EPV0347

Parkinson's Disease and Bipolar Disorder: a case report and narrative review

H. Andreu Gracia[1]*, L. Ilzarbe[1], O. Marco Estrada[1], L. Bueno Sanya[1], O. De Juan Viladegut[1], L. Olivier Mayorga[1], L. Pintor[2], F. Valldeoriola[3] and I. Grande[1]

[1]Hospital Clínic de Barcelona, Psychiatry, Barcelona, Spain; [2]Hospital Clínic de Barcelona, Consultation Liaison Psychiatry, Barcelona, Spain and [3]Hospital Clínic de Barcelona, Neurology, Barcelona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1219

Introduction: Bipolar disorder (BD) is considered a risk factor for developing Parkinson's Disease (PD) because of an altered dopamine activity in both entities. Comorbidity may delay diagnosis and difficult therapeutic management.
Objectives: To describe the case of a patient with both BD and PD and to determine the appropriate diagnostic and therapeutic approach for patients presenting both entities.
Methods: We present the case of a 58-year-old woman attended in our neurology unit due to the initial presence of visual hallucinations as a core symptom.
Results: Psychotic symptoms as hallucinations and off-times, frequently observed in PD, may be misdiagnosed with a worsening of depressive polarity of BD. Thus, overlap between symptoms may lead to a challenging differential diagnosis. Moreover, there is no consensus about the therapeutic management of the comorbidity, due to the bidirectional worsening of symptoms when treatment is adjusted. In our case, a diagnosis of dopaminergic psychosis was made so antipsychotic treatment with quetiapine 50 mg/d was initiated. A worsening of symptoms was observed, presenting the patient a stuporous status, mutism and generalized rigidity. Neuroimaging and lumbar puncture were performed showing no alterations; electroencephalogram showed diffuse slowing. Final diagnosis was an off-episode of PD and a multifactorial encephalopathy resulting in visual hallucinations.
Conclusions: Coexistence of PD and BD may lead to a diagnostic and therapeutic delay and therefore a worse prognosis. Although these diseases are well-known, it is still challenging to manage patients presenting both entities. Further research is needed to clarify the proper diagnostic and therapeutic approach for these patients.

Disclosure: No significant relationships.
Keywords: bipolar disorder; differential diagnosis; comorbidity; Parkinson's Disease

EPV0346

Irritable Bowel Syndrome: The role of the Psychiatry

A. Fraga*, B. Mesquita, D. Esteves-Sousa, M. Albuquerque, J. Facucho-Oliveira, P. Espada-Santos, P. Cintra and A. Moutinho

Hospital de Cascais, Psychiatry, Alcabideche, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1220

Introduction: Irritable bowel syndrome (IBS) is the most common functional gastrointestinal disorder, affecting about 20% of people worldwide. This complex and multifaceted disorder has been proposed as a system disease involving not only individual systems including the nervous, endocrine, imune, digestive, microbiota and the environment but also the interactions of these systems. The aetiology of IBS is complex and incompletely understood and this disease are frequently associated with a comorbid psychiatric disease. Current treatment is symptom-directed, rather than based on underlying pathophysiological mechanisms.
Objectives: The authors elaborate a narrative literature review to identify the pathophysiology and therapeutic approach of IBS.
Methods: Pubmed databased searched using the therms "psychiatry", "irritable bowel syndrome" and "treatment".
Results: The IBS is the most common and best described of the functional bowel disorders, which represents a considerable therapeutic challenge. Studies looked at the efficacy of fibre, antispasmodics and peppermint oil in the treatment of IBS found moderately effectiveness in the treatment of global symptoms. Elimination diets are helpful in improving IBS. There is evidence that a low-FODMAP diet can have a favorable impact on IBS symptoms, especially abdominal pain, bloating and diarrhea with improved irritable bowel syndrome symptoms and quality of life. Among the currently available classes of drugs for the treatment of IBS, antidepressants such as selective serotonin releasing inhibitors and tricyclic antidepressants are useful because of their analgesic properties, independent of their mood-improving effects.
Conclusions: Evidence suggest that antidepressants might be useful for treatment symptom of IBS however further investigation is required.

Disclosure: No significant relationships.
Keywords: psychiatry; Treatment; Irritable Bowel Syndrome; Functional

EPV0347

Screning of viral hepatitis in mental disorder patients: Psiqui-Clinic Programme

M. Cavero[1]*, T. Planas[1], J. Goikolea[1], S. Lens[2], C. Bartrés[2], L. Colomer[1], C. García[1], M. Valentí[1], V. Ruiz[1], Y. Rivas[1], A. Benabarre[1], R. Catalan[1], G. Masana[1], J. Colom[3], X. Forns[2], R. Martin-Santos[1] and Z. Mariño[2]

[1]Hospital Clínic,, 1department Of Psychiatry And Psychology, Barcelona, Spain; [2]Hospital Clínic,, Liver Unit, Barcelona, Spain and [3]Agéncia de Salut Pública de Catalunya, Programa Pcavihv, Barcelona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1221

Introduction: The WHO would increase diagnosis and treatment of viral hepatitis in the world by 2030, based on the high efficacy of direct-acting-antivirals against HCV, extended vaccination programs in HBC, and epidemiological data. Diagnostic of HCV/HBV infection has been simplified by point-of-care (POC) devices (cheap/easy-to-use/interprete/qick-results), detecting anti-HCV-antibodies or HBV-antigen in capillary blood at the patients´site. The current seroprevalence of viral hepatitis B/C in general population in Spain is 0.5%/1% and would be higher (3-17%) in people with severe-mental-disorder due to risk factors and traditionally less access to health care.
Objectives: To design a screening protocol for HCV eradication and HBV-detection, and risk factors among severe-mental-disorder patients in a CommunityMentalHealthCenter. To guarantee equal access to viral hepatitis screening and therapy among this population.

