

## EPV0305

**Synthetic cathinone ( $\alpha$ -pyrrolidinohexanophenone): an emerging threat.**

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**Introduction:** Alpha-pyrrolidinohexanophenone ( $\alpha$ -PHP) is a synthetic cathinone with uneven distribution throughout the world. Its use is not uniformly regulated and its distribution is legal in some European countries. Easily accessible and available through different websites. Synthetic cathinones inhibit monoamine transporters which include dopamine, norepinephrine, and serotonin, resulting in increased neurotransmitter synaptic concentration. Ways of administration show wide range regarding latency period. Onset and appearance of symptoms as well as their duration and intensity may fluctuate. A decreasing order of latency (oral, inhaled, sublingual and intravenous) has been reported.  $\alpha$ -PHP can result in the appearance of psychiatric symptoms, include among others, intoxication with sensory perception disturbances and  $\alpha$ -PHP-induced psychotic episodes.

**Objectives:** The aim of our study was to assess the epidemiology, clinical and legal features regarding Alpha-pyrrolidinohexanophenone ( $\alpha$ -PHP).

**Methods:** Review the current bibliography to upgrade the existing knowledge. -Present assorted cases with diverse clinical features. All cases include variability through psychopathological interview, symptoms assessment and treatment response according to rating scales (PANSS, YMRS). -Evaluate different treatment administration ways during acute phase and after hospital discharge.

**Results:** Differences were observed after hospitalization in the response using diverse rating scales. We used antipsychotics to treat intoxication with sensory perception disturbances and  $\alpha$ -PHP-induced psychotic episodes.  $\alpha$ -PHP had a negative impact on the quality of life of the patients.

**Conclusions:**  $\alpha$ -PHP is a synthetic cathinone with potential risk to mental health and life of users. It is mandatory to implement common legislation all through the European Union to prevent its use and possible implications on population's mental health.

**Disclosure:** No significant relationships.

**Keywords:** drugs;  $\alpha$ -pyrrolidinohexanophenone; dual disorders; Psychosis

## EPV0306

**Psychotic symptoms and Parkinson's Disease: Clinical and Therapeutic Aspects**

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**Introduction:** Parkinson's disease (PD), the second most common neurodegenerative disease after Alzheimer's disease, affects 1% of

the population after the age of 60. Motor symptoms are the most common features that may be associated with non-motor symptoms including psychotic symptoms.

**Objectives:** Faire le point sur les modalités de prise en charge des symptômes psychotiques au cours de la maladie de Parkinson

**Methods:** Nous décrivons 3 cas de développement de symptômes psychotiques, survenus chez des patients atteints de la maladie de Parkinson, et faisons le point sur la prise en charge des manifestations symptomatiques psychiatriques dans la maladie de Parkinson, par une brève revue de la littérature.

**Results:** Case 1: 42-year-old man, with 5 years' history of PD, presented with auditory hallucinations comorbid with paranoid personality disorder, which occurred 12 months following antiparkinsonian drugs use. Case 2: 58-year-old man, with 17 years' history of PD, presented jealousy delusions and behavioral disorders, which occurred 12 years following antiparkinsonian drugs use. Case 3: 76-year-old man, with 36 years' history of PD, presented visual hallucinations, subjective sensation of a presence and jealousy delusion, which occurred 26 years following antiparkinsonian drugs use.

**Conclusions:** Les symptômes psychotiques de la maladie de Parkinson sont fréquents. La prise en charge consiste à traiter les symptômes psychotiques sans aggraver les symptômes moteurs liés à l'hypo-dopaminergie.

**Disclosure:** No significant relationships.

**Keywords:** Psychosis; Therapeutic; Parkinson's disease,

## EPV0307

**Dopaminergic dysregulation syndrome associated with Othello's syndrome in a patient with Parkinson's disease: about a clinical case**

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**Introduction:** Parkinson's disease (PD) and its pharmacological treatment can be associated with a long list of neuropsychiatric complications.

**Objectives:** The aim of our case report is to investigate through a case analysis the possible association of dopaminergic dysregulation syndrome and Othello syndrome

**Methods:** we carried out a case analysis and a review of the literature by searching the PubMed database

**Results:** Case report We present the case of a 43-year-old man suffering from early PD since the age of 16, started on levodopa since the age of 19.

Since 2 years, the patient has resorted to a considerable increase in the doses of levodopa up to 2500 mg / day, the evolution was marked by the installation of disabling dyskinesias and by a change in his behavior and mood.

