EPV0244

Symptomatic generalised joint hypermobility and autism spectrum disorder are associated in adults

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Introduction: Intriguingly, autism spectrum disorders (ASD) and symptomatic generalised joint hypermobility (S-GJH) (e.-g. hypermobility spectrum disorders and Ehlers Danlos Syndrome) share several clinical manifestations including motor difficulties, sensory hypersensitivity and autonomic dysfunction. Moreover, many syndromic forms of ASD manifest a hypermobile phenotype. Despite the increased interest in the area, few systematic studies are available.
Objectives: This large cross-sectional comparative study aimed to examine the association between S-GJH and ASD in adults.
Methods: We assessed GJH by physical examination using the Beighton Scoring System (BSS) and collected data on musculoskeletal symptoms and skin abnormalities amongst 156 adult patients with ASD and 413 adult community controls. A proxy for S-GJH was created by combining a positive BSS with at least one additional musculoskeletal symptom or skin abnormality.
Results: The prevalence of S-GJH was significantly higher amongst patients with ASD than amongst controls (16.7% vs 4.8%, p< .001). A logistic regression model, adjusting for candidate covariates of GJH (age, sex, race), revealed a significant influence of ASD on S-GJH with adjusted odds ratio of 5.4 (95% CI 2.8-10.5, p< .001).
Conclusions: ASD and S-GJH are associated in adults. If recognised, musculoskeletal complications related to S-GJH can be relieved by physiotherapy. Clinicians should be familiar with that symptoms frequently occurring in GJH such as pain, fatigue and orthostatic intolerance may mimic or aggravate psychiatric symptoms (e.g. depression, anxiety). Knowledge about comorbidities may provide clues to underlying aethiopathological factors. Future research to clarify the mechanisms behind this association and to evaluate how comorbid S-GJH affects ASD outcome is warranted.

Disclosure: No significant relationships.
Keywords: biomarkers; comordbidity; hypermobility; Autism Spectrum Disorder

EPV0243

Post-ictal psychosis syndrome : A case report

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Introduction: Psychiatric comorbidity is prevalent among patients with epilepsy. Post-ictal psychosis syndrome (PIP) is a recent entity important to know. It belongs to the group of epileptic psychoses. The clinical presentation is often atypical, and symptoms are usually related to seizures.
Objectives: This work aimed to study the particularities of PIP.
Methods: It is a case report of PIP, involving a patient hospitalized in psychiatry department.
Results: We report the case of a 45-year-old woman, with medical history of generalized epilepsy which was stabilized under antiepileptic treatment (phenobarbital 150 mg/day). The patient was hospitalized for psychomotor instability and inconsistent speech after having experienced a generalized tonic-clonic seizure in the context of discontinuation of treatment. Psychiatric assessment revealed a hostility, a reluctance , a persecution delirium and auditory and visual hallucinations. A series of examinations have been carried out ; Neurological examination revealed no anomaly , a computed Tomography Scan of the Brain was normal. A lombar puncture was normal. A covid-19 infection was eliminated. The usual antiepileptic medication was reintroduced to the patient (Phenobarbital 150 mg/day),in association to benzodiazepines (clonazepam 4 mg/day). After 72 hours of treatment, psychiatric symptoms improved. The patient returned to its baseline condition after 7 days. A similar episode was reported two months earlier in the same circumstances with a similar symptomatology and a spontaneous resolution within 7 days.
Conclusions: PPI syndrome, regardless of its good short-term prognosis, can potentially evolve into other psychiatric disorders of less good prognosis. Thus, this syndrome should be managed in collaboration with neurology and psychiatry.

Disclosure: No significant relationships.
Keywords: Psychosis; post-ictal; epilepsy

EPV0244

Affective disorder associated with post-traumatic epilepsy, misdiagnosis and under treatment: A case report

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Introduction: A history of traumatic brain injury (TBI) is often associated with acquired epilepsy, which is associated with psychiatric co-morbidity, that when undetected might lead to misdiagnosis and mistreatment.
Objectives: The objective is to present the case of a 47-years-old male with a history of TBI and undetected acquired epilepsy, with a subsequent treatment resident mood disorder that was lead to a full clinical remission once epileptic activity was controlled using anti-seizure monotherapy.
Methods: After compulsory admittion to our inpatient psychiatric unit because of suicidal ideation and persistent aggressive behavior with volatile mood swings, the patient was fully evaluated and his psychiatric and medical histories were recorded. A brain CT scan and EEG were performed. Laboratory tests excluded other medical co-morbidity.
Results: The patient had a previous history of TBI and subsequent multiple episodes of mood disorders that failed to reach full remission even if treated with antidepressives and antipsychotics for adequate time and dosage according to current quidelines. EEG was positive for epileptiform activity with sporadic slow theta waves

and right frontotemporal epileptic-like features while the patient was free of clinical seizures. Carbamazepine was initiated and titrated up to 1200mg daily leading to the full remission of the initial clinical symptoms along with the EEG findings' improvement. The patient remained stable with his functionality at its utmost recovery during the two-years follow-up evaluations.
Conclusions: TBI induced epilepsy might be under-diagnosed in the absence of clinical seizures leading to the mistreatment of the associated psychiatric disorders that could be the only clinical presentation of the underlying pathology.

