

Methods: We reviewed all current available literature in Pubmed dealing with the topic of connection of dry eye disease and psychiatric disorders.

Results: In recent years, the relationship between DED and psychiatric disorders has been gaining attention. A number of epidemiological studies have reported a possible association between dry eye and psychiatric disorders showing that the subjective symptoms of dry eye can be affected not only by changes of the tear film and ocular surface but also psychological factors such as anxiety, depression, schizophrenia, post-traumatic stress disorder (PTSP) and subjective happiness. Apart from psychiatric disorders, psychiatric medications are also considered as risk factors for DED due to their influence on the tear film status. The incidence of ocular side effects increases rapidly with the use of polypharmacy, a very common form of treatment used in psychiatry.

Mental health disorders may be one of considerable contributing factors for dry eye symptoms and undiagnosed mental health conditions can be an influencing element for unexplained levels of DED symptoms. Depression, anxiety, stress, hypochondriasis, neuroticism, sleep and mood disorders may be associated with the exacerbation of symptoms to degrees that are not consistent with the objective signs related to tear dysfunction as well as changes in the anterior surface of the eye.

There is often inconsistency between signs and symptoms of DED, where symptoms often are more related to non-ocular conditions including psychiatric disorders than to tear film parameters. Consequently, in many cases DED may be considered as a psychiatric as well as ophthalmological problem. Psychiatrists and ophthalmologists need to be aware of the potential influence of psychiatric disorders and medications on tear film stability.

Conclusions: A detailed medical history, thorough ophthalmological examination and referral to a psychologist or psychiatrist may be essential in the treatment of those patients. In treatment of psychiatric patients, an integrative and transdisciplinary approach will result in better functioning and higher QOL.

Disclosure of Interest: None Declared

EPV0250

Contribution of a standardized Neuropsychomotor assessment (NP-MOT battery) associated to the WISC-V scale in order to better understand a dysgraphia impairment highlighted by a heterogeneous IQ profile in a High Intellectual Potential child

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Introduction: Many research studies and clinicians consider a heterogeneous IQ profile as a specific developmental characteristic to High Intellectual Potential (HIP), despite difficulties in

handwriting. We propose to illustrate by a case study, the interest of supplementing a scale IQ with a standardized neuropsychomotor assessment.

Objectives: We report the complex evaluation of a 8.5 years old boy with an IQ = 137, assessed HIP with a heterogeneous profile at the WISC-V but presenting a clumsiness with a dysgraphia (using the right hand) and difficulties in geometry. These disorders have been attributed by a psychologist to a fast thinking that can impact his graphomotor gesture. However, we aimed to better understand the gap between some IQ index scores.

Methods: We have conducted a complete standardized assessment of developmental neuropsychomotor functions (NP-MOT battery, Vaivre-Douret. Digital Ed Neuralix®, 2021; <https://neuralix-editions.com/>) with age-related normative data, and of neuropsychological functions, in addition an oculomotor examination (Eye-tracking).

Results: The IQ index scores are: VCI = 155, VSI = 108, FRI = 137, WMI = 138, PSI = 92. We found with the NP-MOT battery, a left-handed laterality and at the muscular tone examination, a motor dysfunction of the pyramidal tract on the left body distal side (mild spasticity) and oculomotor disorders of the visual pursuits, associated to visual-spatial motor and visual motor integration impairments.

Conclusions: It is a neurologically right-handed child because he can not effectively use his left hand to correctly write but he is not so good with the right hand to write. Moreover, he presents a visual-spatial motor subtype (< -2 SD) of developmental coordination disorder (DCD according the DSM-5) with oculomotor abnormalities, explaining his clumsiness and dysgraphia, and his difficulties in geometry. Thus, the subtests that make up VSI and PSI highlight a motor component (graphomotor, oculomotor, visuomotor) that should be analyzed in the light of additional neuropsychological and normed assessments of developmental neuropsychomotor functions.

Comorbidity of neurological and motor coordination disorders do not spare the child with a high intellectual potential, despite his high mental abilities helping him to compensate. It is important to complete the WISC-V scale by other investigations, particularly in the motor field, to explain the heterogeneity of the IQ profile with scattered index scales.

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EPV0251

ANXIETY-DEPRESSIVE DISORDER IN A PATIENT WITH GRAVES' DISEASE AND PSYCHOSOCIAL PROBLEMS

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Introduction: There is clear evidence of the association of hypothyroidism with depression. It is known to be effective in some cases of adding triiodothyronine (T3) to antidepressant treatment in resistant depressive disorders. However, depression and anxiety can also be linked to hyperthyroidism.