

## EPV0261

**use disorder in patients with autoimmune diseases: sociodemographic profile**

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**Introduction:** Autoimmune diseases are chronic and disabling conditions, especially because of the chronic pain they cause. Substance use disorders are on the rise in these patients, especially the problematic use of prescribed and over-the-counter analgesics. **Objectives:** to study the socio-demographic profile of patients with comorbidity between substance use disorders and autoimmune diseases, to assess the reasons for admission, the length of hospitalization, and the main psychoactive substances found in these patients

**Methods:** A retrospective cross-sectional study of the medical records of patients with substance use disorders co-morbid with autoimmune diseases who were hospitalized in the addictology department of the ar-Razi University Psychiatric Hospital in Salé between January 2014 and December 2021.

**Results:** 10 patients were included in our study, the median age was 42, 76% were male, 41.3% were single, 63% had an average socio-economic level. 43.5% of the patients had a medical history, the main reason for admission was depressive syndrome (50%), the most common autoimmune disease was insulin-dependent diabetes, followed by IBD

**Conclusions:** the comorbidity of autoimmune diseases and substance use disorders suggests the existence of common etiopathogenic mechanisms, the management of this comorbidity requires multidisciplinary collaboration

**Disclosure of Interest:** None Declared

## EPV0262

**Substance use in patients with eating disorders - a review of the current evidence**T. P. V. Alves<sup>1\*</sup>, P. Nunes<sup>2</sup> and S. Timóteo<sup>2</sup>

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**Introduction:** Eating disorders are potentially severe, complex, and life-threatening. Therefore, it is crucial to identify and treat all the comorbidities that could worsen the prognosis.

**Objectives:** The aims of this work are to assess if substance use disorders are frequently comorbid in patients suffering from eating disorders, what are the problems associated with drug consumption among these individuals, and what are the best therapeutic strategies in this dual psychiatric diagnosis.

**Methods:** We carried out a narrative review, by searching on PubMed and Google Scholar databases, using the expression “eating disorders and substance use disorders”. We included all types of

scientific articles published between 2018 and 2022, and information was extracted regarding the objectives of this review.

**Results:** The prevalence rates of substance use in eating disorders are higher than in general population. For eating disorders in general, substance use disorder (SUD) is the third most prevalent psychiatric comorbidity. According to a meta-analysis published in 2019, the lifetime prevalence rate of a comorbid SUD was 21.9% (95% CI 16.7-28.0). SUDs were more frequently comorbid among individuals with the binge/purge type, which has a specific phenotype characterized by greater impulsivity, emotional dysregulation, and problems with executive control. Individuals with this dual diagnosis had a higher number of psychiatric comorbidities, were more likely to be prescribed mood stabilizers, and were more sensitive to reward.

Research suggests that eating disorders patients with co-occurring SUDs experience lower rates of treatment response, higher relapse rates, more severe medical complications, greater impairment, poorer long-term outcome, and are at higher risk of early mortality. To date, there is limited information guiding the concurrent treatment of eating disorders and SUDs. Dialectical Behavior Therapy for SUDs seems to be a promising treatment, but more research on its efficacy will be essential for establishing treatment protocols for these patients.

**Conclusions:** SUDs have an impact on treatment response and increase mortality among people with eating disorders. The prevention and treatment of SUDs in this patient group is thus imperative to reduce mortality and increase the quality of life of these patients.

**Disclosure of Interest:** None Declared

**Consultation Liaison Psychiatry and Psychosomatics**

## EPV0263

**Exploring the concept and management of post ictal psychosis through a clinical case and review**

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**Introduction:** Postictal Psychosis of Epilepsy (PIPE), part of the group collectively known as Psychosis of Epilepsy, is characterized by an onset of confusion or psychotic symptoms within one week of apparent normal mental function. PIPE has been argued to be underdiagnosed in the clinical population, perhaps due to a failure to recognize the temporal relation between the seizure and the psychotic episode.

**Objectives:** To explore the concept and management of post ictal psychosis.

**Methods:** We present a clinical case and a review of the literature concerning post ictal psychosis.

**Results:** We report the case of a 36 year old woman with focal refractory epilepsy after a likely episode of limbic encephalitis in

2015. Cognitive and psychiatric sequelae in the form of depressive symptoms, in treatment with neurology and psychiatry since 2021. One previous episode of psychotic symptoms during seizures. Worsening of seizure frequency since march of 2022 with apparent normalization (absence of seizures after dose reduction of eslicarbazepine and introduction of lamotrigine) for about four days before being hospitalized in the neurology unit due to behavioral abnormalities. During psychiatric exploration, the patient showed signs of partial clouding of consciousness with manierisms, ecopraxias and ecolalias; verbigerance in the form of the neurologist's name and bizarre movements like looking behind suggestive of sensoriperceptive disturbances. The symptomatology resolved itself during the following week after treatment with diazepam.

