psychiatric symptoms, and the eventual revelation of an underlying neurological disorder, Huntington's Disease. We aimed to emphasize the importance of a multidisciplinary approach to such complex cases.

Methods: The patient's clinical course was closely monitored, and the Positive and Negative Syndrome Scale (PANSS) was used to assess the severity of symptoms upon admission. The patient's severe psychotic state led to involuntary hospitalization. Clinical observations pointing to an underlying neurological disorder prompted a neurology consultation and further investigations, including brain CT and MRI scans, but also genetic testing.

Results: The CT scan revealed potential Huntington's Disease evolution, while genetic testing confirmed the presence of the specific HTT mutation. Brain MRI with contrast substance highlighted characteristic Huntington's Disease changes, such as cortical atrophy, necrosis, and substantial loss of brain tissue, particularly in the basal ganglia, cortical regions, and thalamic nuclei. The patient was hospitalized for nearly seven weeks, during which various psychiatric medications were trialed with limited success. However, a gradual increase of Trihexyphenidyl dosage, as well as a wash-up with saline solution and vitamin supplements (B1, B6, and C), was initiated. Subsequently, the introduction of oral haloperidol in gradually increasing doses led to significant improvements in psychiatric symptoms, dyskinesia, and overall functionality.

Conclusions: This complex case underscores the paramount importance of a multidisciplinary approach in diagnosing and managing patients with Huntington's Disease and concurrent psychiatric symptoms. The revelation of a confirmed Huntington's Disease diagnosis also necessitated genetic testing for the patient's two adult children, with the son testing positive. This case illustrates the challenges of adapting treatment strategies continuously in such multifaceted scenarios and highlights the compelling need for a collaborative and integrative approach.

Disclosure of Interest: None Declared

EPV0257

Implementing policies and predictive stochastic models to restrict borderline personality disorder's access to restricted medications: comorbidity with factitious disorder, functional neurological disorder and medically unexplained symptoms

C. G. Lazzari

Community Mental Health, UK NHS, BRIGHTON, United Kingdom
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Introduction: We are facing increased access to hospital beds and increased use of restricted medications by people with borderline personality disorder (BPD). Our former research shows BPD comorbidity with factitious conditions, functional neurological disorder and medically unexplained symptoms. We also registered that persons with BPD might craft or exaggerate symptoms to access restricted medications. In the worst cases, they might share these medications (benzodiazepines, hypnotics, and anxiolytics) with street values for profit or other recreational purposes.

Objectives: To generate forecasting models and preventive policies to deal with BPD factitious disorders and improve the effectiveness of the UK National Healthcare Service (NHS) in reducing unnecessary admissions to general and psychiatric hospitals. More selective policies will capture and discourage BPD's feigning and exaggerating symptoms for accessing restricted medications.

Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. We identify four major model components to be introduced in the model: BPD (A), factious disorders (B), prescribing restricted medications (C), antisocial behaviours (D), and access to hospital beds (E).

Results: The Boolean expression becomes [A then B then C then D then E], or $[A \Rightarrow (B \Rightarrow (C \Rightarrow (D \Rightarrow E)))]$ with a truth density of 96.875% (Figure 1).

Conclusions: BPD should alert healthcare of the risks of symptom exaggeration and factitious mental diseases. These conditions are used to access often restricted medications, such as benzodiazepines, sleep tablets, and anxiolytics, for personal and communal use. Street sharing of these last increases local criminality. In worst cases, a hospital bed is granted without preventive triage. The risk is the indoor access to these medications. We advocate policies for the discontinuation of community prescription of these drugs.

Disclosure of Interest: None Declared

EPV0258

Prevalence of psychiatric disorders in patients with craniofacial malformations - a statistical analysis

G. Pereira Bernd[1], V. Dall Agnol Bouvier[1], T. Brusa da Costa Linn[1], I. Cho de Almeida[1], B. de Oliveira de Marchi[1], L. Guinter Muccillo[2]*, C. G. Menezes Chaves Barcellos[2], C. Paz Portinho[1] and M. V. Martins Collares[1]

[1]Universidade Federal do Rio Grande do Sul, Porto Alegre and [2]Feevale, Novo Hamburgo, Brazil
*Corresponding author.
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Introduction: Craniofacial malformations have long been associated with a heightened risk of psychiatric disorders. Understanding this link is crucial, as it can inform early intervention and support for affected individuals, enhancing their overall well-being. Research in this area aims to shed light on the prevalence and nature of these disorders within the craniofacial population, ultimately improving healthcare and quality of life for affected individuals.

Objectives: This study aims to establish a comprehensive understanding of the relationship between craniofacial malformations and psychiatric disorders. Specifically, our objectives include: assessing prevalence, identifying risk factors, evaluating impact and informing clinical practice. This research aims to improve the holistic care and mental well-being of individuals with craniofacial malformations, contributing to a more comprehensive approach in the field of psychiatry.

Methods: This cross-sectional study was conducted at a prominent referral hospital named Hospital de Clínicas de Porto Alegre during the month of August 2023.

Participant Selection: Patients with craniofacial malformations of all ages and both genders.

Data Collection: We conducted structured interviews with participants to gather demographic information, medical history, and details of their craniofacial conditions.

