

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

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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 higher 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.

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EPV0278

Development and Validation of the Isotretinoin Hesitancy Scale

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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 Isotretinoin Hesitancy Scale to measure the patients' drawbacks to the treatment.

Methods: The specialists, including dermatologists and mental health professionals, determined an item pool of 30 items. Before the data collection, all items were checked by the researchers in terms of clarity and acceptability. Thus, the eight items were removed from the questionnaire due to having similar meanings, measuring the facts about treatments that are not the study's objective, and containing unclear statements. The final version of the questionnaire, which consists of 22 items, was applied to the participants.

Results: One hundred patients with acne vulgaris were recruited. Among the participants, 72% were women, and the mean age was 22.72. Most patients' acne severity was group 2 (40%) and group 3 (36%). Three items were removed because of having low item-total score correlations. Five items were removed in factor analysis because of low factor loading or cross-loading. Exploratory factor analysis results of the scale are presented in Table 1.

Table 1. Exploratory Factor Analysis Results of the Scale

	Factor 1 (min-max)	Factor 2 (min-max)	Factor 3 (min-max)
Isotretinoin treatment can lead to dryness of lips, nose, and eyes.	0.516-0.842		
Isotretinoin treatment may have many side effects.			
Isotretinoin treatment may cause damage to the liver.			
Side effects of isotretinoin treatment may affect my daily life.			
Isotretinoin treatment may cause depression.			
Isotretinoin treatment may cause elevation of cholesterol level.			
Isotretinoin treatment may cause infertility in men.	0.425-0.945		
Isotretinoin treatment may cause infertility in women.			
Isotretinoin treatment may prevent height gain.			
In case of pregnancy, isotretinoin treatment may cause congenital defects in the baby.			
I'm afraid of using isotretinoin for a long period.	0.569-0.890		
I stop the isotretinoin treatment as soon as possible.			
I will wait as long as I can before using isotretinoin treatment.			
I need more reassurance about isotretinoin treatment.			

The Cronbach alpha score of the final form of the scale was found to be .81, the internal consistency of the first factor (hesitancy related to reversible adverse effects) was calculated as .79, the second factor (hesitancy related to irreversible adverse effects) was calculated as .78, and the final factor (isotretinoin-related anxiety) was found to be .72.

Conclusions: The Isotretinoin Hesitancy Scale is valid and reliable among patients with acne vulgaris.

Disclosure of Interest: None Declared

EPV0279

Brief Psychotherapeutic and Psychopharmacological Interventions as Facilitators of Bariatric Surgery Success in Patients on the Anxious-Impulsive Spectrum: A Pilot Study

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Introduction: Patients undergoing bariatric surgery often present with impulsive behavior and symptoms of anxiety. In this context, brief psychotherapeutic interventions such as nutritional education, cognitive restructuring, and behavioral activation have been shown to enhance pre-surgery weight loss and improve the likelihood of successful surgical outcomes. Furthermore, anorexiogenic pharmacological treatments involving fluoxetine, bupropion, naltrexone, eslicarbazepine, zonisamide, and topiramate have been associated with increased success rates of the bariatric intervention.

Objectives: To assess the impact of brief psychotherapeutic interventions and psychopharmacological treatments on the success of bariatric surgery in anxious-impulsive patients, investigating the effectiveness of combined strategies in enhancing preoperative weight loss and surgical outcomes.

Methods: Within the framework of a third-level hospital's Bariatric Surgery Protocol, a total of 63 obese patients were assessed using the MINI International Neuropsychiatric Interview (MINI), Hamilton Anxiety Rating Scale (HARS), and Barratt Impulsiveness Scale (BIS-11) during the pre-surgical evaluation. Patients with Axis I pathologies were excluded, leaving a sample of 56 participants (38 females; BMI: 43.58±8.72 kg/m²; age: 48.5±9.7 years). Individuals displaying mild anxiety (6-14 points on HARS) and moderate/severe anxiety (>14 points on HARS) and/or those with a BIS-11 score exceeding 32.5 were selected for combined psychotherapeutic and psychopharmacological interventions.

Results: Categorized by anxiety and impulsiveness levels, the patient distribution was as follows:

Mild anxiety without impulsiveness: 19 patients

Mild anxiety with impulsiveness: 31 patients

Moderate/severe anxiety without impulsiveness: 2 patients

Moderate/severe anxiety with impulsiveness: 15 patients

This pilot study explores the potential synergy between brief psychotherapeutic interventions and psychopharmacological approaches in enhancing the outcomes of bariatric surgery for patients within the anxious-impulsive spectrum.

Conclusions: The results shed light on the feasibility and potential benefits of a combined treatment strategy, contributing to the optimization of bariatric surgery success in this specific patient population. Further research is warranted to confirm and generalize these findings.

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