

EPV0562

The Lester Tool : An audit of its use on an acute psychiatry inpatient wards.

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Introduction: People with severe mental illness have an increased vulnerability to cardiovascular disease due to multiple biopsychosocial factors and a potential adverse effects of longer term treatment with anti-psychotic medications. Treatment of severe and enduring mental illness with antipsychotic medications is likely to cause metabolic changes leading to weight gain and dyslipidaemia, thus increasing risk of cardiovascular disease. Cardiometabolic risk screening can be done using Lester Tool which also provides recommendations for interventions.

Objectives: To identify the compliance to Lester Tool in the monitoring of cardiometabolic risk factors and intervention provided on acute psychiatry inpatients.

Methods: We carried out a retrospective audit of 30 patients on regular antipsychotic medication on an adult inpatient ward in Macclesfield, United Kingdom. Electronic records were reviewed to establish whether the smoking status, lifestyle, BMI, blood pressure, blood glucose and blood lipid were documented with evidence of interventions being provided.

Results: Of all 30 patients, none had shown compliance to all the parameters within the Lester Tool. 100% of the smoking status was documented, amongst which 78% were provided with interventions. 7% has lifestyle and diet status documented, of which 50% were given dietary advice. 80% had BMI documented, amongst which none were provided with any intervention. 90% had blood pressure documented, of which 50% were given any intervention. 40% had blood glucose documented, of which all were provided with intervention. 57% had blood lipid documented, of which none were provided with any intervention.

Conclusions: Our results have shown the need of further awareness on the usefulness of the Lester Tool in an acute inpatient ward. Our recommendation would be to regularly train and educate inpatient staff to ensure that all the necessary parameters be monitored and provided with interventions.

Disclosure of Interest: None Declared

Intellectual Disability

EPV0563

Neuropsychiatric symptoms related to agenesis of the corpus callosum. A case report

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Introduction: We present the case of a 41-year-old male patient with multiple psychiatric diagnoses, he was diagnosed with agenesis of the corpus callosum, which explains his clinical presentation.

Objectives: The objective is to carry out a brief review of the symptoms associated with the agenesis of the corpus callosum.

Methods: The patient has been diagnosed with ADHD, cyclothymia, depressive anxiety disorder and social phobia. He has been treated with a multitude of drugs such as antidepressants, anxiolytics, stimulants and even low-dose antipsychotics. Despite the pharmacological treatments received, as well as the therapies, the patient's functionality has progressively worsened, to the point of restricting going out of the home or maintaining a stable job.

Biographical data were collected, including psychomotor retardation and inappropriate laughter. He showed mannerisms such as fluttering and low frustration tolerance. He was slow to respond to his name and showed little affective resonance with his sister and parents. Restrictive interests, especially with English culture, for which he later studied English philology. On the other hand, his mother explains that he had no symbolic play and that, from early childhood, he had difficulties in relationships with peers.

Due to the aforementioned clinical manifestations, the functional worsening and the examination carried out in the consultation room, it was decided to extend the study with a brain MRI, where an agenesis of the corpus callosum was observed.

Results: Agenesis of the corpus callosum is a malformation of the central nervous system, which affects one in every 4000 births. It can be partial or complete, and occurs between the 7th-20th week of gestation.

Agenesis of the corpus callosum presents with a triad of symptoms:

- Reduced interhemispheric communication of sensory-motor information.
- Increased information processing time
- Difficulty in abstract thinking.

This triad causes difficulties not only cognitively, but also socially. There is difficulty in integrating and learning new verbal and visual information. Tendency to literalism, with difficulty in understanding double meanings. They also have difficulty understanding non-verbal language and reading emotions, which makes interaction with peers difficult. All these symptoms can sometimes be confused with symptoms compatible with Autism Spectrum Disorder.

Conclusions: After the diagnosis and after focusing the patient's treatment on the most limiting symptoms of his daily life, an integrated approach was initiated, not only at a pharmacological level, with the use of antidepressants and anxiolytics, but also from a psychotherapeutic point of view, working on those areas in which the patient is most dysfunctional. He was accompanied in the disability application process, as well as helped in the search for associations for adults with ASD, finding there the answer to his symptoms and difficulties.

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Formal Caregivers in Intellectual Disability Facilities

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Introduction: Caring for individuals with intellectual disabilities is a passionate, but challenging profession. Whether working in residential homes or in occupational facilities, its staff deals with the ordinary issues of teamwork, but also with these clients behavioral comorbidities. It often includes self-harming and aggression towards others – namely towards the staff itself. This is particularly relevant since a high turnover of staff implies the loss of people who are familiar with the needs and specificities of those clients. The quality of care provided may also be affected.

