

Methods: Data analysis was conducted using Mayring qualitative content analysis as well as an additional quantitative survey with state refugee reception centers' employees.

Results: The results indicate that refuKey facilitated the access to mental health care for refugees in terms of systematic identification of mental disorders, eased transitions and increased networking between the mental health care institutions and sectors. Planning and implementation of treatment is described as being more coordinated, solution oriented and sustainable due to multiprofessional collaboration and regular use of qualified interpreters. Reduced distress as well as increased transcultural expertise was found for professionals.

Conclusions: The persisting barriers for refugees in access to mental health care, especially to psychotherapeutic treatment and the emotional burden for professionals underlines the need for further support and research. The experts highly endorse the continuance of refuKey. Furthermore, they call for expansion of the project in terms of staff and new sites and changes of health policies to guarantee the access to adequate health care for traumatized refugees.

Disclosure: No significant relationships.

Keywords: Refugee; stepped-care; cooperation centers; mental health care

Neuroimaging

EPV0890

Bipolar disorder and grey matter heterotopia : a case report

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Introduction: The grey matter heterotopias are a relatively common group of conditions characterized by interruption of normal neuronal migration from near the ventricle to the cortex. Subependymal grey matter heterotopia, also known as periventricular heterotopia, is the most common form.

Objectives: To search a link between bipolar disorder and grey matter heterotopia

Methods: A case report of a woman with grey matter heterotopia who is diagnosed as bipolar

Results: A 34 year old woman was admitted at Razi psychiatric hospital 3 months after childbirth. She was agitated, logorrhic with multiple projects and insomniac. The diagnosis was a manic episode with a marked score of 28/44 at The Bech-Rafaelsen Mania Scale (MAS). The patient was treated with 4 mg of risperidone and 1000 mg of sodium valproate with partial remission after two weeks. One month after her discharge, she had depressive mood, asthenia, anhedonia and insomnia. She had a score of 19 at Hamilton Depression Rating Scale (HDRS). She was switched from risperidone to olanzapine 15mg/j with partial remission after two weeks. In front of persistent symptoms with labile mood, she took lithium 1000 mg/j. She was complaining of a headache and a fluctuating heaviness of the right upper limb. At brain imaging, she had periventricular nodular heterotopia. The patient was addressed to neurology department.

Conclusions: Grey matter heterotopia can cause a variety of neuropsychiatric symptoms which can lead to diagnosis difficulties.

Therefore, in front of atypical symptoms or drug-resistance, patients should be referred for brain imaging.

Disclosure: No significant relationships.

Keywords: grey matter heterotopia; bipolar disorder

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Review of the clinical spectrum of Fahr's syndrome.

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Introduction: 70-year-old male with previous diagnosis of bipolar disorder and poor adherence. In the past months, he showed incipient behavioral alterations, for which he entered psychiatry service. During admission, frequent memory failures, isolation, apathy and mutism were identified, classifying the case as a possible dementia. A CT-scan was performed, revealing bilateral, simmetrical calcifications of the basal ganglia, compatible with Fahr's syndrome.



Objectives: Review of the available literature regarding Fahr's syndrome, a rare condition which can lead to a wide spectrum of neurological, motor and behavioral symptoms.

Methods: A bibliographic revision has been carried out. Sources used: Google scholar, PubMed.

Results: Fahr's syndrome is characterized by symmetric and bilateral calcification of the basal ganglia, as well as other areas related to motor functions, such as the cerebellum. It is believed that it has an autosomal dominant inheritance, and the symptoms appear between the ages of 40 and 60. The spectrum of clinical manifestations includes motor disorders such as parkinsonism or chorea. The appearance of dementia or psychiatric disorders, such as