

He has been diagnosed with schizoaffective disorder in 1992, initially put on haloperidol and carbamazepine. Since the patient wasn't getting better, we suspected no-compliance so we switched haloperidol for fluphenazine decanoate. The patient still suffered from persecutory delusion and auditory hallucinations. We started him on clozapine still with no improvement. So, we concluded to the resistance of schizoaffective disorder considered electroconvulsive therapy (ECT). A cerebral MRI was conducted, prior to ECT, objectifying a left anterior frontal arachnoid cyst of 26 millimeters from the main axis producing a mass effect on the cerebral cortex. This neurological tumor didn't require neurosurgery.

**Conclusions:** Our patient was resistant to all treatments including clozapine. The only anomaly discovered was the arachnoid cyst. Could this explain the resistance of this patient and others like him? Could this be an interesting research path to further elucidate the mystery of metal disorder?

**Disclosure:** No significant relationships.

**Keywords:** arachnoid cyst; resistant schizoaffective disorder; comorbidity with schizophrenia

### EPV0283

#### Eating problems in ADHD: self-regulatory or inattentive/impulsive

A. Araújo<sup>1,2,3\*</sup>, M. Batista<sup>2</sup>, M.D. Pascoal<sup>2</sup>, A.T. Pereira<sup>3</sup>, F. Ventura<sup>1</sup>, N. Madeira<sup>1</sup> and A. Macedo<sup>1</sup>

<sup>1</sup>Centro Hospitalar e Universitário de Coimbra, Department Of Psychiatry, Coimbra, Portugal; <sup>2</sup>Faculty of Medicine of University of Coimbra, Institute Of Psychological Medicine, Coimbra, Portugal and <sup>3</sup>Coimbra Institute for Biomedical Imaging and Translational Research, -, Coimbra, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1178

**Introduction:** ADHD is a risk factor for impulsive/compulsive eating problems (EP). In, bulimia nervosa and compulsive eating disorder, EP are frequently preceded by negative affect and experienced as loss of control. Clarifying the underlying causes (eg., ADHD symptoms and/or psychological distress) of EP in ADHD would allow the development of targeted interventions.

**Objectives:** To a) compare levels of EP between ADHD patients and a community sample, and b) test if ADHD symptoms and psychological distress predict EP, in ADHD patients.

**Methods:** Adults with ADHD (n=32; age=23.78+/-6.12; 69% males) from the Neurodevelopmental Outpatient Unit of Coimbra and healthy participants (n=30; age=36.90+/-13.23; 57% males) answered an online survey including the Portuguese versions of the Adult ADHD Self-Report Scale Symptom Checklist, the Parkinson's Disease Impulsive-Compulsive Disorders Questionnaire-Current Short and the Depression, Anxiety and Stress Scale.

**Results:** The ADHD group reported experiencing more EP than healthy individuals (18/32 vs. 4/30;  $\chi^2=12.458$ ,  $p<.001$ ). ADHD patients with EP suffered from severer ADHD inattentive, hyperactive, and global symptoms and higher levels of psychological distress ( $p<.001$  to  $p=.027$ ). Logistic regression model testing if ADHD and psychological distress symptoms predicted EP, in ADHD, explained 38.8% of the variance and showed that the only significant predictor was ADHD symptoms ( $B=.121$ ,  $SE=.051$ ,  $p=.017$ ).

**Conclusions:** Our results indicate that EP are associated with severer ADHD clinical pictures. EP arose secondarily to ADHD symptoms, instead of serving as means to alleviate psychological distress. Clinicians should be mindful that, in ADHD patients, EP follow specific motivations, i.e., impulsivity and inattention, and may respond to combined cognitive-behavioural/executive training strategy.

**Disclosure:** No significant relationships.

**Keywords:** Impulsivity; eating problems; adhd

### EPV0285

#### Impulsive traits and dual pathology in patients with depression and alcohol dependence, a case report.

M. Huete Naval<sup>1\*</sup>, L. Reyes Molón<sup>1</sup>, C. Regueiro Martín-Albo<sup>2</sup>, R. Galerón<sup>1</sup>, E. Herrero Pellón<sup>1</sup> and P. Albarracín<sup>3</sup>

<sup>1</sup>Hospital Clínico San Carlos, Institute Of Psychiatry And Mental Health, Madrid, Spain; <sup>2</sup>Hospital Clínico San Carlos, Instituto De Psiquiatría Y Salud Mental, Madrid, Spain and <sup>3</sup>Hospital Universitario Clínico San Carlos, Psychiatry And Mental Health, Madrid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1179

**Introduction:** Alcohol dependence is one of the most frequent comorbidities in depression. Multiple environmental and neurobiological factors are directly involved in these diseases. In particular, impulsivity is present in many patients with dual pathology and may play a relevant role in its causes, clinical manifestations and prognosis.

**Objectives:** To review the relationship between impulsive traits and dual pathology in patients with depression and alcohol dependence.

**Methods:** Presentation of a clinical case supported by a non-systematic review of literature containing the key-words "impulsivity", "depression" and "alcohol dependence".

**Results:** This is a case report of a 43-year-old male with a known history of alcohol dependence and recurrent depression. Interestingly, the patient has a family history of bipolar disorder and alcohol abuse disorder on the paternal side, and frontotemporal dementia on the maternal side. He currently presents a depressive episode associates associated with a significant increase in alcohol consumption. The patient has presented prominent impulsive traits since adolescence that have been aggravated in recent years. This lack of impulse control is described as one of the most relevant factors in relapses in alcohol consumption. Multiple studies correlate the lack of impulse control with a worse prognosis in both alcohol dependence (greater probability of relapses and resistance to treatment) and depression (increased suicide risk). Likewise, an increase in cognitive impulsivity has been observed during depressive episodes, characterized by an inability to inhibit behaviors that have already begun and poor planning capacity, which could lead to a worsening of alcohol abuse.

**Conclusions:** Impulsivity traits are related to a worse prognosis in dual pathology due to alcohol and depression, and may present common etiopathogenic mechanisms.

**Disclosure:** No significant relationships.

**Keywords:** Depression; Impulsivity; Alcohol dependence; dual pathology