

EPV0130

Lithium toxicity. A case report

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Introduction: Lithium is widely used in the treatment of the bipolar disorder. Once introduced, it is necessary to carry out an adequate control of the therapeutic range, since it is potentially toxic, and can affect various organs.

Objectives: To present the case of a patient suffering from lithium poisoning and to review the symptoms of lithium poisoning.

Methods: A descriptive study of a clinical case and review of the literature

Results: 49-year-old woman, married. Diagnosed with bipolar disorder. She went to the emergency room due to a low level of consciousness, kidney failure, trembling of the limbs, hyperthermia and leukocytosis. In the last two weeks, the patient has reduced her intake of food, not water, finding herself more and more shaky and less reactive. Lithium in blood at admission 1.71, so conventional dialysis was performed with a progressive decrease into 0.65. On examination, he is practically mutist, bradypsychia with a significant response latency. Clinical judgment: Accidental lithium poisoning.

Conclusions: The primary site of toxicity is the central nervous system and clinical manifestations vary from asymptomatic supratherapeutic drug concentrations to clinical toxicity such as confusion, ataxia, or seizures. Severe lithium neurotoxicity occurs almost exclusively in the context of chronic therapeutic administration of lithium and rarely results from acute ingestion of lithium, even in patients currently taking lithium. As such it is an iatrogenic illness, occurring in patients who have identifiable clinical risk factors: nephrogenic diabetes insipidus, older age, abnormal thyroid function and impaired renal function.

Disclosure: No significant relationships.

Keywords: lithium toxicity; bipolar disorder; lithium

EPV0131

Psychiatric comorbidity in a patient with opsoclonus-myoclonus syndrome. differences in the transition from childhood to adulthood: A case report

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Introduction: Opsoclonus-Myoclonus syndrome (OMS), also known as Kinsbourne syndrome, is a paraneoplastic pediatric

condition characterized by erratic eye movements and generalized myoclonus. Previous studies have described a wide range of psychiatric comorbidities in children with this syndrome. Cognitive impairment (especially intellectual capacity and language), affective symptoms (irritability, poor mood regulation) and behavioral problems are the most frequent presentations (1). However, there is a lack of literature describing the progression of this symptoms when the patient reaches the adulthood.

Objectives: To illustrate the psychiatric comorbidity of an adult patient with Opsoclonus-Myoclonus syndrome.

Methods: We present one case-report and literature research of the topic.

Results: We present a 18 year old girl diagnosed with OMS and Graves-Basedow hyperthyroidism. During her childhood she started presenting attention and comprehension difficulties. She was diagnosed with an Attention Deficit Hyperactivity Disorder (ADHD) and started treatment with methylphenidate. She completed elementary and secondary education. During the adulthood, the main psychiatric comorbidity was related to affective symptoms. We observed an impaired mood regulation, hypothymia, anhedonia, and frequent episodes of irritability, which persisted after the thyroid regulation. This caused incremented anxious symptoms and insomnia that were treated with mirtazapine and lormetazepam. After some weeks, she fulfilled criteria of a depressive episode and we started antidepressant treatment with vortioxetine.

Conclusions: - Adult patients diagnosed with OMS during childhood can persist presenting ADHD as a comorbidity. - Affective symptoms, and even a major depressive episode, should be considered during the follow-up of this population. Insight of the cognitive limitations could be a risk factor for a depression.

Disclosure: No significant relationships.

Keywords: neurology; Affective disorders; ADHD

EPV0132

How to deal with refractory risk factors that depend on behavior?

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Introduction: Health-related behavior correlates in critical ways with the current epidemic of chronic diseases. Modifiable behaviors increase the risk of chronic disease. Despite there are well-identified behaviors, efforts at behavior change are clinically-challenging and frequently ineffective.

Objectives: We aim to establish how the current evidence and latest neuroscientific knowledge about behavioral change allow the most reliable assessment of patients with refractory health-related behaviors that negatively impact health outcomes.

Methods: We performed a literature review using Pubmed databases and UpToDate. The search included “behavioral change” and “health-related behavioral change” [MeSH Terms].

