Conclusions: A multidisciplinary approach is necessary from the first moment that a FPE is diagnosed, even more so in middle-aged women.

Disclosure of Interest: None Declared

EPV0807

PSYCHOSIS AS A MANIFESTATION OF LUPUS AND ANTIPHOSPHOLIPID SYNDROME. ABOUT A CASE.

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Introduction: A lot of studies have determined the relationship between psychosis and autoimmune diseases. One of the classic examples is systemic lupus erythematosus and antiphospholipid syndrome.
Both are syndromes marked by a state of excessive inflammation and hypercoagulability, respectively. And psychosis is a frequent manifestation of these two diseases, so it is important to take it into account, because psychotic episode triggered by these diseases has a different therapeutic approach from that of primary psychoses.
Objectives: To raise awareness about this fact, we present the clinical case of a 43-year-old woman, diagnosed with systemic lupus erythematosus and antiphospholipid syndrome, who went to the Emergency Department due to agitation and delusional ideation of harm.
Methods: Given that the patient presented a recent altered cranial MRI, the aforementioned pathologies and an acute and poorly systematized clinical onset, we referred her for admission to Internal Medicine due to suspicion of a psycho-organic syndrome of probable autoimmune origin.
Results: After admission to Internal Medicine, corticosteroid treatment was prescribed. After three days, the symptoms remitted and the patient was discharged, starting outpatient follow-up.
Conclusions: It is important not to forget that psychotic symptoms may be due to causes other than merely psychopathological ones, and may belong to other aetiologies and, with it, other therapeutic attitudes.

Disclosure of Interest: None Declared

EPV0808

Proinflammatory activation profile in circulating monocytes in patients with a major depressive episode

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Introduction: Mood Disorder (MD) affects more than 300 million people globally, and its etiology is unknown. In recently published data, MD has been correlated with inflammation and the immune system. Circulating monocytes have been proposed to play a role in the pathophysiology of depression.
Objectives: To determine if there is a specific activation profile of monocytes in patients with MD that differentiates them from healthy control (HC).
Methods: Study Design: Case-control study matched by sex and age. The study was approved by IRB and carried out in three hospitals in Argentina.Participants between 18 and 55 years old from both genders, were evaluated by psychiatrists using the International Psychiatry Interview (MINI) to diagnose Mood Disorder (MD), and the Hamilton Depression Rating Scale (HADRS) to define active disease (AD), non-active disease (NAD) or healthy control (HC). The three monocyte subtypes were directly stained and analyzed in a drop of 100 uL of blood sample based on our validated monocyte cocktail including CD11b, HLA-DR, CD86, CD14 and CD16 expression by flow cytometry. To define normality Kolmogorov-Smirnov test was employed. A parametric T-test with Welch´s correction was employed for normal distribution and a non-parametric Mann Whitney test was used when comparing populations that do not pass the normality test.
Results: The sample characteristics were shown in Table 1. Patients with AD (Hamilton >7) (n: 37), patients with NAD (Hamilton <7) (n: 38), and HC (n: 39) were recruited. The percentage of classical monocytes decreased in AD vs NAD (p=0.04), both AD, and NAD have significantly lower levels of classical monocytes than HC (****p<0.001) (Image 1). The percentage of intermediate monocytes is higher in AD vs NAD (p=0.05), both AD, and NAD have significantly higher levels of intermediate monocytes than HC (****p<0.001) (Image 2). The percentage of non-classical monocytes is higher in AD vs NAD (p=0.05), both AD, and NAD have significantly higher levels of non-classical monocytes than HC (****p<0.001) (Image 3).

Table 1. General characteristics of the sample

n	Active disease 37	Non-active disease 38	Healty control 39
Age (SD)	42.95 (11.78)	42 (12.02)	40.67 (11.42)
Women (%)	76.3	64.9	76.9
BD I	15.8	54.1	0.0
BD II	26.3	5.4	0.0
BD (non specified)	0.0	2.7	0.0
MDD	57.9	37.8	0.0
HAM-D 17 items mean (SD)	14.13 (4.89)	3.11 (2.35)	0.49 (0.85)

Image:

