

and right frontotemporal epileptic-like features while the patient was free of clinical seizures. Carbamazepine was initiated and titrated up to 1200mg daily leading to the full remission of the initial clinical symptoms along with the EEG findings' improvement. The patient remained stable with his functionality at its utmost recovery during the two-years follow-up evaluations.

Conclusions: TBI induced epilepsy might be under-diagnosed in the absence of clinical seizures leading to the mistreatment of the associated psychiatric disorders that could be the only clinical presentation of the underlying pathology.

Disclosure: No significant relationships.

Keywords: epilepsy; TBI; carbamazepine; affective disorders

EPV0245

Characterization of neuropsychiatric symptoms in a group of individuals with manifest or pre-motor Huntington's disease in Medellín, Colombia.

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doi: 10.1192/j.eurpsy.2022.1148

Introduction: Huntington's disease (HD) is a rare (1-9/100 000), inherited disease characterized by an elongated CAG repeat on chromosome 4p, leading to a degeneration of neurons. Also, psychiatric symptoms are very common in the early stage and may appear before motor symptoms.

Objectives: To characterize neuropsychiatric symptoms in a group of individuals with manifest or pre-motor Huntington's disease in Medellín, Colombia.

Methods: Data obtained from clinical records of individuals with HD (motor-manifest or pre-motor with triplets count) evaluated for ENROLL-HD project in the Group of Neuroscience of Antioquia. We explored variables related to substances abuse, neuropsychiatric symptoms, the respective age of onset, sex, and triplet count when available.

Results: Twenty-six (53%) were women, 8% had a familiar history of psychotic illness in a first-degree relative and 88% presented motor symptoms. Also, 59% had a history of depression, 53% irritability, 57% aggressiveness, 34% apathy, 29% perseverative/obsessive behavior, 14% psychosis, and 30% mild cognitive impairment. Ten individuals (20%) had motor without neuropsychiatric symptoms. Also, thirty-seven individuals (76%) presented motor and neuropsychiatric symptoms; of these, 41% had neuropsychiatric symptoms before motor symptoms. No psychiatric symptoms were associated with the use of alcohol, cigarettes, or drugs of abuse.

Conclusions: Neuropsychiatric symptoms are highly prevalent among individuals with HD and studies oriented to create relevant knowledge for the development of advice oriented to people with this disease are necessary.

Disclosure: No significant relationships.

Keywords: Huntington's disease; Motor symptoms; Neuropsychiatric symptoms; Chorea

EPV0246

Wernicke Encephalopathy: A case report.

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doi: 10.1192/j.eurpsy.2022.1149

Introduction: We report a case of a 56-year old woman with a history of depressive disorder between 2012 and 2017 achieving full remission after treatment with antidepressants and anxiolytics. In the year 2021 was presented to the emergency department manifesting alteration of behavioral patterns, ataxia, mental confusion and horizontal nystagmus. A chronic alcohol abuse was also discovered while interviewing. She also exhibited low mood, anterograde amnesia and confabulations that improved rapidly after following treatment with thiamine.

Objectives: Reviewing clinical manifestations and treatment of Wernicke encephalopathy and the development of Korsakoff syndrome.

Methods: We systematically reviewed articles using PubMed.

Results: Wernicke encephalopathy is a well-known complication of thiamine deficiency, mostly associated with alcohol use disorder. Classically, the syndrome comprises changes in mental status, gait ataxia and ophthalmoplegia. However, the full triad has been described in only 10-17 % of cases, which in our the case is report. After the diagnosis was established and was treated with thiamine, a rapid improvement in the patient's clinical status was observed. Cognitive impairment was later identified, taking into account the possibility of a Korsakoff syndrome characterized by irreversible brain damage and subsequent loss of anterograde memory. In our patient, this specific diagnosis was dismissed due to the clinical improvement after thiamine treatment.

Conclusions: It is relevant to emphasize the importance of a precise diagnosis and treatment of patients with Wernicke Encephalopathy to avoid the development of a Korsakoff syndrome.

Disclosure: No significant relationships.

Keywords: Wernicke; Korsakoff; alcohol; thiamine

EPV0247

Behavioural Variant of Frontotemporal Dementia or Mood Disorder?

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doi: 10.1192/j.eurpsy.2022.1150

Introduction: The behavioural variant of frontotemporal dementia (bvFTD) is a devastating neurodegenerative syndrome with its peak in the early sixties at about 13 per 100,00. The diagnosis of bvFTD relies on clinical assessment as patients present executive and behavioural deficits, like apathy, loss of motivation and personality changes. Current diagnosis criteria lack specificity and symptomatic overlap between bvFTD and primary psychiatric disorders

(PPD) pose a diagnostic conundrum, with half of bvFTD patients previously receiving a psychiatric diagnosis.

Objectives: The goal is to discuss the symptomatic overlap of these two entities.