Results: Habitual behavior consists of behavioral patterns operating below conscious awareness and acquired through context-dependent repetition. Behavioral change is a complex multi-level

field of intervention. The Health Belief Model allows a careful description of the patient's perceived vulnerability, perceived disease severity, self-efficacy, and change motivation. The identification of social variables is critical since they correlated with poor health outcomes, particularly in chronic diseases. Temperament and character traits can have a strong influence on the difficulty of changing habitual behavior. Psychopathology, if present, must be addressed because it can be a notable factor of behavior instability and correlates negatively to health outcomes. Assertive and efficient communication skills in the clinical context are imperative. Motivational interviewing skills can allow effective behavioral change.

Conclusions: Interventions addressing behavior change require careful, thoughtful work that leads to a deep understanding of the nature of what motivates people. Intervention based strategies focused on behavioral change must undergo further investigation in the future.

Disclosure: No significant relationships.

Keywords: behavioral change; behavior; habitual behavior

EPV0133

Medical consultations for the patients with severe mental illness: An evaluation in psychiatry inpatient service

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Introduction: Patients with severe mental illness die 10-20 younger from general population. In addition to suicide, preventable physical diseases cause most deaths. The mental illness itself and stigma keep the patients from adequate treatment for physical illnesses.

Objectives: We aimed to investigate medical consultations for inpatients with severe mental illness.

Methods: We retrospectively evaluated medical records of patients diagnosed by schizophrenia, schizoaffective disorders, bipolar disorder, and depression between 1st February 2018 and 30th January 2020. We excluded routine consultations before electroconvulsive treatment. Local ethics committee approved the study.

Results: Among total 475 consultations, %41.3 (n=196) was for male, and %58.7 (n=279) was for female patients. Mean age and standard deviation were 48.9 ± 13.9 for male, and 50.1 ± 13.7 for female ($p > 0.05$). Comparing sexes in terms of primary psychiatric diagnoses, the higher proportion was psychotic disorders for male, and for female it was mood disorders ($p < 0.05$). The most consulted departments with percentage and number were: internal medicine %44.0 (n=209), neurology and neurosurgery %15.2 (n=72), physical medicine and rehabilitation %8.2 (n=39), dermatology %7.8 (n=37), cardiology %6.7 (n=32). We compared the proportions of consulted department between male and female. Male patients were consulted to dermatology more than female, and female patient were consulted to gynecology or urology more than male ($p < 0.05$).

Conclusions: Awareness about physical diseases in patients with severe mental illness between healthcare workers, carries the potential to increase the patients' quality of life and lifespan. For future interventions the focus should involve healthcare worker in internal medicine and neurology, as well as in psychiatry.

Disclosure: No significant relationships.

Keywords: medical comorbidity; psychiatry inpatient service; Severe mental illness

EPV0134

Breast cancer and post-traumatic growth: A systematic review study

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Introduction: Breast cancer is a serious threat to people's health. In addition to negative psychological disorders including depression, anxiety, and post-traumatic stress symptoms, positive changes such as post-traumatic growth (PTG) can be experienced.

Objectives: The aim of this systematic review was to determine the variables related to PTG in people with breast cancer.

Methods: We searched five database (SCOPUS, Cochrane, Medline, Science Direct, and Pubmed) starting from 1990, by guidance of PRISMA criteria, using the keywords "breast cancer", "post traumatic growth", "stress related growth", and "benefit finding".

Results: There were conflicting findings regarding the relationship between PTG and following variables: sociodemographic variables such as age, education level, marital status, disease-related variables such as cancer stage, time since diagnosis, type of treatment. We observed that these variables may have a low effect on PTG. In addition, personality characteristics such as optimism, spirituality, and hope were found to be associated with PTG. Functional or problem-focused coping such as positive restructuring, acceptance, and religious coping, and ruminative thoughts predict PTG as a part of cognitive processing. Besides, social support has an important role in experiencing PTG.

Conclusions: Psychosocial interventions for cancer patients are increasing day by day, but the scarcity of interventions which aims increase PTG is noteworthy. With this review, we recommend developing intervention programs that include functional coping strategies such as stress management, social skills training, cognitive techniques focused on ruminative thoughts, and positive restructuring.

Disclosure: No significant relationships.

Keywords: post-traumatic growth; personality characteristics; breast cancer; coping

EPV0135

When years of many different diagnosis may turn into one – a case of munchausen syndrome

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Introduction: The term Munchausen syndrome was first used in 1951 after Baron von Münchhausen, a German nobleman known