EPV0330

Long-acting Paliperidone Palmitate treatment in an Ekbom's Syndrome secondary to Lewy Body Dementia: A case report

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Introduction: Ekbom Syndrome (ES) is a condition characterized by the fixed, delusional belief that one's body is infested by parasites or other vermin, in absence of supporting clinical evidence. Literature suggests antipsychotic treatment for the management of behavioural and psychotic symptomatology, long-acting-injectable (LAI) antipsychotics for poor compliance.
Objectives: A case report of a 70-year-old woman with an ES diagnosis treated with LAI palmitate paliperidone was followed-up for an 8-months period, resulting in a confirmed diagnosis of secondary ES to Lewy Body Dementia (LBD).
Methods: Patient was admitted to the local psychiatry ward presenting with new-onset visual and tactile hallucinations and social withdrawal. She was diagnosed with ES in a context of executive functions impairment. She was initially treated with risperidone, then switched to LAI Paliperidone due to poor compliance. Subsequently she was monitored monthly for 8 months by administering PANSS, MOCA, GAF, BPRS, PSP, complete neurocognitive assessment and neuroimaging studies
Results: After 8 months a progressive cognitive deterioration and worsening of motor impairment confirmed a secondary ES to a LBD. Meanwhile, a significant reduction of psychotic symptomatology (delusions and somatic hallucinations) was observed at BPRS and PANSS positive scale, even after treatment discontinuation due to the onset of extrapyramidal symptoms of the underlying condition.
Conclusions: LAI Paliperidone treatment induced a complete remission of psychotic symptoms, with no relapse even after discontinuation of treatment. Moreover, close observation during follow-up allowed early diagnosis of LBD, which has been associated with a more favorable course.

Disclosure: No significant relationships.
Keywords: Ekbom delusion paliperidone Lewy

EPV0331

Pediatric complex regional pain syndrome: a review

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Introduction: Complex regional pain syndrome (CRPS) is a chronic localized pain condition that can have a significant impact on the quality of life. It affects children and adolescents as well as adults, but is more common among adolescent girls.
Objectives: To present up-to-date clinical information regarding CRPS in pediatric population.
Methods: A review of recent literature.
Results: In contrast to adults, CRPS appears after an initial event that is typically a minor trauma and occurs more frequently in the lower extremity than in the upper extremity. This syndrome is characterized by spontaneous or stimuli-induced pain, which is disproportionate to the actual incident trauma/stimulus, in the presence of a wide variety of autonomic and motor disturbances. The exact mechanism of CRPS is unknown, although several different mechanisms have been suggested. In many cases, CRPS follows a relatively minor trauma, in some cases, no previous injury was recalled and there are psychological factors implicated. It has been found a high prevalence of anxiety and depression in patients with CRPS and it is considered stress has an important role in inducing or perpetuating CRPS. Standard care consists of a multidisciplinary approach with the implementation of intensive physical therapy in conjunction with psychological counseling; in some patients, pharmacological treatments may help to reduce pain.
Conclusions: A multidisciplinary approach with psychological and psychiatric counseling are needed for effective management of CRPS. Further research in targeting specific mechanisms involved in the pathophysiology of CRPS should lead to prevention of this condition.

Disclosure: No significant relationships.
Keywords: PAIN; COMPLEX; REGIONAL; PSYCHOLOGICAL

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Functional Neurologic Symptom Disorders: Bridging the Chasm between the Psychoanalytic and Neuroscientific Understandings

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Introduction: Since before the time of "Anna O", the functional neurologic symptom disorder (FNSD) has captivated psychiatry. While the definitive psychopathological mechanism for this phenomenon remains elusive, it is nevertheless of great value for patients and clinicians alike to develop a more nuanced understanding of FNSD. It is necessary to make an enquiry into the mechanism by bridging the psychoanalytic and neurobiological theories.
Objectives: 1.Elucidate psychoanalytic concepts to FNSD 2.Elucidate neuroscientific aspects of FNSD 3.Reconcile the chasm between the two concepts
Methods: Comprehensive review of literature at the interface of psychoanalytic and neuroscientific theories of FNSD
Results: Emerging evidence have found putative explanations to account for FNSD. Orbitofrontal cortex, anterior cingulate gyrus, dorsolateral prefrontal cortex and striatothalamocortical circuits have been implicated. Number of total studies remain small with each study having few participants. This necessitates a degree of caution in interpreting results. Thus far, mechanisms such as signal rerouting or hypoactivation of specific frontal regions appears to play a material role in FNSD. Neuroscience may be approaching to

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