Disclosure: No significant relationships.
Keywords: epilepsy; TBI; carbamazepine; affective disorders

EPV0245

Characterization of neuropsychiatric symptoms in a group of individuals with manifest or pre-motor Huntington's disease in Medellín, Colombia.

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Introduction: Huntington's disease (HD) is a rare (1-9/100 000), inherited disease characterized by an elongated CAG repeat on chromosome 4p, leading to a degeneration of neurons. Also, psychiatric symptoms are very common in the early stage and may appear before motor symptoms.
Objectives: To characterize neuropsychiatric symptoms in a group of individuals with manifest or pre-motor Huntington's disease in Medellín, Colombia.
Methods: Data obtained from clinical records of individuals with HD (motor-manifest or pre-motor with triplets count) evaluated for ENROLL-HD project in the Group of Neuroscience of Antioquia. We explored variables related to substances abuse, neuropsychiatric symptoms, the respective age of onset, sex, and triplet count when available.
Results: Twenty-six (53%) were women, 8% had a familiar history of psychotic illness in a first-degree relative and 88% presented motor symptoms. Also, 59% had a history of depression, 53% irritability, 57% aggressiveness, 34% apathy, 29% perseverative/obsessive behavior, 14% psychosis, and 30% mild cognitive impairment. Ten individuals (20%) had motor without neuropsychiatric symptoms. Also, thirty-seven individuals (76%) presented motor and neuropsychiatric symptoms; of these, 41% had neuropsychiatric symptoms before motor symptoms. No psychiatric symptoms were associated with the use of alcohol, cigarettes, or drugs of abuse.
Conclusions: Neuropsychiatric symptoms are highly prevalent among individuals with HD and studies oriented to create relevant knowledge for the development of advice oriented to people with this disease are necessary.

Disclosure: No significant relationships.
Keywords: Huntington's disease; Motor symptoms; Neuropsychiatric symptoms; Chorea

EPV0246

Wernicke Encephalopathy: A case report.

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Introduction: We report a case of a 56-year old woman with a history of depressive disorder between 2012 and 2017 achieving full remission after treatment with antidepressants and anxiolytics. In the year 2021 was presented to the emergency department manifesting alteration of behavioral patterns, ataxia, mental confusion and horizontal nystagmus. A chronic alcohol abuse was also discovered while interviewing. She also exhibited low mood, anterograde amnesia and confabulations that improved rapidly after following treatment with thiamine.
Objectives: Reviewing clinical manifestations and treatment of Wernicke encephalopathy and the development of Korsakoff syndrome.
Methods: We systematically reviewed articles using PubMed.
Results: Wernicke encephalopathy is a well-known complication of thiamine deficiency, mostly associated with alcohol use disorder. Classically, the syndrome comprises changes in mental status, gait ataxia and ophthalmoplegia. However, the full triad has been described in only 10-17 % of cases, which in our the case is report. After the diagnosis was established and was treated with thiamine, a rapid improvement in the patient´s clinical status was observed. Cognitive impairment was later identified, taking into account the possibility of a Korsakoff syndrome characterized by irreversible brain damage and subsequent loss of anterograde memory. In our patient, this specific diagnosis was dismissed due to the clinical improvement after thiamine treatment.
Conclusions: It is relevant to emphasize the importance of a precise diagnosis and treatment of patients with Wernicke Encephalopathy to avoid the development of a Korsakoff syndrome.

Disclosure: No significant relationships.
Keywords: Wernicke; Korsakoff; alcohol; thiamine

EPV0247

Behavioural Variant of Frontotemporal Dementia or Mood Disorder?

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Introduction: The behavioural variant of frontotemporal dementia (bvFTD) is a devastating neurodegenerative syndrome with its peak in the early sixties at about 13 per 100,00. The diagnosis of bvFTD relies on clinical assessment as patients present executive and behavioural deficits, like apathy, loss of motivation and personality changes. Current diagnosis criteria lack specificity and symptomatic overlap between bvFTD and primary psychiatric disorders