87.5%, primary: 68.4%, secondary: 35% and university: 46.7%). Similarly, having a family history of chronic disease (OR=3.3; p=0.02), suffering from severe fatigue (OR=36, p<0.01), having associated depression (HAD score≥11) (OR=19.5; p<0.001) and having poor quality of life [Ankylosing spondylitis quality of life questionnaire (Asqol) Score ≥13] (OR=15.8; p<0.001) were statistically associated with higher prevalence of confirmed anxiety symptoms.
Conclusions: It was found that patients treated for AS frequently suffer from psychological co-morbidities, particularly anxiety, which can lead to a further deterioration in their quality of life and even their withdrawal from active life. Thus, anxiety should not be ignored when treating these patients.

Disclosure of Interest: None Declared

EPV0267

Postictal psychosis : Case Report and Literature Review

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Introduction: The prevalence of psychosis in patients with epilepsy is estimated approximately 7.8%. However, postictal psychosis appears to be much less common, with a prevalence of 2% in epilepsy. Postictal psychosis is defined as psychotic episodes starting within less than one week after an epileptic seizure.
Objectives: Our aim was to study the clinical characteristics and the therapeutic options through a case report and a review of the literature.
Methods: Case report and unsystematic literature review were obtained by searching the Pubmed.gov database. Thirty-six articles were identified through searches of this database and thirty-five articles were included in the selection of in-text articles integral
Results: A 32-year-old men patient, without a personal or family history of psychiatric illness, was admitted to a psychiatric unit for a psychotic episode which has started three days before, mystical delusions, irritability, disorganized behavior, and aggressiveness, that had emerged shortly after a cluster of generalized tonic-clonic GTC seizures. Additionally, divided attention and memory deficits were noticed during psychiatric hospitalization.
Past medical history was relevant for epilepsy since he was 20 years olds. He did not regularly attend follow-up neurology appointments and had poor adherence to antiepileptic treatment. Last tomography images, a day before the hospitalization in psychiatry, had documented hypodense lesions in the periventricular white matter and subcortical semi-oval center distributed bilaterally and symmetrically suggestive of leukopathy. During the hospitalization, biochemical screening, renal and thyroid function were normal, serologies for B and C hepatitis were negative.
Psychotic symptoms subsided in the first 36 hours after admission upon treatment with Risperidone 4 mg/day, carbamazepine 600 mg/day, and 15O mg phenobarbital.
Conclusions: From our research, we can deduce that although these syndromes are widely recognized, standard diagnostic manuals fail to acknowledge them, resulting in a noticeable lack of attention in the literature. Therefore, it is crucial for physicians to carefully examine patients with known risk factors for the symptoms of postictal psychosis.

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EPV0268

Post-Ictal Mania: A Case Report with Literature Revue

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Introduction: While postictal mania is a well-recognized clinical condition, it has received less research attention compared to other postictal manifestations.
Objectives: Drawing upon an analysis of a case report that underscores the clinical and therapeutic challenges associated with comorbid epilepsy and mania, a literature review was carried out to investigate the connection between these two disorders.
Methods: We illustrate a case of comorbidity between mania and epilepsy and provide a concise review of the literature summarizing the key characteristics of this association.
Results: This case pertains to Mr. M, a 44-year-old male with a history of frontal epilepsy characterized by secondary partial generalization, which was partially controlled with sodium valproate. He was admitted to our service due to acute agitation following a loss of consciousness lasting a few minutes.
Upon admission, the patient exhibited symptoms of mental confusion. A neurological examination did not uncover any abnormalities. Brain computed tomography revealed mild frontal atrophy. Video electroencephalography conducted during the interictal period and outside the episodes of confusion did not reveal any abnormalities. The patient was restarted on sodium valproate (20 mg/kg/day) and clonazepam (2 mg/day). Following a lucid interval of ten days, the patient started to manifest psychiatric symptoms, which included irritability, hostility towards his spouse, increased talkativeness, thought pressure, and an unusual sense of familiarity, raising suspicion of post-ictal mania.
Conclusions: Based on this clinical case and the existing scientific literature, post-ictal mania occupies a distinct position among the mental disorders observed in the post-ictal period. Therefore, clinicians must be aware of these conditions to facilitate accurate diagnosis and appropriate management.

