Introduction: The burden of depression and anxiety is poorly documented in Central African populations.

Objectives: To present the epidemiology of depressive and anxiety disorders among older people in two Central African countries.

Methods: A cross-sectional population-based study was carried out in Republic of Congo (ROC) and Central African Republic (CAR) between 2011 - 2012 among people aged $\geq$ 65 years (EPIDEMCA study). Data were collected using a standardized questionnaire and participants underwent a brief physical examination. Depression and anxiety symptoms were ascertained using a community version of the Geriatric Mental State (GMS-B3). Probable cases were defined as having a GMS-AGECAT score $\geq$ 3. Logistic regression models were used to investigate the association between potential risk factors collected and presence of at least one of both symptoms.

Results: Overall 2002 participants were included in the EPIDEMCA study. Median age of the participants was 72 years [interquartile range: 68 – 78 years] and 61.8% were females. Prevalence was 38.1% (95% Confidence Interval: 35.9% - 40.2%) for depression, 7.7% (95% CI: 6.5% - 8.9%) for anxiety. In total 40.1% had least one of both symptoms. In multivariable models, the following factors were associated with the presence of at least one of both symptoms: female sex, residence area, frailty, cognitive disorders, a high happiness score (protective) and hypertension (adjusted Odds Ratios from 1.3 to 1.7; p<0.01).

Conclusions: In light of the high prevalence of both psychiatric symptoms among Central African older people, evidence on their epidemiology is important for better management and policy planning.

Keywords: Depression; African Older people; Anxiety; EPIDEMCA

EPP0217

Bipolar disorder and multiple sclerosis

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Introduction: Multiple sclerosis (MS) is an inflammatory demyelinating illness characterized not only by severe neurological symptoms and somatic signs but also by psychiatric symptoms. Psychiatric comorbidity is common in MS. However, the incidence of psychiatric comorbidity remains understudied.

Objectives: To discuss the relationship of psychiatric disorder to neurologic dysfunction in MS through a clinical case.

Methods: Presentation of a clinical case of bipolar disorder in a 45-year-old woman with MS, followed by a literature review.

Results: We reported a case of a 45-year-old woman, who was followed in neurology for MS since the age of twenty-five. She was stable under monthly treatment. She was referred by her neurologist for psychomotor excitement, insomnia, feeling of well being, and sexual disinhibition. The symptoms were present for three weeks. At the interview, she was euphoric, disinhibited, she had logorrhea and did not verbalize delirium. An attack of multiple sclerosis was ruled out. The patient did not report any history of psychiatric illness, epilepsy, head trauma, or use of psychoactive substances. We retained the diagnosis of bipolar disorder (manic episode). Divalproex sodium and olanzapine were prescribed with significant improvement of symptoms.

Conclusions: This reported case is interesting since it highlights the possible association between multiple sclerosis and bipolar disorder. Further investigations are needed to identify potential shared risk factors between these pathologies to improve patients' outcomes.

Keywords: bipolar disorder; Multiple sclerosis

EPP0218

Somatic disorders in psychiatric inpatients : Prevalence and associated factors

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Introduction: Elevated prevalence of somatic disorders (SD) in patients with mental diseases is well recognized and studied since latest years. However, their detection remains too late, which darken the prognosis of both diseases, and complicate the therapeutic management.

Objectives: We aimed to determine the prevalence of SD in psychiatric inpatients, and to assess relationships between the two diseases.

Methods: We analyzed retrospectively the medical records of 94 male patients hospitalized for the first time in psychiatry "B" department, Hedi Chaker hospital (Sfax, Tunisia), in the period from January 1st until December 31st, 2019.

Results: The mean age of patients was 36.88 years. Among them, 22.3% used cannabis and 37.2% consumed alcohol. Schizophrenia (41,5%) and bipolar disorders (20.2%) were the most common psychiatric diagnoses. During their hospitalization, at list one SD was noted in 53.2%: cardiovascular diseases 21.3% (electrocardiographic anomalies 19,1%); infections 9.6% and hepatic pathologies 8.5 %. The SD was comorbid with psychiatric disease in 90%, and represented a side effect of psychotropics in 10% of patients with SD. Older Patients were more likely to present SD during hospitalization, without a significant association. Patients with schizophrenia were significantly more likely to present infections (p=0.031). Repolarization disorders are more common in patients with cannabis use (p = 0.006).

Conclusions: Our study pointed the high prevalence of SD in patients with mental illnesses, especially in those with schizophrenia and cannabis use. Thus, the somatic assessment should be a systematic practice to identify patients at risk for somatic complications and ensure timely their transfer to a specialized setting.

Keywords: comorbidity; somatic disorder; psychiatric disorder

EPP0219

Bayesian models to explain autistic traits in psychiatric population

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