Finally, a narrative review concerning the case was also performed; with particular emphasis on antipsychotic drugs with low risk of lowering seizure threshold (such as risperidone or aripiprazole) as the recommended treatment.

**Conclusions:** Our findings point to the relevance of Postictal Psychosis of Epilepsy as a clinical entity. Further studies on pathogenic mechanisms and therapeutic management are required.

**Disclosure of Interest:** None Declared

## EPV0264

### Neuropsychiatric symptoms in Posterior Cerebral Artery Stroke: Avoiding misdiagnosis

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**Introduction:** Posterior Cerebral Artery (PCA) strokes cause the restriction of blood flow to multiple areas of the brain including the occipital lobe, the thalamus, the inferomedial temporal lobe, the upper part of the brainstem and the midbrain. This results in a panoply of possible symptomatology (including psychiatric manifestations) that increases the difficulty in diagnosis.

**Objectives:** We aimed to present and discuss atypical presentations of cerebrovascular disease that often results in misdiagnosis in an emergency context.

**Methods:** A non-systematic review of the topic was conducted, and a case report is presented.

**Results:** An 86-year-old male patient, previously autonomous and cognitively intact, presents with periods of confusion and incoherent speech, visual hallucinations, incongruity of affect with pathological laughter, insomnia and increased aggressive behaviour, which began suddenly and worsened in the period of a week. The symptoms motivated several recurrences to the emergency department and numerous diagnostic exams performed, including CT scans and an EEG. Neurological examination showed no focal neurological deficits. The patient was admitted to a psychiatric ward for further diagnostics work-up. Due to increasingly altered status of consciousness, an MRI was performed, which found ischemic left occipital lesions compatible with PCA stroke. The patient was afterwards transferred to a neurology ward for continuing medical care.

**Conclusions:** This case exemplifies how atypical symptoms such as visual hallucinations and changes in behaviour can be the only clues to diagnosing a PCA infarction, particularly in the absence of other focal neurological deficits. PCA strokes most commonly present with homonymous hemianopia, unilateral limb weakness, gait ataxia and vertigo. However, several other studies and case reports have found that this is not always the case and a minacious approach should be preferred in patients with a sudden onset of sensory and perceptual alterations and oscillating state of consciousness and disorientation, especially when discussing elderly people. Often these patients are admitted in psychiatric wards which may hinder the appropriate care they must receive.

**Disclosure of Interest:** None Declared

## EPV0265

### Cannabinoid Hyperemesis Syndrome - A Case Report of an uncommon condition

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**Introduction:** The increasing prevalence of cannabis use in the world requires awareness of cannabis-related disorders such as cannabinoid hyperemesis syndrome (CHS). CHS is characterized by cyclic episodes of nausea, vomiting and abdominal pain, affecting chronic cannabis users, who usually recur to hot showers to relief the symptoms. The pathophysiology underlying this syndrome is still unclear. Despite the well-established anti-emetic properties of cannabis, there is increasing evidence of its paradoxical effects on the gastrointestinal tract and central nervous system.

**Objectives:** The authors pretend to inform the readers about the rare Cannabinoid Hyperemesis Syndrome (CHS).

**Methods:** The authors describe a case of a 22 years old patient with chronic cannabis use, cyclic and intractable nausea and vomiting, to bring to the attention that this condition exists and is underdiagnosed.

**Results:** CHS should be strongly considered in the differential diagnosis of persistent vomiting in patients who reports relief with hot showers. In the acute setting, supportive care with intravenous fluids, dopamine antagonists, topical capsaicin cream, and avoidance of narcotic medications has shown some benefit. However, cannabis cessation appears to be the best treatment.

**Conclusions:** CHS prevalence will continue to rise in parallel with increasing worldwide cannabis use and potency. So, health professionals must be aware of this syndrome, its diagnosis, and treatment, to provide better care and avoid overlooking CHS. Further research is required to elicit the exact mechanism and additional therapies for this condition.

**Disclosure of Interest:** None Declared