Methods: Brief non-systematic literature review on the topic, illustrated by a case-report presentation.

Results: A 69 year old men, retired and single, is committed for thought and behavior disorganization and insomnia. He presented expansive mood but also temporal and spatial disorientation and periods of incongruous speech. This patient's clinical presentation could both entice a diagnosis of bvFTD but also of an affective disorder, especially since it has been reported that neuropsychiatric presentations, like late-onset psychosis or mania, can be the initial presentation of this form of dementia, particularly in patients with C9orf72 mutations, who often display persecutory or grandiosity delusions.

Conclusions: This clinical case exemplifies the difficulty that lies in differentiating cases of bvFTD from late-onset idiopathic mood or psychotic disorders. It is important to consider that on cognitive assessment patients with bvFTD score significantly worse on executive function tests than PPD patients. No disease-modifying therapies are available for patients with bvFTD, therefore drug treatment should focus on the most disruptive or taggable behaviours.

Disclosure: No significant relationships.

Keywords: Dementia; bipolar disorder

EPV0248

Psychopathology after epilepsy surgery: a retrospective study

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doi: 10.1192/j.eurpsy.2022.1151

Introduction: In patients submitted to refractory epilepsy surgery, psychiatric comorbidity is high (affecting 1 in every 3 patients), with descriptions of improvement, worsening and emergence of *de novo* psychopathology.

Objectives: Identifying the prevalence of psychopathology and associated risk factors in a group of patients submitted to refractory epilepsy surgery.

Methods: Retrospective observational study. Non systematic literature review.

Results: We observed 42 patients, 45.2% female and 54.8% male, with an average age of 46.5 years (SD±11.6). The average age of presentation of epilepsy was 18.8 years (SD±12.7), 97.6% with temporal lobe epilepsy and 2.4% with parietal lobe epilepsy, 50% in each hemisphere. 19% had surgical complications and 40.5% had post-surgical recurrence of crisis. 45.2% presented with pre-surgical psychopathology (33.3% affective disorders, 16.7% anxiety disorders, 2.4% psychotic disorders, 2.4% neurodevelopmental disorders and 2.4% substance use disorders). Post-surgically, 50% improved, 20.8% maintained and 29.2% worsened their psychopathology and 21.4% had *de novo* psychopathology. We didn't find associations between the analyzed variables and the worsening or appearance of *de novo* psychopathology.

Conclusions: The worsening or appearance of *de novo* psychopathology is a well known phenomenon in patients submitted to refractory epilepsy surgery. In our sample there were cases of improvement, maintenance, worsening and emergence of *de novo* psychopathology, however we weren't able to identify the factors associated with these different outcomes. Our study was retrospective and had a small sample, as limitations. Further, better-designed studies are necessary to identify risk factors for psychiatric disorders, allowing their effective prevention and treatment.

Disclosure: No significant relationships.

Keywords: Psychopathology; epilepsy surgery; epilepsy

EPV0249

Drug-drug interactions and clinical considerations with co-administration of antiretrovirals and psychotropic drugs

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doi: 10.1192/j.eurpsy.2022.1152

Introduction: Psychotropic medications are frequently co-prescribed with antiretroviral therapy (ART). Hepatic metabolism both of AP and ART involves the cytochrome P450 enzyme system, potentially leading to a multitude of pharmacokinetic (PK) interactions and serious adverse side effects. The magnitude and clinical impact of PK-interactions can vary significantly.

Objectives: The scope of this review is to summarize the currently available data regarding drug-drug interactions (DDI) between AP and ART, and to provide recommendations for their management.

Methods: A formal search of Embase, Cochrane and Medline was performed, searching for human studies from inception till 2017 on PK-interactions between AP and ART and reporting clinical toxicity as outcomes. Authors also provide their expertise on magnitude and clinical relevance of DDI using PK interaction chart.

Results: Ten case reports including total of 13 patient were analyzed, comprising following AP: aripiprazole (N=2), risperidone (N=4), quetiapine (N=3) and lurasidone (N=1) in combination with various ART regimens. Significant PK-interactions were to occur in cases when aripiprazole was combined with ritonavir and/or cobicistat or efavirenz and/or darunavir; risperidone with indinavir of ritonavir; quetiapine with ritonavir and atazanavir/ritonavir; lurasidone with atazanavir. Adverse events occurred in combinations of aripiprazole with ritonavir/darunavir, risperidone with ritonavir or indinavir, quetiapine with atazanavir and lurasidone with atazanavir.

Conclusions: Psychotropics and antiretrovirals may be used safely, particularly when known DDIs are proactively managed. Clinicians should be aware of the pharmacokinetic and pharmacodynamic properties of these agents to best direct therapy and to provide optimal patient care

Disclosure: No significant relationships.

Keywords: HIV; psychotropic drugs; Side effects; Drug-drug interactions