

individuals at risk, emphasizing the need for ongoing research and training in this area.

Objectives: The objectives of our study were to understand the characteristics of patients hospitalized after a suicide attempt (SA), analyze the characteristics of these attempts, identify risk factors associated with suicidal behaviors, and determine predictors for recurring suicidal behavior.

Methods: The study's methodology was retrospective, descriptive, and comparative. It was conducted with 277 patients hospitalized in the psychiatric department "C" of Razi Psychiatric Hospital in Manouba. The sample consists of 72 individuals who attempted suicide, divided into two groups: first-time attempters and recurrent patients, and 205 controls hospitalized for other reasons during the same period.

Results: Results showed a significant increase in the frequency of hospitalizations for SA, rising from 0.7% to 2.25% of the total admissions between 2018 and 2022. Those who attempted suicide were on average 32.5 years old, predominantly female, urban residents, with a moderate socioeconomic status, secondary or higher education, unemployed, unmarried, childless, and lacking strong family support.

The study identified several risk factors associated with suicide attempts, including risky behaviors, previous life events, type II bipolar disorders, personality disorders, the number of psychiatric hospitalizations, and the quality of follow-up. However, schizophrenia was negatively correlated with SA.

Suicidal recurrence was observed in 65.5% of attempters and was linked to personal psychiatric follow-up history, mood disorders, personality disorders, the presence of stress factors, and caustic substance ingestion.

Conclusions: In conclusion, the study underscores the importance of assessing suicide risk among individuals with mental disorders to implement appropriate prevention strategies.

Disclosure of Interest: None Declared

EPV0254

Alcohol-Induced Psychosis: Beyond Korsakoff. Case report and Literature Review

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Introduction: Chronic consumption of alcohol has clear deleterious effects on the nervous system. Among its less-recognized consequences are subacute and chronic alcohol-induced psychotic disorders. Lasègue, Garnier, Magnan, and Michaux provided exhaustive clinical descriptions of different presentations of *subacute alcoholic delusional disorder*, while Kraepelin, Allamagny, and Neveu defined the characteristics of *chronic alcoholic hallucinatory psychosis*. Both conditions are characterized by the occurrence of hallucinations and vivid dream-like content in their delusions, along with potential emotional detachment from the symptoms. Presently, both conditions are categorized under the generic term 'Alcohol-Induced Psychotic Disorder,' with limited available scientific literature.

Objectives: Our goal is to bring attention to the existence of subacute and chronic alcohol-induced psychosis in individuals with long-term alcohol users.

Methods: Case report using clinical records and a non-systematic literature review.

Results: A 63-year-old male, with a forty-year history of chronic alcoholism and no other prior mental health issues, was admitted in the emergency department. He conveyed vague delusional notions regarding his roommate and described vivid morning dreams in which he tried to communicate but couldn't speak. This led him to believe his roommate harboured harmful intentions. Additionally, he mentioned that for the past two months, he had developed a telepathic connection with his sister and his deceased mother, with whom he felt he communicated without speaking. He described feeling strangeness and anxiety concerning these experiences, which he firmly believed to be undeniably real. He reported being able to hear the voices of his mother and sister. He also described short-term memory problems dating back two years. He denied any other psychopathology and exhibited probable ideational and emotional impoverishment secondary to chronic alcohol consumption. Confirmation of the patient's account was provided by his family members. The prescribed treatment included antipsychotic medication and a recommendation for alcohol abstinence.

Conclusions: Descriptions of chronic and subacute alcohol-induced psychoses are found in early psychiatric textbooks but have been omitted from contemporary classifications. While their incidence is low among chronic alcohol users, they represent a severe clinical entity. These disorders are usually distinguished by the presence of delusions and vivid hallucinations characterized by dream-like content. This distinct symptomatology aids in the accurate differentiation from other psychotic disorders and clinicians should be aware of their existence.

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EPV0255

Unraveling the Enigma: Huntington's Disease Masquerading as Treatment-Resistant Psychosis - A Case Study

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Introduction: This unusual case report unfolds a complex and emblematic scenario involving the diagnosis and management of a 46-year-old patient with treatment-resistant psychiatric symptoms, eventually revealing a significant association with Huntington's Disease (HD). The initial presentation at Obregia Hospital featured early signs of psychosis, such as mood swings, social withdrawal, and mild cognitive impairment. Despite predominant treatment with atypical antipsychotics, significant improvements remained elusive.

