

Introduction: According to the literature, 25-60% of dermatological patients have mental disorders. In the case of oncodermatological disease, the patient is under the influence of two stressogenic factors – existential experiences and social discomfort from the manifestations of the disease, which imprints on the patient's mental health and promotes the development of mental maladaptation (MM).

Objectives: To study the features of mental state in patients with dermatological diseases with different levels of vital threat.

Methods: The examination included the use of clinical-psychological, psychodiagnostic and psychometric research methods.

Results: 120 dermatological patients were examined: 60 patients with non-vital dermatological diseases (L82, A63.0, D18.0, L80), and 60 patients with dermatological diseases posing a vital threat (C43, C44, D04).

The identification of clinical signs of MM proved their presence in 70 (58.4%) people in the total sample. Among patients with non-vital diseases, the signs of MM were established in 33 (55.0%), among the patients with vital diseases – in 37 (61.7%). So, among patients with dermatological diseases, there are both psychologically adapted and maladapted individuals, regardless of the vitality/non-vitality of the pathological process.

In dermatological patients with signs of MM, the clinical picture is dominated by anxious (mainly in patients with non-vital diseases) and depressive (mainly in patients with vital diseases) radicals. Auxiliary psychopathological constructs are represented by manifestations of somatization, obsessive-compulsive symptoms, interpersonal sensitivity, and phobic anxiety. Affective symptoms are most pronounced in patients with MM and vital diseases, it is less pronounced in patients with non-vital pathology.

The presence and intensity of maladaptive pathopsychological-affective reactions in patients with dermatological pathology are not clearly associated with the vitality of the dermatological process, but are based on mechanisms of the mutual influence of biological predisposition and psychological and psychosocial factors, the mosaic combination of which determines the individual's resource capabilities for constructive acceptance the fact of the presence of a dermatological disease and the development of an adequate strategy for its mastery, regardless of the severity of the disease.

Conclusions: These patterns should be considered when developing treatment measures and rehabilitation for patients with dermatological pathology.

Disclosure of Interest: None Declared

EPP0667

Lithium Intoxication with Therapeutic Doses Following Laparoscopic Sleeve Gastrectomy: A Case Report and Review of the Literature

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Introduction: Lithium is a mood stabilizer often used as a first-line treatment for bipolar disorder. Its narrow therapeutic window and changes in the absorption, distribution, and elimination of the drug following bariatric surgery have important implications regarding patient safety.

Objectives: We present a 51-year-old female patient with bipolar disorder and a medical history of morbid obesity, type 2 diabetes mellitus, hypothyroidism, hyperlipidemia, and essential hypertension. She was mentally stable on lithium 1200 mg/day, valproate 500 mg/day, and quetiapine 400 mg/day. She had undergone laparoscopic sleeve gastrectomy. After a month, she showed up to the emergency room (ER) with nausea, vomiting, diarrhea, and fatigue. Gastroenteritis was suspected until the patient started showing neurological symptoms such as delirium, dysarthria, ataxia, chorea, and athetosis.

Methods: The patient was monitored and received aggressive intravenous hydration (3000 cc of 0.9% serum isotonic) in the intensive care unit (ICU). She was prescribed intramuscular biperiden injection of 5 mg/ml/day, pheniramine 45.5 mg/2 ml/day, and lorazepam 1 mg/day. Her lithium levels were checked every six hours. She was agitated and disoriented for the first five days despite lithium levels being in the therapeutic range. On day six, her blood lithium levels dropped to 0.399 mmol/L. Her psychiatric examination revealed that she resumed cooperation and orientation, her dysarthria subsided. However, her thought content and attitude were grandiose, and she had a labile affect. We prescribed 5 mg/day of olanzapine routinely and 1 mg/day of lorazepam on a needed basis. The next day, her labile affect became calmer, and her sleep improved so she was discharged from the ICU and admitted to general surgery inpatient service, and olanzapine was titrated to 10 mg per day since she had elevated mood symptoms.

Results: After 7 days of intravenous hydration and supportive treatment, her neurological symptoms completely subsided except for a fine tremor, which lasted for another 3 days and then ceased. She was clinically stabilized without further need for intervention. Her lithium level was 0.206 mmol/L before her discharge.

Conclusions: We believe it is of utmost importance to build a consensus in guidelines and inform physicians about lithium toxicity and its symptoms after bariatric surgeries. We recommend a careful follow-up of the patient pre- and postoperatively. Preoperative psychiatric intervention includes decreasing the lithium dose gradually and discontinuing it. After the operation, lithium can be started with a much lower dose and may be increased by checking lithium levels every week for at least 6 weeks after the operation until the patient can digest solid food again, and then every 2 weeks for 6 months, and thereafter every month for one year.

Disclosure of Interest: None Declared

COVID-19 and related topics

EPP0668

Comparison of inpatient psychiatric care for SARS-CoV-2 positive and negative adults in Vienna

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Introduction: The structure of psychiatric care has undergone many changes in recent decades. In addition, the SARS-CoV-2 pandemic has posed specific challenges for inpatient psychiatric