EPV0290

A Case Study of Psychogenic Non-Epileptic Seizures in a patient with Dependent Personality Disorder.

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Introduction: Psychogenic Nonepileptic Seizures (PNES) refer to the dissociative condition which resembles seizures but does not involve epileptic synchronous cortical activity (Huff, 2021). 20% of people visiting epilepsy clinics have PNES (Huff, 2021). Depression, anxiety, and personality disorders predispose towards PNES (Ekanayake, 2018).
Objectives: To present a case of PNES in a patient with dependent personality disorder (DPD) and to discuss the sociocultural aspects.
Methods: A case study.
Results: A 23-years old, married female presented with 20 days history of episodes of 'falling down, rolling on ground, and involuntary movements of her head.' The episodes typically lasted from 20-25 minutes. During the episodes, patient closed her eyes but remained conscious and expressed her distress with gestures, and tearfulness was also observed. Her condition improved when she was offered water. The clinical picture of these episodes evolved with time. Her EEG and serum prolactin levels following the episodes were normal. Accordingly, a diagnosis of PNES was made. No acute stressor was present. The patient also fulfilled the criteria of Dependent Personality Disorder (DPD) (American Psychiatric Association, 2013). During communication with the patient, it appeared that the patient and her attendants perceived the train of questioning as investigational rather than therapeutic. Efforts were made towards a more empathetic understanding of their point of view, and the tailoring of long-term management in accordance with their sociocultural context.
Conclusions: The socio-cultural context is important in the management of PNES and a sensitive, and collaborative approach is recommended. Assessment of personality should be considered in patients presenting with PNES.

Disclosure: No significant relationships.
Keywords: Case study; Psychogenic Nonepileptic Seizures; Dependent Personality Disorder

EPV0289

Electroconvulsive therapy (ECT) in the management of a bipolar disorder with comorbid OCD: a case report and review of the literature

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Introduction: Numerous clinical and epidemiological studies show an increased prevalence of anxiety disorders, including obsessive-compulsive disorder, in subjects followed for bipolar disorder. This comorbidity is not without consequence on the evolutionary course of the mood disorder, with frequent relapse, a lower pharmacological sensitivity and an increased risk of suicide.
Objectives: We aim to analyze through a clinical observation and according to the data of the literature the place of ECT in the management of a bipolar disorder with comorbid OCD.
Methods: In this work, we reported a case of a patient in which depressive episodes of bipolar disorder and OCD comorbidity were present and the symptoms were resolved using ECT.
Results: Mrs. TN with family history of suicide had experienced her first depressive episode in 2005 in post-partum, when she had 31 years old. The diagnosis of bipolar disorder II with comorbid OCD was retained after she has had several depressive relapses with few hypomanic ones and reported obsessive suicidal ideation with many religious compulsions. Despite several pharmacotherapeutic combinations (Teralithe, Olanzapine and Venlafaxine) a remission of the symptoms could only be obtained after 15 sessions of ECT that she has had in 2017.
Conclusions: ECT can be a very good substitute for the treatment of mood disorders with comorbid OCD resistant to pharmacotherapy.

Disclosure: No significant relationships.
Keywords: bipolar disorder; ECT; OCD; comorbidity

EPV0290

Comorbid Opioid Use Disorder in Body Dysmorphic Disorder

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Introduction: Body Dysmorphic Disorder (BDD) is a severe and common disorder that consists of distressing or impairing preoccupation with nonexistent or slight flaws in one's physical appearance. People with BDD typically describe themselves as looking ugly, unattractive, deformed, or abnormal, whereas in reality they look normal or even very attractive.
Objectives: Case Study
Methods: Case Study
Results: Mr. X is a 31 year-old male with history of Opiate (heroin, oxycodone) use disorder currently on maintenance (Buprenorphine-Naloxone) treatment. On admission, urine toxicology was positive for opiates and other drugs.CIWA score was 11. He was started on Lorazepam taper, Mirtazapine, Fluoxetine, and was started on Suboxone soon after. His cravings decreased and he was admitted for Rehab. He reports that anxiety associated with his "body image" related to ears, shape of head, eyebrows since he was in high school which made him "feel uncomfortable" going to school and concentrating in his classes. His coping mechanism was covering his head with hats, shaving eyebrows, substance use, and receiving an otoplasty.
Conclusions: According to Houchins et al (2019), alcohol is the predominant substance used in BDD. It is interesting to note that only 6% of BDD patients had Opioid Use Disorder, but as this case

demonstrates, can be a debilitating comorbidity that raises the risk for suicidality or hospitalization. However, little research has been done on the treatment of OUDs in patients with BDD or on the treatment of BDD in patients with an SUD, and this is an area of research that could benefit the modern population greatly.