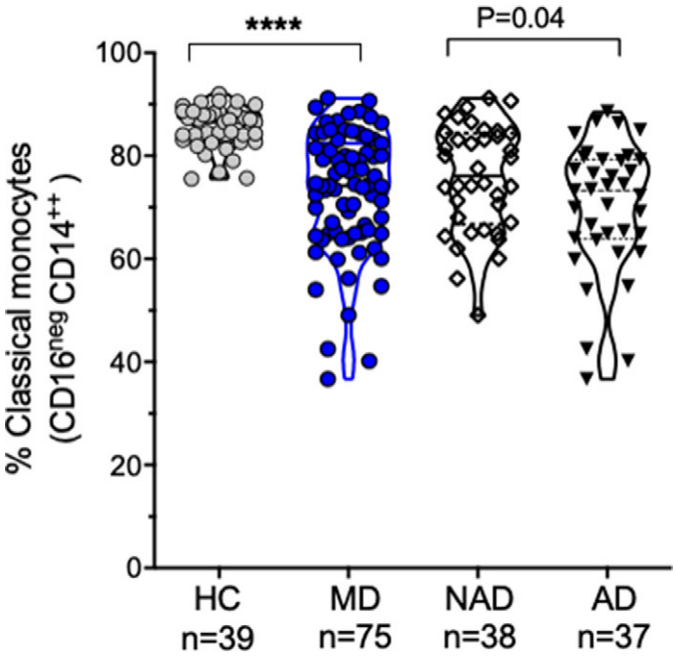


Image 2:

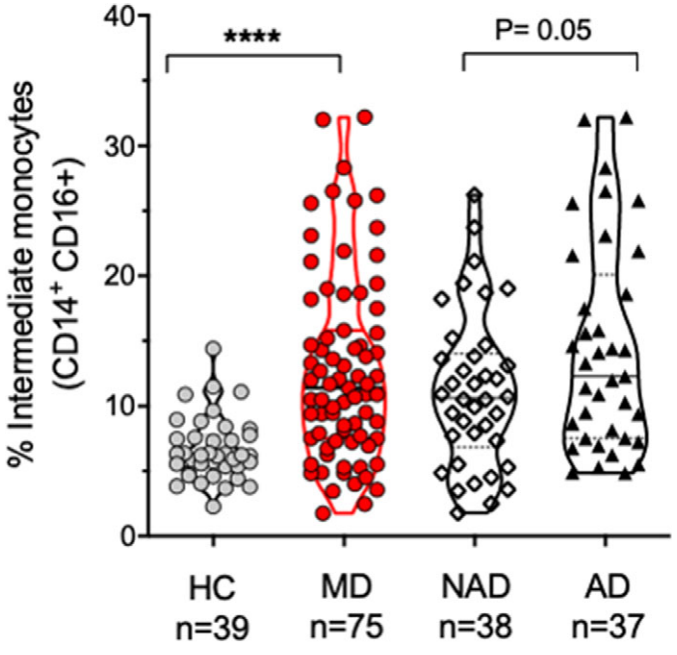
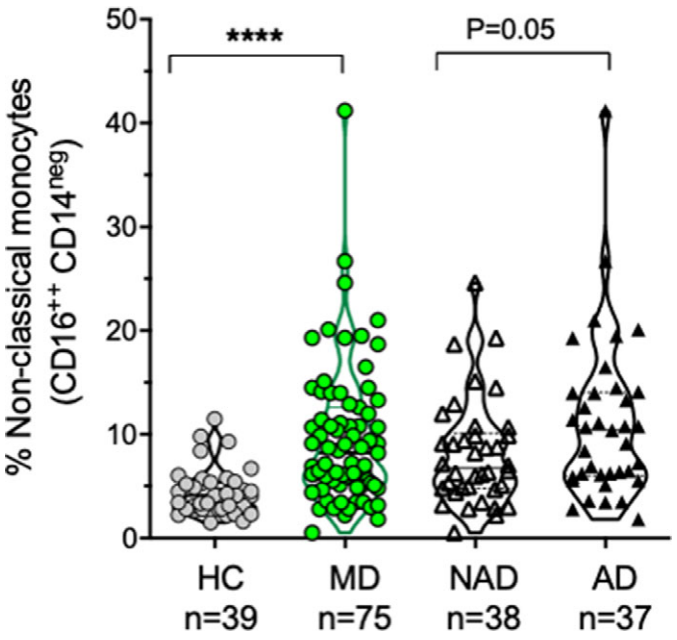


Image 3:



Conclusions: While comparing percentages of three different monocyte subsets, clear differences in their distribution among the control and patient groups were appreciated. After comparing the subset frequencies between active patients (AD) and patients who were in remission (NAD), significant differences among the subsets were found although without reaching values of the HC, indicating that even patients in remission show an activated monocyte profile.

Disclosure of Interest: None Declared

EPV0809

Psychiatric manifestations of Susac Syndrome: a case report

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Introduction: Susac Syndrome (SS) is an immune-mediated endotheliopathy that mainly affects young women. It is characterized by the typical triad: subacute encephalopathy, retinal vaso-occlusive disease, and hearing loss. Encephalopathy symptoms are varied and include memory loss, psychiatric disturbances, cranial nerve disorders, seizures, and dementia. The syndrome is considered a rare but important differential diagnosis in various neurological, psychiatric, ophthalmological, and ear-nose-throat disorders.

Objectives: Report a clinical case of SS to reflect on the relationship between psychiatric and neurological symptoms and on immune-mediated psychiatric symptoms.