memory errors concerning recent events, clouding of consciousness and inattention.
No fever or other relevant physical symptoms. A lumbar puncture is done, which shows an opening pressure of 37mmHg but no other anomalies. Body CT scan shows no relevant findings. Empirical treatment with dexamethasone is initiated for suspected encephalitis, progressively reducing the dosage until suspension in the following days. During her stay at the hospital she is assessed by ophthalmology, which finds no abnormalities in the eye fundus examination, and psychiatry. A second evacuating lumbar punture is done to reduce intracraneal hypertension. No antipsychotic treatment is initiated: the symptomatology remitted with the lowering of intracranial pressure. At time of discharge, the patient remained asymptomatic without treatment and was able to return home to continue outpatient neurologic study of the etiology of the intracranial hypertension.
Finally, we conduct a review ot the existing literature concerning psychotic and psychosis-like symptoms in patients with intracranial hypertension, to explore the diagnostic and management options of this rare finding.
Conclusions: Our findings point to the existing relationship between intracranial hypertension and psychosis-like symptoms. Further studies on pathogenic mechanisms and therapeutic management are required.

Disclosure of Interest: None Declared

EPV0275

Hepatic encephalopathy in cirrhosis and alcohol dependence: complex clinical challenges and multidisciplinary management

C. Alario-Ruiz*, B. Arribas-Simon, P. Martinez.Gimeno, M. Calvo-Valcarcel and O. Martin-Santiago

Hospital Clinico Universitario, Valladolid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1016

Introduction: Liver cirrhosis, a chronic liver disease, can be closely linked to chronic alcohol abuse, posing a significant medical challenge. Hepatic encephalopathy (HE), a neuropsychiatric condition resulting from liver dysfunction, commonly occurs in cirrhotic patients due to the accumulation of neurotoxic substances like ammonia and manganese in the body. Managing cirrhosis and alcohol addiction is crucial to enhancing the quality of life for these patients, as HE can manifest in various ways and with varying degrees of severity.
Objectives: To emphasize the importance of recognizing and treating hepatic encephalopathy as a potential complication of liver cirrhosis and sedatives during alcohol withdrawal.
Methods: We compiled clinical data, medical history, neuroimaging tests, and therapeutic interventions applied.
Results: A 55-year-old man with a complex medical history, including Child-Pugh B liver cirrhosis, portal hypertension, hypertension, diabetes mellitus, and chronic alcohol abuse with numerous prior hospitalizations for acute pancreatitis and severe head trauma related to alcohol consumption, presented to the emergency department with symptoms of alcohol withdrawal and suicidal thoughts, leading to lorazepam administration and a recommendation for admission to a specialized Therapeutic Community. After 72 hours, he developed hepatic encephalopathy with symptoms such as confusion, sleep disturbance, sweet-smelling breath, abnormal hand movements, conjunctival icterus, and urinary difficulties.
An EEG revealed a globally attenuated and disorganized bioelectrical activity with triphasic waves. The magnetic resonance imaging showed signs of hepato-cerebral degeneration, including T1-weighted hyperintensity in the lentiform and mesencephalic nuclei due to manganese deposition. Treatment was adjusted to reduce sedative use, and therapy with Rifaximin and Lactulose was initiated to control blood ammonia levels. After a week, the patient exhibited significant neurological improvement, underscoring the importance of appropriate management in patients with hepatic encephalopathy related to liver cirrhosis and chronic alcohol abuse.
Conclusions: This case underscores the complexity of HE in patients with liver cirrhosis and alcohol dependence. HE can present in various ways, from subtle symptoms to severe episodes of confusion and coma. Findings on EEG, such as triphasic waves, are characteristic of HE and reflect brain dysfunction. Furthermore, manganese accumulation in the brain, as evidenced by magnetic resonance imaging, may contribute to neurological symptoms in cirrhotic patients. In this context, the early recognition and multidisciplinary treatment are emphasized to improve the quality of life and prevent the progression of this neuropsychiatric complication. EEG and magnetic resonance imaging findings play an essential role in the evaluation of these patients.

Disclosure of Interest: None Declared

EPV0276

Management of Acute Organic Change of Character cases by Liaison Psychiatry Unit

E. Cesari*, H. Álvarez, H. Andreu, L. Bueno, O. De Juan, J. I. Mena, I. Ochandiano, L. Olivier, S. Salmerón and L. Pintor[2]

Department of Psychiatry and Psychology, Institute of Neuroscience, Hospital Clinic de Barcelona and [2]Department of Psychiatry and Psychology, Head of Liaison Psychiatry Unit, Hospital Clinic de Barcelona, Barcelona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1017

Introduction: The Acute Organic Change of Character (AOCC) is an organic mental disorder subtype in which perception, thought, mood and personality impairment predominate. It consists in a change in the individual's general behaviour or attitude, which is shown to be closely associated with or caused by an underlying organic process, and which is rapidly resolved when the organic noxious agent is eliminated (Pintor et al. Journal of Psychiatry and Psychiatric Disorders 4 (2020): 354-358).
Objectives: To describe the importance of taking AOCC diagnosis into consideration and the role of liaison psychiatrists in AOCC management by presenting two AOCC cases admitted to the Hospital Clinic of Barcelona.
Methods: We retrospectively reviewed two AOCC cases in patients followed by our hospital's liaison psychiatry unit during the summer of 2023. We also searched for previous case reports of AOCC using a PubMed query.

