500 mg/day were initiated. He was also diagnosed with a M. kansasii lung infection, with radiological findings of past tuberculosis disease. Before the microbiological confirmation, it was necessary to start rifampicin, requiring an increase in doses of both psychotropic drugs. Review: (1)Comorbidity of mycobacterial infections and schizophrenia. Several studies have shown that people with severe mental illness have higher rates of tuberculosis compared with the general population. Although the relationship between tuberculosis and M. Kansasii infection is known, few literature is available with regard to the association of M. Kansasii and schizophrenia. (2) Interactions between antipsychotics and mood stabilizers with rifampicin. Rifampicin is mainly metabolized by CYP3A4 and transported by P-glycoprotein. Add-on with rifampicin have been reported to reduce clozapine and olanzapine plasma levels (despite both are metabolized by CYP1A2), reduce haloperidol and risperidone levels (possible role of P-glycoprotein in this interaction), as well as for valproate.
Conclusions: Treatment of comorbid infections in people with schizophrenia remains a challenge. Antibiotics used to treat mycobacterial infections can modify the pharmacokinetic of psychotropic drugs.

Disclosure: No significant relationships.
Keywords: schizophrénia; Mycobacterium; infection; therapeutic drug monitoring

EPV0127

Dissociative disorder following preeclampsia: A case report

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Introduction: Preeclampsia is a new-onset hypertension with new-onset proteinuria after 20 weeks gestation. Scarce evidence regarding psychiatric effects of preeclampsia is available.
Objectives: To describe a case of a pregnant 24 year-old patient with a premature cesarean section in context of severe preeclampsia and dissociative symptoms.
Methods: Patient referred to a third-level hospital for cesarean section due to a severe preeclampsia at week 32, in whom magnesium sulfate, labetalol perfusion and betamethasone are started. In the puerperium period only labetalol up to 300 mg/6h is maintained.
Results: Due to the appearance of pulsating headache and photophobia, a computerized tomography is conducted, showing bilateral insular and occipital hypodensity related to vasogenic edema. High blood pressure is maintained (177/121 mmHg) despite antihypertensive treatment. A magnetic resonance imaging and an ophthalmologic exam do not show significant abnormalities and blood pressure is stabilized with treatment. However, the patient refers new-onset auditory imperative hallucinations and suicide thoughts, being referred to our Acute Psychiatric Ward for clinical assessment and intervention. Treatment with risperidone 2 mg is started. The day after her admission, she does not refer psychotic symptoms, explaining depersonalization symptoms in the previous 5 days, seeing herself having to choose a knife to commit suicide. After discharge, she maintains reiterative dreams in which she falls down from a building, not presenting dissociative symptoms during the day.
Conclusions: Further evidence regarding psychiatric effects of preeclampsia is needed in order to study the consequences of edema and pharmacological treatment. Blood pressure and psychiatric symptoms monitoring after preeclampsia should also be considered.

Disclosure: No significant relationships.
Keywords: preeclampsia; Perinatal Mental Health; dissociative disorder; hypertension

EPV0129

Toothache

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Introduction: Mental retardation (RM) is defined as by a deficient intellectual capacity as well as by alterations of the adaptive capacity that are externalized in two or more functional areas (Personal autonomy, Communication, Orientation in the environment, Work and Free time).
Objectives: Present a patient with a severe behavioural disturbance with an associated intellectual deficit, who remained hospitalized for 2 months and after observing an oral alteration her symptoms improved.
Methods: A descriptive study of a clinical case
Results: 54-year-old woman, single. You have a moderate intellectual disability. In January 2019, she began mental health consultations with a diagnosis of adjustment disorder, on treatment with aripiprazole 5 mg/day, mirtazapine 15 mg/day, lorazepam 0.5 mg/day and dipotassium clorazepate 10 mg/day. Went to the emergency room with mutism, hyporesponsiveness and refuse to intake, having lost 25 kg in 6 months. Abdominal and thoracic CT and upper gastrointestinal endoscopy without significant findings. Consultation with otorhinolaryngology, dermatology, traumatology without significant findings. Odontostomatology consultation: Deep cavities are observed, so it is necessary to carry out extractions of the pieces in poor condition. After this intervention, the patient returns to accept oral intake.
Conclusions: People with intellectual disabilities have a wide range of medical problems that in many cases are directly associated with the underlying disease or syndrome and, in others, with poor physical health due to problems in basic self-care skills or the ability to express verbally. Usually, the first manifestation of pain is an alteration in behaviour, which must be taken into account when making a differential diagnosis.

Disclosure: No significant relationships.
Keywords: mental disability; mental retardation