He was then hospitalized in psychiatry following aggressive behavior towards his wife. The admission examination found a patient who was motor unstable with an interpretative delirium of jealousy and persecution.

The diagnosis of Othello syndrome associated with SDD was retained.

Our therapeutic strategy has been to put the patient on quetiapine, reduce the doses of levodopa, add a dopamine agonist and involve psychoeducation of the patient and his family. Evolution has been marked by the reduction of delusions of jealousy.

**Conclusions:** This case reports a rare case of delirium of jealousy induced by the misuse of dopaminergic drugs in a patient with PD in its early form. These complications can have catastrophic consequences for the patient. Researching and recognizing these psychiatric manifestations should help avoid devastating consequences.

**Disclosure:** No significant relationships.

**Keywords:** Dopaminergic dysregulation syndrome; Parkinson; Othello syndrome

### EPV0308

#### A case of dissociative identity disorder and attention deficit hyperactivity disorder comorbidity

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**Introduction:** Dissociative identity disorder(DID) is characterized by the existence of two or more distinct identities which involve changes in consciousness, emotion, memory, and behavior. It is associated with childhood traumatic experiences and other psychiatric disorders. Comorbidity in DID can lead to complex clinical presentations, poor treatment responses. Thus, it is crucial to identify patients with comorbidity and take them into the treatment plan.

**Objectives:** We aim to report a case of DID and Attention-Deficit/Hyperactivity Disorder(ADHD) comorbidity.

**Methods:** A case report is presented alongside a review of the relevant literature regarding “dissociative identity disorder” and “attention deficit hyperactivity disorder”.

**Results:** We describe the case of a 39-year-old woman with DID, onset at age 25, who had consistently responded poorly to long-term psychotherapy and pharmacological treatment. She presented with anxiety, distinct personality states, alterations in memory, consciousness and behavior problems in functioning, and high Dissociative Experiences Scale(DES) scores. Throughout the interviews, we noticed that she had limited attention, excess movements. After a detailed evaluation, diagnosis of ADHD is established, using the Diagnostic Interview for ADHD(DIVA) and ADHD Self-Reporting Scale(ASRS). Methylphenidate was prescribed in addition to previous medication. Improvement in the severity of both ADHD and DID symptoms was presented with lower scores in DES and ASRS after the introduction of methylphenidate with progressive dose adjusting till 60mg/day.

**Conclusions:** Although previous studies demonstrated ADHD symptoms are related to dissociation, there is no well-established strategy for this. We believe that this case report provides a better approach to the comorbidity of ADHD and DID.

**Disclosure:** No significant relationships.

**Keywords:** disorder comorbidity; Dissociative Identity disorder; Attention Deficit Hyperactivity Disorder; methylphenidate

### EPV0310

#### Dual Diagnosis, Double Trouble

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**Introduction:** Many individuals with severe mental illness (SMI) have substance use disorder comorbidity. Dual diagnosis makes the approach and management of these patients even more challenging since the lack of improvement in either pathologies can lead to a deterioration of both.

**Objectives:** To illustrate, through the presentation of two cases, the clinical challenges in managing a patient with dual diagnosis

**Methods:** Clinical case presentation through retrospective review of clinical notes and non-systematic literature review on this topic

**Results:** We present the clinical cases of two women diagnosed with Bipolar Disorder and (poly)Substance Use Disorder since adolescence, who have a history of multiple hospitalizations due to mostly manifold symptoms. The complexity of case management is evident, both at the pharmacological level and in psychosocial intervention. This is aggravated by the difficulty in maintaining adherence to the therapeutic project and frequent relapses.

**Conclusions:** Current evidence points to the beneficial effect of a combined pharmacological and psychosocial approach, which must be comprehensive, individualized and require differentiation at various levels that are difficult to achieve and make the treatment of these situations an even greater challenge.

Using illustrative examples, this review draws attention to the practical difficulties in managing situations where substance use is associated with SMI.

**Disclosure:** No significant relationships.

**Keywords:** substance abuse; comorbidity; dual diagnosis

### EPV0311

#### Neuroimaging Correlates of Post-Traumatic Stress Disorder in Traumatic Brain Injury: A Systematic Review of the Literature

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**Introduction:** Neuroimaging has been a highly utilized technique for studying traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) independently of one another, however, neuroimaging has increasingly been identified as a useful tool in better understanding TBI-related psychiatric conditions, such as PTSD.

**Objectives:** To complete a systematic review of the literature examining neuroimaging findings in TBI-related PTSD and to highlight the current literature’s limitations in order to strengthen future research.