Disclosure: No significant relationships.
Keywords: opioid; Opioid Use Disorder; Body Dysmorphic Disorder

EPV0293

Sleep Disorders and Dual Disorders

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Introduction: While it is well known that there is an interaction between sleep disorders and substance abuse, it is certainly more complex than was previously thought. The effects on sleep depend on the substance used, but it has been shown that both during use and in withdrawal periods consumers have various sleep problems, and basically more fragmented sleep. We know that sleep problems must be taken into account to prevent addiction relapses.
Objectives: To explain the different sleep disorders caused by substances such as alcohol and cannabis
Methods: As an example of this, two cases are introduced: the first one, a 17-year-old boy, who is diagnosed with ADHD with daily cannabis use since the age of 14. As a result of reducing consumption, he presents an episode of sleep paralysis that he had not previously had. The second one is a 50-year-old man diagnosed with a personality disorder and with dependence on cannabis and alcohol for years. He currently has abstinence from alcohol for months and maintains daily cannabis use. However, he has long-standing sleep pattern disturbances and frequent depersonalization phenomena at night.
Results: Alcohol at low doses has no clear effects on sleep architecture. At higher doses it decreases sleep latency, as well as awakenings. In chronic alcoholic patients, a decrease in deep slow sleep, and more fragmented sleep have been found. Cannabis withdrawal reduces sleep quality, increases latency, and produces strange dreams.
Conclusions: There is a positive relationship both between having a substance use disorder and suffering from a sleep disorder.

Disclosure: No significant relationships.
Keywords: Cannabis; dual disorder; alcohol; sleeping disorders

EPV0294

Comorbility symptoms in AHDH adult patients

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Introduction: Adults may continue suffering AHDH symptoms after this condition is recognized and typified in children. Different works provide evidence that adults have an even more complicated variety of psychiatric disorders than children, as an increased risk of problems stemming from substance abuse, depression, anxiety, increased risk of traffic accidents, and also sexual transmission diseases.
Objectives: There was known that adults could continue suffering symptoms derived from his infantile ADHD. We wonder if the majority of the young males derived to our consultation present compatible symptoms with adult ADHD. This condition promotes the onset of substance use and may lead to latent psychosis onset.
Methods: We analyzed 39 patients derived by suspicion of psychiatric pathology, aged between 17 and 35. They stem to clinical psychology for study of features of personality (Million Questionnaire). Another questionnaire was used also autoapplied for sifted of the ADHD in adults (ASRS_V1:1). According to the criteria DSM-IV TR, the patient had moderate symptoms of ADHD if it was fulfilling 6 or more diagnostic criteria according to their answers in the screening questionnaire.
Results: The results supported the existence of impulsivity, aggression, irritability, problems with compliance and substance abuse.
Conclusions: ADHD is not only a problem of distractibility or worry, but a deeper and extensive alteration caused by the deterioration of a set of cerebral activities. An early treatment in the childhood could prevent devastating consequences for their development, since they include the majority of the functional areas of the patient and it impedes their later social and labor adjustment.

Disclosure: No significant relationships.
Keywords: ADULT PATIENTS; COMORBILITY; adhd; Psychosis

EPV0295

Adult attention-deficit/hyperactivity disorder and bipolar disorder: diagnostic and management challenges

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) and bipolar disorder (BD) are neurodevelopmental disorders that commonly persist into adulthood. ADHD in adults can resemble, and often co-occurs with, bipolar disorder (BD), which might lead to diagnostic errors, ineffective treatment and potentially serious adverse consequences.
Objectives: To review on the overlaps and differences in the psychopathology of the two entities and particularities of the management when they occur comorbidely.
Methods: The Medline database through the Pubmed search engine was used with the following keywords: “adhd” and “bipolar disorder”.
Results: ADHD has an estimated prevalence of 10-30% in adults with BD. Despite the symptomatic similarities, there are some important differences. In the ADHD/BD comorbidity, symptoms like attention-deficit, distractibility, irritability, impulsiveness and