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Acute psychosis in an adolescent with cerebral palsy

C.A. Moreira[1,*], A.R. Soares[2], G. Maia[2]
[1] Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal
[2] Centro Hospitalar Lisboa Ocidental, Child and Adolescent Psychiatry, Lisbon, Portugal
* Corresponding author.

Introduction Cerebral Palsy is a movement, posture or muscle toning disorder caused by an insult to the immature, developing brain, most often before birth. It is a leading cause for serious disabilities in childhood and a risk factor for the development of psychiatric disorders, particularly in adolescents. Moreover, according to DSM-5, a Brief psychotic disorder is a short-term illness with psychotic symptoms, which arise suddenly, but last for less than one month, after which the person recovers completely.
Objectives/Aims The authors aim to present a case of an adolescent with cerebral palsy who has developed secondary psychotic symptoms, a rare and sparsely understood phenomenon.
Methods A non-systematic review of English scientific literature was conducted through research in the PubMed search engine, using the keywords "Cerebral Palsy" and "Brief Psychotic Disorder".
Results A 16-year-old female adolescent with history of Cerebral Palsy (due to neonatal anoxia) was admitted in the paediatric ward due to behaviour disorder characterized by incoherent speech, full insomnia, agitation and auto/alo-aggression. A complete clinical investigation was performed, in which trauma, organic brain injury, degenerative and inflammatory diseases, infection or toxic ingestion were all excluded. The hypothesis of an acute psychotic disorder was considered and after antipsychotic treatment, a total remission of the symptoms was obtained.
Conclusions Although rare, the association between cerebral palsy and psychotic disorders should be considered in the diagnostic investigation of behavioural changes. Early identification allows a proper therapeutic intervention and a better quality of life.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psychiatric antiepileptics side effects: A case report

C.A. Moreira[1,*], A.R. Soares[2], G. Maia[2]
[1] Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal
[2] Centro Hospitalar Lisboa Ocidental, Child and Adolescent Psychiatry, Lisbon, Portugal
* Corresponding author.

Introduction Psychiatric disorders in epilepsy have a multifactorial etiology, being pharmacotherapy only one of many risk factors, which can be both biological and psychosocial. The adverse effects of antiepileptics (AEDs) embrace all categories of psychiatric symptomatology, including disturbances of consciousness, psychotic state, neurotic state, behaviour and character disorder. In fact, Psychotropic effects of AEDs require further research because many relevant parameters related to pathological mechanisms, frequency, psychopathology, and prognosis are not well understood.
Objectives The authors aim to present a case of an adolescent with epilepsy who has developed secondary psychiatric symptoms.
Aims To understand and deal with the most common Psychiatric side effects of AEDs.
Methods A non-systematic review of English scientific literature was conducted using keywords "Epilepsy" and "antiepileptic side effects".
Discussion A 14-year-old female adolescent with history of seven years of Epilepsy (usual medication: carabamazepine 45 mg/kg/day, Lamotrigine 8 mg/kg/day; pregabaline 8 mg/kg/day) was admitted in the paediatric ward due to behaviour disorder characterized by agitation, anxiety and seizures-like symptoms. A therapeutic adjust was made (Fenetoíne and Levetiracetam). After this medication change, the adolescent presented psychotic symptoms namely auditory and tactile hallucinations. A complete clinical investigation was performed and the hypothesis of drugs side effects was considered. After AEDs reduction, a total remission of the symptoms was obtained.
Conclusion Psychiatric disorders in epilepsy have a multifactorial etiology and are not yet well understood. Behavioural side-effect profiles of AEDs (both negative and positive effects) should be considered in the choice of the optimal drug for each patient.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Cotard syndrome in a young man?

A. Cercos López[1,*], M.C. Cancino Botello[2], V. Chavarria Romero[3], G. Sugranyes Ernest[4]
[1] Hospital Universitario de Santa Maria, Psychiatry, Lleida, Spain
[2] Consorcio Hospital General Universitario, Psychiatry, Valencia, Spain
[3] Hosiptal del Mar, Psychiatry, Barcelona, Spain
[4] Hospital Clinic, Psychiatry, Barcelona, Spain
* Corresponding author.

Introduction Anti-NMDA encephalitis normally appears as a characteristic syndrome with typical symptoms that undergoes with multiphase evolution. However, it sometimes develops atypical symptoms so we must perform a careful differential diagnosis.
Objectives To conduct a current review of detection and management of anti-NMDAr encephalitis, and psychiatric manifestations.
Method Systematic review of the literature in English (PubMed), with the following keywords: "Autoimmune encephalitis", "psychosis", and "NMDA receptor".
Results We present the case of a 15-year-old boy referred to evaluation for a first psychotic episode. He had no past history of psychiatric illness or substance abuse. The only relevant antecedent is multiple sclerosis in a first degree relative. For the last months, he presented high levels of anxiety symptoms apparently related to college stressful events and fluctuating hypoesthesia of left cranial side. Days later, it appeared autolimited gastrointestinal symptoms, headache and fever. During the next days it appeared psychomotor retardation, choreic movements, suicide ideation and mood-congruent paranoid and nihilistic ideation, auditory and visual hallucinations, perplexity and catatonic symptoms so he was hospitalized. We observed cognitive functions impairment, unsteady gait, dysartria, dysphasia, clonus and left babinsky sign. EEG showed slow waves on right frontal area. CFS showed protein elevation and immunologic study revealed positive anti-NMDA antibodies. Treatment with methylprednisolone and gammaglobuline was started with partial response, needing addition of rituximab.
Conclusions In this case, we highlight the importance of early detection and a detailed differential diagnosis, to determine whether the etiology of psychiatric symptoms in order to achieve an accurate and early treatment.
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