Methods: Outpatients visited along one-year who accepts participate. Using POC-device for qualitative detection of anti-HCV-antibodies (Quickview-of-Lumiquick-Diagnostics®)/HBsAG (Abbott-Rapid-Diagnostics®). Socio-demographic data; mental disorder(ICD-10); HCV/HBV risk-factors; Neurotoxicity-scale (mood/cognition/sleep/gastrointestinal/sickness/motor); SF-12; Patient-satisfaction. Subjects with positive HCV/HBV POC-test will have a on-site venopuncture to assess hemograme/liver tests, and HCV-RNA (Cobas-TaqMan-RocheDiagnostics)/HBsAg-ELISA (Atellica-Siemens). In positive HCV-RNA (active infection) the psychiatric-team will inform the hepatology-team for non-invasive liver fibrosis assessment and DAA prescription. The patient will receive 8-12-weeks on-site treatment, and assessed (Neurotoxicity/SF-12).HCV cure will be confirmed by HCV-RNA in blood. Chronic-cases will be managed at Hepatology-Unit.
Results: We will present the results of the implementation of the programme and their ability to detect viral-hepatitis-positive cases among patients with severe-mental-disorders and to treat them effectively.
Conclusions: Our results may support the generalisation of the programme in among CMHC's.

Disclosure: No significant relationships.
Keywords: viral hepatitis; HCV; Severe Mental Disorders; HBC

EPV0349

Dissociative and Epileptic seizures: how to distinguish them?

A. Certo*, J. Rodrigues, O. Nombora, M. Basto and E. Mendes

Vila Nova de Gaia Hospital Center, Psychiatry And Mental Health Service, Vila Nova de Gaia, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1222

Introduction: Dissociative seizures (DS) are classified as dissociative convulsions within the group of dissociative disorders. Although they share many features with epileptic seizures (ES), they are not a consequence of abnormal brain discharges and may be related to psychogenic causes. DS represent a common diagnostic and are often confounded with ES.
Objectives: The aim of this study is to review the current evidence about the differential diagnosis between DS and ES.
Methods: We conducted a non-sytematic review on the topic, using Pubmed/Medline database.
Results: Studies emphasize a correct diagnosis before treatment of seizures. DS and ES respond differently to anticonvulsant medication and early or incorrect prescription of can even exacerbate DS. Clinical features and a neuropsychiatric history can also help. The presence of a dissociative "stigmata", such as unexplained sensory loss, may support a non-epileptic diagnosis. EEG videorecording method is the gold standard diagnosis for DS, however often displays rhythmic movement artifacts that may resemble seizure activity and confound the interpretation. The absence of ictal EEG discharges characteristic of epilepsy is a sign of DS. However, this may not be true for some partial ES, particularly those from temporal lobes, whom also tend to report shorter duration of seizures, whereas patients with DPD often describe experiences lasting for hours or longer.
Conclusions: Distinguish DS from ES can be challenging. However, there are features that can help in the differential diagnosis. A correct diagnosis is essential for an adequate therapeutic approach, better prognosis, reduction of medical costs and also a referral to the right medical specialty.

Disclosure: No significant relationships.
Keywords: epileptic seizures; dissociative disorders; differential diagnosis; Dissociative seizures

EPV0350

Acute Ekbom's syndrome in a patient with acute urethritis

A. Martínez Muelas*, D. Paiva Pajares, M. López Isern, P. Ivanov and M. Sánchez Pérez

Hospital Sagrat Cor, Hermanas Hospitalarias, Psychiatry, Martorell (Barcelona), Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1223

Introduction: Delirium of parasitosis was first described by Karl Ekbom in Sweden in 1938. It is a hallucinatory monothematic delirium characterized by the unwavering conviction of having the skin infested with insects or parasites. Multiple etiologist has been described such as psychiatric and neurological disorders, substance intoxication or other medical conditions. We present a case of debut of Ekbom's syndrome in an individual recently diagnosed with acute urethritis on antibiotic treatment.
Objectives: To report a case of a patient with a debut of Ekbom's syndrome and acute urethritis.
Methods: A 40-year-old man with no previous psychiatric history is admitted psychiatric emergency room accompanied by his wife for intense anxiety and isolation at home. During the examination, the patient explains a lot of fear of a series of bugs such as bees and small parasites that invade him. The onset of symptomatology coincides with a diagnosis of chlamydia urethritis and the initiation of treatment with ceftriaxone 500mg IM + Azithromycin 1g VO. Complete physical examination is performed without alterations. Toxicological, biochemistry, hormonal and vitamin study did not show any alterations.
Results: Antipsychotic treatment was started with Olanzapine up to 10mg/day and supportive treatment with benzodiazepines. The patient showed rapid improvement. At discharge, he is asymptomatic from the urological and psychopathological point of view.
Conclusions: Ekbom's syndrome is a multifactorial disorder. The patient was diagnosed of an acute psychotic disorder due to another medical condition and/or treatment with antibiotics.

Disclosure: No significant relationships.
Keywords: urethritis; emergency room; Ekbom's syndrome

EPV0351

"Dad is feeling blue": what to know about paternal perinatal depression

C. Peixoto*, D. Rego, M. Cruz and H. Medeiros

Hospital do Divino Espírito Santo de Ponta Delgada, Psychiatry, Ponta Delgada, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1224

https://doi.org/10.1192/j.eurpsy.2022.1221 Published online by Cambridge University Press