Disclosure of Interest: None Declared

EPV0269

Association between G6PD deficiency and schizophrenia A case report

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Introduction: G6PD is essential for the production of NADPH, which is a cofactor for many enzymes involved in antioxidant defense and neurotransmitter synthesis. A deficiency in this enzyme could lead to increased oxidative stress, impaired neurotransmitter and immune function. The latter have been implicated in the pathophysiology of schizophrenia.
Objectives: The present case is presented to underscore the infrequent and uncharacteristic manifestation of this condition, in the context of clinical symptoms and the trajectory of evolution of schizophrenia when associated with G6PD Deficiency. Moreover, it sheds light on the challenges clinicians encounter in the management of such cases.
Methods: A case report of a patient who was admitted to the Psychiatry Department ("Ibn Omrane") of Razi Hospital".
Results: Mr. M.T is a 26 year-old unmarried man. He comes from a non-consanguineous marriage and has an educational level of a bachelor's degree plus three additional years of study. He has a significant family medical history. His maternal uncle is under treatment for a chronic psychotic disorder. He has a personal history of G6PD deficiency and no specific habits to note. At the age of 24, he insidiously developed anxiety with incoherent statements of persecution accompanied by behavioral manifestations leading to mistrust and social isolation. He discontinued his studies for a year and began verbalizing suicidal thoughts accompanied by self-harm behaviors.
The family sought help from a psychiatrist who prescribed 5 mg of olanzapine, which was covertly administered to the patient.
At the age of 28, after a suicide attempt, he was involuntarily admitted to Razi Hospital. The clinical presentation was dominated by disorganization, with a partial response to treatment.
Conclusions: More research is needed to confirm the association between G6PD deficiency and schizophrenia and to determine the underlying mechanisms. Larger studies with well-defined populations and methodologies are needed. It is also important to study the interaction between G6PD deficiency and other genetic and environmental factors that contribute to schizophrenia.

Disclosure of Interest: None Declared

EPV0270

Spiritual awakening. Substance abuse, dual pathology

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Introduction: Kambó is considered an "ancestral medicine" by the indigenous tribes of the western region of the Amazon.
Objectives: Through this clinical case, the aim is to present the particularities of the symptoms and management of patients with consumption of not so common substances, such as Kambo or salvia divinorum, as well as the evolution that will occur in a patient with a previous diagnosis of a Depressive Episode.
Methods: We present the case of a 23-year-old male, Gestalt therapy student. History of tobacco, THC, and recent use of salvia divinorum and Kambo. He began follow-up by psychiatry in a private setting three years ago due to a severe depressive episode, having required treatment with antidepressants, antipsychotics and benzodiazepines, and having been triggered by a serious assault. The episode is resolved and follow-up is discontinued. Family history of depressive syndrome and suicide.
He resumed contact through the Emergency Department, requiring hospital admission due to symptoms compatible with a manic episode with psychotic symptoms. It begins with behavioral alterations and global insomnia that are related to the consumption of some substance, initially unknown to them, making the skin lesions they presented suspect the consumption of kambo.
Results: We assess the risk of consuming these substances, which are sometimes used as alternative therapies, and especially in this type of patient, who is more vulnerable and perhaps seeks a way out of the problems they present.
Conclusions: In our case, it triggered a manic episode with psychotic symptoms, which consisted of delusional ideation of mystical content accompanied by auditory hallucinations. The episode took about a month to subside, despite treatment. Subsequently, there have been more episodes with similar characteristics, and they have not been associated with the consumption of kambó, but have been linked to the consumption of "natural medicinal substances."

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Consultation Liaison Psychiatry and Psychosomatics

EPV0274

Atypical psychosis in a patient with intracranial hypertension: clinical case and review

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Introduction: Several neurologic conditions can produce or mimic psychotic symptoms. It is important to make an exhaustive differential diagnosis between a psychiatric manifestation of an underlying neurological condition and a primary psychiatric one. We explore through the present clinical case of a young woman admitted to neurology the relationship between intracranial hypertension and a case of atypical psychosis that resolved itself with the treatment of the intracranial hypertension, without the need for antipsychotic medication.
Objectives: To explore through the presented clinical case and the concerning literature the concept and management of psychotic-like symptoms in patients with intracranial hypertension.
Methods: We present a clinical case and a review of the existing literature concerning atypical psychosis or psychosis-like symptoms in cases of intracranial hypertension.
Results: We report the case of a 24 year old woman with no relevant medical history hospitalised in the neurology unit due to suspected encephalitis. Native to New Zealand, she is brought from the airport due to behavioural alterations. During the last few days before admission she had presented with incoherent speech, derailment, religious and persecutory delusions, and erotomania towards her cousin. She described feelings of strangeness with her surroundings and of time moving at a different speed than usual, either faster or slower. She also had a headache and visual alterations, as well as