Results: Case 1: A 50-year-old male who suffered a polytrauma with diffuse axonal injury (DAI). His relatives and the referring medical team observed a change in his behaviour consisting in irritability, suspicion, hostility and impatience. No cognitive impairment nor fluctuation in the described symptoms were observed. At the time of discharge character changes were still present due to DAI slow and unpredictable clinical course. Symptomatic treatment with risperidone 6mg/day and quetiapine 100mg/day was administered achieving a satisfactory clinical response.
Case 2: A 47-year-old woman with type 2 diabetes who suffered an infectious cellulitis that spread causing sepsis. The patient began to appear disruptive with verbose and tangential speech during her admission. No cognitive impairment nor fluctuation in the described symptoms were observed. Symptomatic treatment with risperidone 10mg/day and olanzapine 5mg/day was administered achieving a satisfactory clinical response. At the time of discharge character changes described before were almost resolved.
Conclusions: The clinical presentation of both cases suggested organic mental disorders in which a change in general behaviour predominates. Liaison psychiatrists play a key role in AOCC management by recognizing the clinical pattern, helping if needed with psychopharmacological treatment and ensuring a good understanding of the disorder both by the referring medical team and the patient's relatives. To our knowledge, it would be of great importance to achieve a better understanding of this clinical condition which to date we consider to be underdiagnosed.

Disclosure of Interest: None Declared

EPV0277

Unraveling a Psychiatric Puzzle: Corticosteroid-Induced Psychosis in Addison's Disease. A case report

F. Mayor Sanabria*, M. Fernández Fariña, M. E. Expósito Durán, C. E. Regueiro Martín-Albo, C. Arroyo Del Val, M. Paz Otero and Í. Alberdi Páramo

Instituto de Psiquiatría y Salud Mental, Hospital Clínico San Carlos, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1018

Introduction: The spectrum of neuropsychiatric adverse effects of corticosteroids ranges from unspecific symptoms to structured psychotic or affective episodes. We present the case of a 30-year-old woman admitted to our hospital due to behavioral alterations, coinciding with the initiation of treatment with corticosteroid boluses as part of a chemotherapy regimen for gastric adenocarcinoma. She had a previous diagnose of Addison's disease, undergoing treatment with supplemental corticosteroids.
Objectives:
1) To describe the clinical particularities of this case, focusing on the psychopathological aspects and their correlation with the corticoid treatment.
2) To review the available literature regarding the clinical characteristics and management of corticosteroid-induced psychosis, with special interest in patients with adrenal insufficiency that require long term steroid supplementation.

Methods: A review of the patient's clinical history and complementary tests were carried out. Likewise, we reviewed the available literature in relation to the clinical presentation of corticosteroid-induced psychosis and its pharmacological management.
Results: The patient was admitted to our hospital due to acute behavioural alterations, which temporally coincided with the 4th cycle of FOLFOX chemotherapy and corticosteroid boluses. She presented with incoherent speech, with *non sequitur* answers and glossolalia, as well as dysphoric affect and purposeless behavior. She presented a favorable clinical course after the initiation of treatment with antipsychotics and temporary suspension of corticosteroid treatment.
Manic symptoms are the most common presentation of "corticosteroid-induced psychosis", with the key characteristic being the temporal association with the corticosteroids administration. Although the discontinuation of steroids generally results in a sudden decrease in symptoms, additional treatment with antipsychotics such as haloperidol or olanzapine might be required for a symptomatic control. In patients with adrenal insufficiency, long-term treatment with lithium or anti-seizure treatments are effective strategies in relapse prevention when a higer steroid dose is required.
Conclusions:
- Corticosteroid-induced psychosis is a well described clinical phenomenon, that usually presents with manic symptoms rather than psychotic experiences.
- Progressive discontinuation of corticosteroid treatment usually results in complete cessation of symptoms, but additional psychopharmacological treatment might be required, especially in patients with adrenal insufficiency undergoing long-term corticosteroid treatment.
- This case outlines the psychopathological richness in the presentation of corticosteroid-induced psychosis, and illustrates the challenges in the pharmacological management in patients with adrenal insufficiency.

Disclosure of Interest: None Declared

EPV0278

Development and Validation of the Isotretinoin Hesitancy Scale

E. Agaoglu[1], I. G. Yilmaz-Karaman[2]*, C. Yastibas-Kacar[3], H. Kaya-Erdogan[1], T. Mutlu[1] and E. Acer[1]

[1]Dermatology; [2]Psychiatry, Eskişehir Osmangazi University, Eskişehir and [3]Psychology, Adana Alparslan Türkeş Science and Technology University, Adana, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1019

Introduction: Isotretinoin is an effective treatment for acne vulgaris; however, many patients experience anxiety while deciding to get it. Isotretinoin, indeed, has significant adverse effects. On the other hand, effective treatment of acne vulgaris may reduce dermatological and psychiatric complications.
Objectives: The present study aims to develop and validate the Isotretionin Hesitancy Scale to measure the patients' drawbacks to the treatment.