Objectives: Our primary objectives were to document the intricate diagnostic journey, the challenges faced in managing the patient's

psychiatric symptoms, and the eventual revelation of an underlying neurological disorder, Huntington's Disease. We aimed to emphasize the importance of a multidisciplinary approach to such complex cases.

Methods: The patient's clinical course was closely monitored, and the Positive and Negative Syndrome Scale (PANSS) was used to assess the severity of symptoms upon admission. The patient's severe psychotic state led to involuntary hospitalization. Clinical observations pointing to an underlying neurological disorder prompted a neurology consultation and further investigations, including brain CT and MRI scans, but also genetic testing.

Results: The CT scan revealed potential Huntington's Disease evolution, while genetic testing confirmed the presence of the specific HTT mutation. Brain MRI with contrast substance highlighted characteristic Huntington's Disease changes, such as cortical atrophy, necrosis, and substantial loss of brain tissue, particularly in the basal ganglia, cortical regions, and thalamic nuclei. The patient was hospitalized for nearly seven weeks, during which various psychiatric medications were trialed with limited success. However, a gradual increase of Trihexyphenidyl dosage, as well as a wash-up with saline solution and vitamin supplements (B1, B6, and C), was initiated. Subsequently, the introduction of oral haloperidol in gradually increasing doses led to significant improvements in psychiatric symptoms, dyskinesia, and overall functionality.

Conclusions: This complex case underscores the paramount importance of a multidisciplinary approach in diagnosing and managing patients with Huntington's Disease and concurrent psychiatric symptoms. The revelation of a confirmed Huntington's Disease diagnosis also necessitated genetic testing for the patient's two adult children, with the son testing positive. This case illustrates the challenges of adapting treatment strategies continuously in such multifaceted scenarios and highlights the compelling need for a collaborative and integrative approach.

Disclosure of Interest: None Declared

EPV0257

Implementing policies and predictive stochastic models to restrict borderline personality disorder's access to restricted medications: comorbidity with factitious disorder, functional neurological disorder and medically unexplained symptoms

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Introduction: We are facing increased access to hospital beds and increased use of restricted medications by people with borderline personality disorder (BPD). Our former research shows BPD comorbidity with factitious conditions, functional neurological disorder and medically unexplained symptoms. We also registered that persons with BPD might craft or exaggerate symptoms to access restricted medications. In the worst cases, they might share these medications (benzodiazepines, hypnotics, and anxiolytics) with street values for profit or other recreational purposes.

Objectives: To generate forecasting models and preventive policies to deal with BPD factitious disorders and improve the effectiveness of the UK National Healthcare Service (NHS) in reducing unnecessary admissions to general and psychiatric hospitals. More selective policies will capture and discourage BPD's feigning and exaggerating symptoms for accessing restricted medications.

Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. We identify four major model components to be introduced in the model: BPD (A), factitious disorders (B), prescribing restricted medications (C), antisocial behaviours (D), and access to hospital beds (E).

Results: The Boolean expression becomes [A then B then C then D then E], or [A \Rightarrow (B \Rightarrow (C \Rightarrow (D \Rightarrow E))] with a truth density of 96.875% (Figure 1).

Conclusions: BPD should alert healthcare of the risks of symptom exaggeration and factitious mental diseases. These conditions are used to access often restricted medications, such as benzodiazepines, sleep tablets, and anxiolytics, for personal and communal use. Street sharing of these last increases local criminality. In worst cases, a hospital bed is granted without preventive triage. The risk is the indoor access to these medications. We advocate policies for the discontinuation of community prescription of these drugs.

Disclosure of Interest: None Declared

EPV0258

Prevalence of psychiatric disorders in patients with craniofacial malformations - a statistical analysis

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Introduction: Craniofacial malformations have long been associated with a heightened risk of psychiatric disorders. Understanding this link is crucial, as it can inform early intervention and support for affected individuals, enhancing their overall well-being. Research in this area aims to shed light on the prevalence and nature of these disorders within the craniofacial population, ultimately improving healthcare and quality of life for affected individuals.

Objectives: This study aims to establish a comprehensive understanding of the relationship between craniofacial malformations and psychiatric disorders. Specifically, our objectives include: assessing prevalence, identifying risk factors, evaluating impact and informing clinical practice. This research aims to improve the holistic care and mental well-being of individuals with craniofacial malformations, contributing to a more comprehensive approach in the field of psychiatry.