

and management challenging. It usually manifests between the ages of 40 and 60, primarily after the age of 30.

Objectives: To contribute to the medical literature by sharing this rare case, thereby increasing awareness and knowledge about Fahr's Disease among healthcare professionals.

Methods: Non systematic review of the literature and access to the medical history of the patient.

Results: We present a case of a 42 year old woman, who came to our hospital with behavior changes, with increasing confusion and new mystical beliefs, insomnia and agitation.

According to the patient's husband, the patient sounded confused and inappropriate in her speech. The patient was admitted for evaluation of altered mental status. The patient was alert and oriented to person, place, time, and situation in the emergency department, with shudder while neurologically intact. The patient was unpolite, agitated.

Psychiatry was consulted for evaluation. We decided to admit the patient and did a posterior study with a CT scan and MRI. The MRI, as well as CT scan revealed "dense calcification of the dentate nuclei and the basal ganglia", highly suggestive of Fahr's syndrome. The patient's phosphorus level was 3.5 mg/dl (normal level: 2.5-4.5 mg/dl). Parathyroid hormone (PTH) intact was 53 pg/ml (normal level: 15-65 pg/ml), and calcium level was 10,3 mg/dl (normal level: 8.4-10.5 mg/dl). The vitamin D 25-hydroxy concentration was 43,5 ng/ml (normal level: 30-60 ng/ml).

Conclusions: In conclusion, Fahr's Disease is a rare and complex neurological disorder characterized by idiopathic calcification of the bilateral basal ganglia, resulting in a diverse range of neurological and psychiatric symptoms. Diagnosis involves clinical evaluation and neuroimaging, while treatment is primarily symptomatic. Further research is needed to better understand the underlying genetic and biochemical mechanisms driving calcification in the brain and to develop more effective therapeutic strategies for this challenging condition.

Disclosure of Interest: None Declared

EPV1147

Issues around vulnerability among people attended by a Portuguese community-based association: a qualitative secondary analysis

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doi: 10.1192/j.eurpsy.2024.1706

Introduction: Despite vulnerability being a poorly understood concept is a key concept in health and social care disparities. Typically, vulnerable groups include individuals with physical and/or mental disabilities, children, the elderly, members of the lower social classes, and refugees. In Portugal, the pandemic was responsible for worsening inequalities in access to health and social care for the most vulnerable. To the best of our knowledge, there is a dearth of qualitative research on vulnerability from the viewpoint of those who are vulnerable or work with the most vulnerable.

Objectives: As expressions of vulnerability are strongly influenced by cultural factors, this study aims to examine issues of vulnerability

among people who attend and work in a Portuguese community-based association.

Methods: Secondary analysis of qualitative data from twelve vulnerable people and fifteen professionals who attended these people. The manifestations of the vulnerability reported by participants included being homeless, being a migrant, having an infectious disease, being drug dependent, living with socioeconomic difficulties (unemployment), and experiencing a process of loss and grief. They also reported having a mental or physical health problem, or both. Depression and anxiety were the most often reported mental health disorders. Regarding the academic background of professionals, most of them (n = 12) are from social sciences (e.g., social workers, social mediators, and psychologists).

Results: Three main themes emerged from the study: (1) meanings of human vulnerability; (2) barriers to vulnerability mitigation; and (3) approaches to addressing vulnerability. Our findings revealed that vulnerability is a very dynamic process of openness to conditions that impact individual outcomes. However, there is a conceptual gap: being vulnerable is perceived as something negative, but vulnerability also has the potential to change priorities in life for the better. Some participants emphasized the importance of self-care to avoid becoming vulnerable themselves, particularly in terms of mental health.

Conclusions: Understanding the social determinants of vulnerability is necessary to achieve satisfactory care for human groups. Practitioners need to be aware of these larger societal dynamics, understand them, and make sure their services are responsive to cultural differences. In order to develop interventions that promote social and health outcomes, practitioners should be encouraged to share knowledge on best practices.

Disclosure of Interest: None Declared

EPV1150

The importance of including ADHD in the differential diagnosis in adults. About a case

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doi: 10.1192/j.eurpsy.2024.1707

Introduction: ADHD is a diagnosis almost always made in childhood or adolescence and oftentimes difficult to make it new in adults because it is not thought of in the differential diagnosis process and for the lack of experience from adult devices.

- ADHD in adults is characterized by symptoms of executive dysfunction, inattention, emotional dysregulation. The symptoms of impulsivity and hyperactivity tend to be less evident.

Objectives:

- Frequently, the adult patient with ADHD comes to the consultation with a secondary symptom and the primary pathology is hidden and often not evident at first glance.

Methods:

- A 20-year-old woman, university student, with no relevant medical or psychiatric history, without toxic habits, who