to assess the role and the actors of chronic activation of inflammasome signaling complexes to establish a potential association between dysregulation of inflammasome activation, chronic inflammatory disease and enhancement of behavioral abnormalities.
Results: Our bibliographic review revealed that dysregulation of the inflammasome is associated with the onset and progression of several autoinflammatory and autoimmune diseases, including cryopyrin-associated periodic fever syndrome, familial Mediterranean fever, rheumatoid arthritis, and systemic lupus erythematosus. These multimeric complexes form in response to molecular patterns unique to pathogens and cellular damage, triggering a cascade of downstream responses, including the induction of pyroptotic cell death and release of proinflammatory cytokines. Some inflammasomes directly recognize these patterns, while others indirectly sense these patterns through changes in the homeostatic environment of the cell. Moreover, although being a normal part of the skin flora, yeasts of the genus Malassezia are associated with several inflammatory skin diseases including pityriasis versicolor (tinea versicolor), atopic eczema, psoriasis, Malassezia folliculitis and onychomycoses. In the context of tolerating fungi during colonization and eliciting, activation, of inflammasomes signaling complexes, has been identified as an integral part of antifungal host defense. While the activation of inflammasomes mainly the NLRP3 one, was shown to be pivotal for innate immunity against pathogenic fungi such as candida albicans, their role in the fungal genus Malassezia remains imprecise. Even though, many observations suggest that simultaneous activation of NLRP3, NLRC4 and AIM2 inflammasomes may play an important role.
Conclusions: Whereas, chronic inflammasome activation such as by chronic infectious has been tied to the development of metabolic syndromes, neurodegenerative diseases, and cancer progression, a possible interplay between chronic invasion by the genus Malassezia, vigorous immune response to eliminate invading fungal pathogens, disruption of immune sensors of genotoxic stress, development of chronic inflammatory disease and behavioral abnormalities may be a new field of scientific researches.

Disclosure of Interest: None Declared

EPP0420

Potential associations of food allergy and altered neurodevelopment in children

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Introduction: Allergic immune reactions and adverse reactions to foods, have been described as having growth concerns in children with food allergy. Moreover, immune dysregulation and inflammation have been documented as typical hallmarks in both allergic and neurodevelopmental conditions.
Objectives: In this review, we address the association of food allergy and altered neurodevelopment in children.
Methods: We comprehensively review the scientific literature using Pubmed database and other search platforms to state the potential associations of food allergy and altered neurodevelopment in children.
Results: Food allergy is a pathological, potentially deadly, immune reaction activated by normally inoffensive food protein antigens. It is an important public health problem that affects children (children under the age of 5 years: 5 %) and adults, and it has been increasing in prevalence in the last 2 to 3 decades. The enhancement of the knowledge of the pathophysiological mechanisms lead to many suggestions such as the important role of the intestinal microbiota, the role of the immunological adaptation of the mucosal immune system to food antigens and the nutritional impact and growth concerns of children with food allergy. In recent studies and reviews, a significant and a positive association of common allergic conditions, in particular food allergy, with autism spectrum disorder and with attention deficit hyperactivity disorders have been reported. At the mechanistic level, it was recently shown through animal models, the potential role of intracranial Mast cells in neuroinflammation and neuropathology associated with food allergy as well as the potential role of the dysfunction of the gut-brain axis in promoting white matter development during early life when the brain is vulnerable to environment (such as food restrictions) that can result in an a wide spectrum of neurodevelopmental disorders later in life. Food allergy was also associated in literature with enhanced mTOR signaling in the brain and gut, which may impact brain and behavioral development.
Conclusions: Neurodevelopmental disorders which occur in childhood in the context of food allergy is a challenging public health problem that need more human research studies to understand underlying mechanisms and promote therapeutic innovations.

Disclosure of Interest: None Declared

EPP0421

Cannabis use in different mental disorders: a descriptive study in a psychiatric hospital

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Introduction: In the last decade, the prevalence of THC use is increasing among adolescents and adults. There is also strong evidence to suggest that cannabis use is associated with psychiatric comorbidities. The strongest evidence is found between cannabis use and psychotic disorder. However, the literature shows that those who have used cannabis in the past or for a large part of their lives are at higher risk of mood disorders, anxiety, personality disorder or other drug use than those who do not use cannabis in a harmful way.
Objectives: To provide an overview of the association between cannabis use and the different mental pathologies presented by the patients admitted during the study period. To describe the prevalence of THC use in the study according to the mental pathology presented by the patient.