Medical Records Review: Medical records were reviewed to corroborate craniofacial diagnoses and identify any comorbid conditions.

Statistical Analysis: Data were analyzed using appropriate statistical techniques to assess the association between craniofacial malformations and psychiatric disorders.
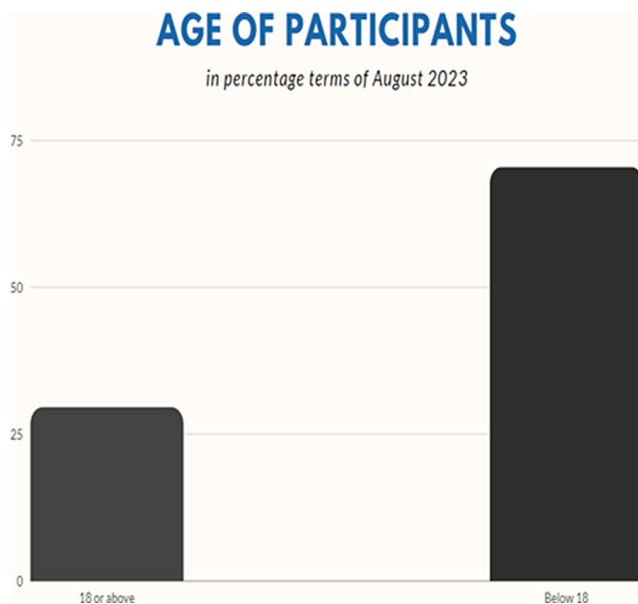
Ethical Considerations: The study adhered to all ethical guidelines, with informed consent obtained from participants or their legal guardians. Ethical approval was obtained from the hospital's Institutional Review Board.

Data Handling: Confidentiality and data security were ensured throughout the study, with all data anonymized to protect participant privacy.
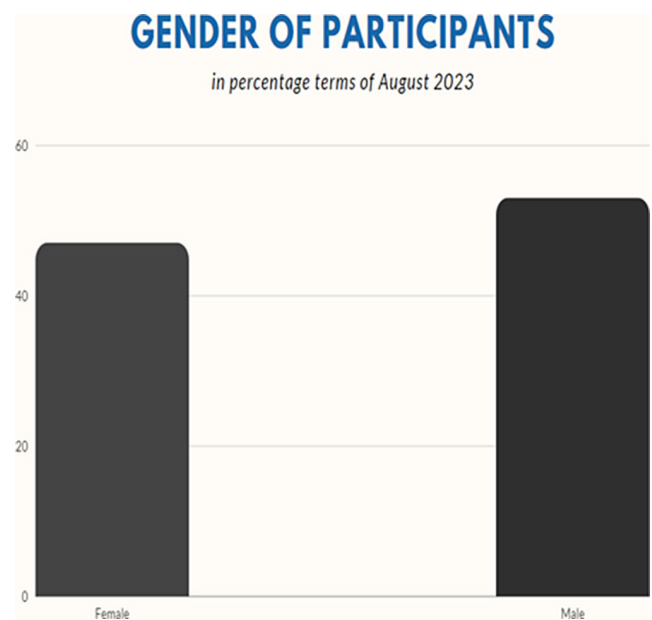
Results: In our study, we assessed 132 different patients, comprising 62 females and 70 males. The youngest patient was 2 months old, while the oldest was 56 years old. The mean age of the patients was 16.22 years, with a median of 9 years, a harmonic mean of 18 years, and a standard deviation of 15.23 years.

Among the patients, 24 exhibited psychiatric disorders, evenly split between 12 males and 12 females. Their average age was 16.21 years, with a median of 10 years, a harmonic mean of 6.13, and a standard deviation of 14.57. The youngest patient with evidence of a psychiatric disorder was 2 years old.

Image:

AGE OF PARTICIPANTS
in percentage terms of August 2023

Image 2:

GENDER OF PARTICIPANTS
in percentage terms of August 2023

Conclusions: Our study underscores the prevalence of psychiatric disorders among craniofacial patients, which seems to be greater than the general population, emphasizing the need for integrated care that considers both medical and psychological aspects, thus enhancing the overall well-being of these individuals.

Disclosure of Interest: None Declared

EPV0259

Prevalence of Low Self-Esteem Among Patients Treated in the Craniofacial Surgery Department of an international Reference Hospital

G. Pereira Bernd[1], V. Dall Agnol Bouvier[1], T. Brusa da Costa Linn[1], I. Cho de Almeida[1], B. de Oliveira de Marchi[1], L. Guinter Muccillo[2]*, C. G. Menezes Chaves Barcellos[2], C. Paz Portinho[1], M. V. Martins Collares[1] and R. Ribas Leite[3]

[1]Universidade Federal do Rio Grande do Sul, Porto Alegre; [2]Feevale, Novo Hamburgo and [3]Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil
*Corresponding author.
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Introduction: Craniofacial surgery is a specialized field that addresses congenital and acquired deformities of the head and face. While the physical outcomes of craniofacial surgery are well-documented, less attention has been given to the psychological well-being of adult patients. This abstract aims to explore self-esteem issues among adult patients treated at the Craniofacial Surgery Sector of HCPA (Hospital de Clínicas de Porto Alegre), where a substantial proportion of adult patients have reported self-esteem problems.