect the brain.

Disclosure of Interest: None Declared

EPV0428

Anxiety and depression among patients with spondyloarthritis

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Introduction: Ankylosing spondylitis (AS) is an inflammatory rheumatic disease characterized by spinal and/or peripheral involvement, enthesitis, dactylitis, and several extra-articular manifestations. Chronic inflammation often leads to reduced spinal mobility and functional disability. The frequency of psychological problems has increased in AS patients.

Objectives: The objective of this study was to determine the prevalence of symptoms of anxiety and depression among AS patients and explore the underlying associated factors.

Methods: The Bath Ankylosing Spondylitis Functional Index (BASFI), the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), and other clinical measures were collected during the clinical trial. We evaluated also the hospital anxiety and depression scale (HADS). P values < 0.05 were considered statistically significant.

Results: Sixty-two patients with AS were included in the study. The average age was 41 years [18-65]. The diagnostic delay varied from one year to 26 years with an average of 4 years. Twenty-nine years is the average age of onset of symptoms with a standard deviation of 10 years. The mean duration of the disease was 10 ± 8 years. At baseline, the mean BASFI score was 53.9 ± 2 and BASDAI was 4.5 ± 2. Clinically significant symptoms of anxiety and depression were present in 48.4% and 54.8% of patients, respectively. Depression was noted with a mean HADS depression of 10.5 ± 5.2. Anxiety was noted with a mean HADS anxiety of 11.3 ± 4.6.

In univariate analysis, anxiety was associated with the low educational level of patients (p = 0.038) and with CRP level (p= 0.041). There was a significant association between depression and anxiety (p=0.000). There was no relationship between these psychiatric disorders and disease activity, treatment modalities or functional status (p>0.05)

Conclusions: In patients with Ankylosing spondylitis, the prevalence of risk of mental disorders is high.

Anxiety and depression are common in AS and even alter the quality of life.

Patients should be regularly screened for these disorders.

Disclosure of Interest: None Declared

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The therapeutic potential of psilocybin in depression resistant to psychotropic drugs

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Introduction: The use of hallucinogens has accompanied the human being throughout history. In the 1970s, studies focused on the therapeutic potential of hallucinogens were blocked due to their misuse in the young population. At present, psilocybin is re-emerging as the center of attention due to its possible therapeutic potential in different psychiatric pathologies such as depression, anxiety or substance use.

Objectives: The main objective of this work has been to review recent studies on the therapeutic potential of psilocybin in drug-resistant depressive disorder.

Methods: For the search for articles, the search strategy “psilocybin AND depression” was established in PUBMED. Regarding the inclusion criteria, it was established that they were recent articles, in Spanish or English and that the full text was freely accessible. On the other hand, those articles whose studies did not focus on humans and resistant depressive disorder were excluded. A total of 19 articles were obtained to review.

Results: Focusing on Drug-Resistant Depressive Disorder, multiple studies have agreed that the administration of one or two microdoses (10-25mg) of psilocybin accompanied by psychotherapy improves the clinical picture for at least 6 months. These results make us feel optimistic in the search for new treatments in the field of mental health.

Conclusions: Psilocybin microdoses associated with psychotherapy improves depressive symptoms in a patient resistant to common antidepressants.

The psilocybin response in terms of improvement of the depressive symptoms persists after 6 months of evolution.

One or, in some two cases, two microdoses of psilocybin (10-25mg) are enough to obtain statistically significant results in the improvement of the depressive symptoms.

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