Methods: A retrospective observational descriptive study was developed for 3 months, of all patients admitted to the acute unit of the psychiatric hospital. No exclusion criteria were included.
Results: During the period of study 172 patients were admitted to the hospital, classified according to the main diagnosis we have: 49 patients suffer from schizophrenia, 26 bipolar affective disorder, 20 with depressive disorder, 20 with personality disorder, 19 with substance use disorder, 18 with other unspecified disorders and 20 patients with no known previous diagnosis. The prevalence of THC use in the study sample according to diagnosis, would be schizophrenia 16%, Bipolar affective disorder 19%, Depressive disorder 5%, Personality disorder 45%, Substance use disorder 21%, Unspecified disorders 11% and patients with no known previous diagnosis 10%.
Conclusions: The results obtained in the study in terms of THC use are in agreement with those obtained in the literature. In our study, we observed that cannabis use is associated with psychotic disorders as well as with mood, personality and substance abuse disorders. Given that the frequency of use has increased and there is a strong association with different comorbid psychiatric diagnoses, guidance on modifications in medication strategies might be necessary.

Disclosure of Interest: None Declared

EPP0422

Alcohol related cognitive impairments in schizophrenia patients : A case-control study

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Introduction: Cognitive impairment is a well-recognized key feature of schizophrenia. However, these cognitive impairments may be worsened by alcohol consumption. Up to 80% of patients with alcohol use disorders (AUD) display cognitive impairments. Screening for those impairments with a full neuropsychological assessment may be difficult. The Brief Evaluation Alcohol-Related Neuropsychological Impairments (BEARNI) is a specific tool for screening those impairments easy to implement in in clinical practice (Ritz et al. Alcoholism: Clinical and Experimental Research 2015; 39, 2249-60). To our knowledge, no previous studies have assessed the alcohol-related cognitive impairments using the BEARNI test in schizophrenia patients.
Objectives: The objective of the study was to compare BEARNI mean scores between a group of schizophrenia patients with alcohol use disorders and a group of schizophrenia patients without alcohol use disorder.
Methods: 39 patients with schizophrenia and AUD (SCZ/AUD +) (82% males, mean age 44.9 ± 11.0 years-old) and 49 patients with schizophrenia without AUD (SCZ/AUD-) (65% males, mean age 42.6 ± 11.4 years-old) consecutively included in the study, were assessed using the BEARNI test. All patients met DSM-5 criteria for schizophrenia and AUD. Demographic and clinical variables were also collected, using the Alcohol Use Disorders Identification Test (AUDIT) and the Positive and Negative Syndrome Scale (PANSS). The primary endpoint of the study was the difference in BEARNI cognitive mean scores between the SCZ/AUD+ and SCZ/AUD- groups.
Results: There was no difference between the two groups regarding demographic variables or PANSS mean scores (59.1 ± 12.8 vs 58.1 ± 14.0; t=-0.3; p=0.7). The AUDIT mean score was higher in the group of patients SCZ/AUD+ (20.6 ± 7.8 vs 1.6 ± 1.5; t=-14.7; p<0.0001). Total BEARNI and cognitive BEARNI mean scores were significantly lower in the group of patients SCZ/AUD+ compared to the group of patients SCZ/AUD- (10.6 ± 4.8 vs 12.6 ± 5.2; t=1.8, p=0.03 and 8.1 ± 3.9 vs 9.8 ± 3.6 t=2.0, p=0.04, respectively). The mean subscores of delayed verbal memory, alphabetical ordination, and alternating verbal fluency subtests were also significantly lower in the group of patients SCZ/+ group (respectively 1,0 ± 0.9 vs 1.6 ± 1.2, t= 2.5, p=0.01; 2,1 ± 1.2 vs 2.5 ± 1.1, t= 1.6, p=0.04; 3.3 ±1.5 vs 3.8 ± 1.5, t= 1.8, p=0.03).
Conclusions: The present study found cognitive impairments using BEARNI test in schizophrenia patients with AUD compared to their counterparts without AUD. Screening alcohol related cognitive impairments using BEARNI could be easier in patients in schizophrenia patients with AUD than usual neurocognitive assessments

Disclosure of Interest: None Declared

EPP0423

Late diagnosis of attention deficit hyperactivity disorder and cocaine abuse

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Introduction: Adult ADHD diagnosis sometimes represents a challenge for the clinician, due to the comorbid psychiatric diseases that are often associated and which complicate de recognition of the primary symptoms of ADHD. The prevalence of ADHD in adult populations is 2'5% and it is a relevant cause of functional impairment.
Objectives: Presentation of a clinical case of a male cocaine user diagnosed with adult ADHD.