Objectives: To investigate whether, or not, formal caregivers are at greater risk of occupational health issues, and what their main determinants are.

Methods: Research in Medline for *intellectual disability caregivers*. Only the relevant articles, published in English, were considered.

Results: Among formal caregivers of people with intellectual disabilities, job dissatisfaction and job strain were found to be especially relevant and were associated to the following variables:

- Younger workers or those with less professional experience
- Personality and individual maladaptive coping strategies
- Poor organizational support
- Conflicting, ambiguous, or overloaded professional roles
- Unclear work tasks

The incidence of Burnout Syndrome was also described as relevant among these workers and was associated not only to aggression towards the worker, but also to the fear of aggression.

Conclusions: Caring for people with intellectual disabilities, in a residential or in an occupational context, implies heavy emotional and physical demands and a high prevalence of job dissatisfaction, Job Strain and Burnout Syndrome. In addition to the high risks to the quality of life and health of caregivers, there are consequences for the quality of the care that is provided. For this reason, guaranteeing proper work conditions should be considered part of the Social Institutions main goals. Yet, we lack specific, controlled studies that properly evaluate what measures could indeed help institutions to prevent occupational (and mental) health distress among their staff.

Disclosure of Interest: None Declared

EPV0565

GABAPENTIN TREATMENT FOR CHALLENGING BEHAVIORS IN AUTISM SPECTRUM DISORDER AND INTELLECTUAL DISABILITY: A CASE REPORT

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Introduction: Autism Spectrum Disorder (ASD) includes a group of developmental disabilities characterized by patterns of delay and deviance in the development of social, communicative, cognitive skills and the presence of repetitive and stereotyped behaviors as well as restricted interests (APA, 2013 DSM 5th ed.).

Objectives: A 22-years old male outpatient affected by Autism Spectrum Disorder (Level 3) and severe ID presented serious

challenging behaviors. The patient did not suffer from other psychiatric or neurologic pathologies. The patient did not have constipation or diarrhea or painful symptoms. The patients assumed carbamazepine (modified release) 800 mg/day (blood dosage 6,8 microgram/ml), clonazepam 2,5 mg/ml 15 drops/day, lorazepam 7,5 mg/die.

Methods: Due to the onset of challenging behaviors risperidone was introduced. At the dosage of 2 mg/day, the patient reached a discrete control of challenging behaviors. After stopping risperidone because of oculogyric crisis, the patient started to assume valproic acid (chronic formulation) up to 1000 mg/day. After three weeks the patient presented an increase in the blood dosage of ammonium. After the drug stop, the patient began to re-present challenging behaviors. The authors decided to add topiramate at a dosage of 25 mg per day. After three days, the patient began to present nocturnal urinary incontinence. Topiramate was stopped and Gabapentin was introduced in the treatment up to the dosage of 900 mg/day. Lorazepam was gradually tapered off until the intake was terminated, and clonazepam was reduced to 5 drops/day taken at bedtime. The dosage of carbamazepine remained stable.

Results:

Table 1. Behavior Problems Inventory subscales scores

Behavior Problems Inventory Subscales	Pre-treatment (T0)		Post-treatment (T1)		% Improvements	
	Frequency	Severity	Frequency	Severity	Frequency	Severity
Self-Injurious Behavior	6	2	5	2	16,7%	0%
Stereotyped Behavior	49	19	38	16	22,5%	15,8%
Aggressive/ destructive Behavior	39	25	24	20	38,5%	20%

Conclusions: According to the GABAergic hypothesis of ASD, inhibitory signaling of GABA within and between cortical minicolumns appears to be altered. This alteration would result in information processing with high discrimination between correlated stimuli rather than a generalization of them (Casanova et al. Neuroscientist 2003; 9: 496-507). Gabapentin is a ligand of the auxiliary alpha-2-delta subunit site of voltage-dependent calcium channels and acts as an inhibitor of the channel (Sills Curr Opin Pharmacol 2006; 6 (1):108-13). The altered expression of alpha-2-delta 1 or alpha-2-delta 3 can cause a chronic imbalance between arousal and inhibition that is quite characteristic of ASD (Nelson et al. Neuron 2015;87:684-698). The authors want to speculate on a hypothetical function of gabapentin in remodeling the expression of alpha-2-delta subunits in people with autism and the processing of neural information.

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