providing evidence that psychological defenses may have neurobiological correlates that can be measured in certain conditions. However, a definitive answer remains elusive.
Conclusions: The expanding narrative of a relatively nascent dialogue between neuroscience and psychoanalysis remains not only clinically relevant, but also promotes a holistic view of patients with psychiatric illnesses. Through our discussion, psychoanalytic theory is woven into the current neurobiological framework for FNSD, which we believe will assist clinicians provide empathic care and help patients develop a more adaptive and meaningful explanatory paradigm of their lived experience.

Disclosure: No significant relationships.
Keywords: Conversion Disorder; functional neurologic symptom disorder; Psychoanalytic theory

EPV0333

Somatic comorbidity and physical frailty in elderly with medically unexplained symptoms

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Introduction: Reported prevalence rates of medically unexplained symptoms (MUS) in people aged ≥65 years range between 1.5 and 18%. People with MUS often describe a low quality of life and frequently suffer from co-morbid anxiety and depressive disorders. In our pilot study on older patients with MUS, the level of somatic comorbidity as well as frailty parameters were significantly higher among patients with MUS which was partially explained by a somatic origin compared to patients with MUS for which no explanation at all was found.
Objectives: The objective of this study was to examine the level of frailty and somatic comorbidity in older patients with medically unexplained symptoms (MUS) and compare this to patients with medically explained symptoms (MES).
Methods: Frailty was assessed according to Fried's criteria (gait speed, handgrip strength, unintentional weight loss, exhaustion, and low physical activity), somatic comorbidity according to the self-report Charlson Comorbidity Index and the number of prescribed medications.
Results: Although MUS-patients had less physical comorbidity compared to MES-patients, they were prescribed the same number of medications. Moreover, MUS-patients were more often frail compared to MES-patients. Among MUS-patients, physical frailty was associated with the severity of unexplained symptoms, the level of hypochondriacal beliefs, and the level of somatisation.
Conclusions: Despite a lower prevalence of overt somatic diseases, MUS-patients are more frail compared to older MES-patients. These results suggest that at least in some patients age-related phenomena might be erroneously classified as MUS, which may affect treatment strategy.

Disclosure: No significant relationships.
Keywords: Frailty; Somatic; MUS; comorbidity

EPV0336

Secondary Gerstmann syndrome, a case report

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Introduction: Gerstmann syndrome is a rare neurological disorder that consist primarily of 4 neuropsychological signs that include acalculia (impairment in performing calcultaions), digital agnosia (dificulty discriminating their own fingers), agraphia (impairment or dificulty to write by hand); and left-right disorientation (impairment of distinguishing left from right.
Objectives: Presentation of a case report of a patient with Gertsmann syndrome secondary to breast cancer metastasis.
Methods: We analyze the case of a 79 years-old female with a history of breast cancer in remission, with a severe depressive episode of 8 months of evolution, dysphoria, apathy, decrease in the ability to carry out basic activities of daily life, acute personality changes and sleep disruption. 15 days previous to the first examination the patient suffers gait disturbances, falling from her own height, memory impairment, suicide ideation and nomination aphasia.
Results: At the examination we encounter digital agnosia, acalculia, agraphia, right-left disorientation, right hemiparesis. MRI are taken founding 3 tumor lesions in the left and right frontal lobe, 2 solid lesions with a necrotic appearance in the right parietal lobe, one of them in the angular gyrus of the parietal cortex. CT scan found a solid tumor-like lesion in the left pulmonary apex. CA-125 antigen 429.5 U/mL. She was sent to continue her treatment with oncology, receiving radiotherapy.
Conclusions: The psychiatric abnormalities secondary to Gerstmann syndrome make the relatives of this patient seek psychiatric care, requiring multidisciplinary work to reach an accurate diagnosis. Gerstmann syndrome is a rare neurological condition that can mimic lots of other clinical pictures.

Disclosure: No significant relationships.
Keywords: neuroanatomy; breast cancer; Gerstmann syndrome; Neuropsychiatry

EPV0338

Specificities of the Use of Psychotropic Drugs in Bariatric Surgery

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Introduction: Bariatric surgery is considered an effective treatment against obesity. Psychiatric illness is relatively common in patients who have undergone bariatric surgery. Over one-third of these patients are prescribed psychotropic drugs, particularly antidepressants. Unlike medications for diabetes, hypertension or