

## EPV0272

**Hypokalemia : what correlation with psychotic relapse ?**

B. Abassi<sup>1\*</sup>, E. Khelifa<sup>2</sup>, I. Bouguerra<sup>3</sup>, K. Nourchene<sup>4</sup> and L. Mnif<sup>1</sup>

<sup>1</sup>Razi, Skolly, Manouba, Tunisia; <sup>2</sup>Razi Hospital, F Adult Psychiatry Department, Manouba, Tunisia; <sup>3</sup>Errazi hospital-Mannouba, F, Mannouba, Tunisia and <sup>4</sup>Razi hospital, Skolly, Tunis, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1169

**Introduction:** Hypokalemia is often detected on standard biological assessments of patients hospitalized for psychiatric disorders. Many explanations are advanced by clinicians like insufficient food intake or drug effects. But what if there was a relationship between this ionic disorder and psychotic relapses?

**Objectives:** To assess the frequency of hypokalemia in patients hospitalized for a psychotic relapse and to study its relationship with certain clinical characteristics.

**Methods:** This is a cross-sectional study conducted over a 3-month period (july-september 2021), including 37 male patients diagnosed with schizophrenia and hospitalized in a psychiatric unit for a psychotic relapse. Patients had blood collection before medication that was sent for a complete blood count and blood chemistry testing.

**Results:** Blood potassium level ranged from 2.92 to 4.87 mmol/L with an average of 3.74 mmol/L. Half patients ( 54.1% , N=20 ) had hypokalemia. Among them, two had electric signs on their ECG and two had physical symptoms. In patients with hypokalemia, the cause of hospitalization was the agitation in 80% of cases versus 58.8% in patients with normal potassium levels. The correlation was not significant between hypokalemia and the use of a restraint (p=0.160) or the somatic history (p=0.495).

**Conclusions:** hypokalemia is an ionic disorder that should be detected in patients with schizophrenia. It exposes the patient to the risk of a sudden death, especially with use of antipsychotics that are at a high risk for torsade de pointes.

**Disclosure:** No significant relationships.

**Keywords:** agitation; psychotic relapse; schizophrénia; hypokalemia

## EPV0269

**Fatigue in multiple sclerosis and its relation with depression**

M. Ben Abdallah<sup>1\*</sup>, I. Baati<sup>1</sup>, A. Guermazi<sup>1</sup>, F. Guermazi<sup>1</sup>, S. Hentati<sup>1</sup>, N. Farhat<sup>2</sup> and J. Masmoudi<sup>1</sup>

<sup>1</sup>Hedi Chaker University Hospital., Department Of Psychiatry « A », Sfax, Tunisia and <sup>2</sup>Habib Bourguiba University Hospital, Department Of Neurology, Sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1170

**Introduction:** Fatigue is one of the most common and disabling symptoms of multiple sclerosis (MS). It can be defined as a subjective lack of physical and mental energy.

**Objectives:** To study the prevalence of fatigue in patients with MS and to determine the factors related to it, including depression.

**Methods:** This was a cross-sectional, descriptive and analytical study, which took place in the neurology department in Sfax (Tunisia). It focused on patients with MS in remission phase. We used the Expanded Disability Status Scale (EDSS) to determine the degree of disability caused by MS, the Chalder Fatigue Scale to

evaluate the fatigue, and the Hospital Anxiety and Depression Scale (HADS) to assess depressive symptoms.

**Results:** The 93 patients included in the study had a mean age of  $36.59 \pm 10.69$  years. The socio-economic level was low to medium in 52.7% of cases. The EDSS score ranged from 0 to 8 (median = 3.5). The total number of relapses ranged from 1 to 30 (median = 3.5). MS patients had fatigue in 72.4% of cases and depression in 26.9% of cases. Patients with a low to medium socio-economic level were more fatigued (p=0.027). High number of MS relapses, severity of disability on the EDSS, and presence of depression were associated with fatigue (p=0.014, p<10<sup>-3</sup> and p=0.001, respectively).

**Conclusions:** In MS patients, fatigue is a common symptom. Patients with reduced physical activity and greater MS-related disability have more severe fatigue, which negatively affects psychosocial functioning, increasing the risk of depression.

**Disclosure:** No significant relationships.

**Keywords:** fatigue; multiple sclerosis; Depression

## EPV0270

**Marfan syndrome and schizophrenia : a case report and literature review**

S. Dhakouani<sup>1\*</sup>, R. Kammoun<sup>2</sup>, C. Aissaoui<sup>2</sup>, M. Karoui<sup>2</sup> and F. Ellouz<sup>2</sup>

<sup>1</sup>Razi hospital, G, Tunis, Tunisia and <sup>2</sup>Razi Hospital, Psychiatry G, manouba, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1171

**Introduction:** Marfan syndrome is an autosomal dominant systemic disorder with connective tissue defects in multiple organ systems. Cardinal manifestations of this syndrome involve the cardiovascular, the skeletal and the ocular system. Interestingly, many cases of patients with Marfan syndrome and schizophrenia have been reported.

**Objectives:** Discuss the etiological link between Marfan syndrome and schizophrenia

**Methods:** Presentation of a clinical case illustrating the comorbidity between schizophrenia and marfan syndrome. A search was conducted in PubMed database using the terms : schizophrenia AND Marfan syndrome.

**Results:** Ms JW a 36-year-old single woman, she had schizophrenia since the age of 20 years, she was hospitalized in our service for psychotic relapse in a context of treatment discontinuation. She had a personal history of persistence of the ductus arteriosus for which she had been operated during her childhood, a scoliosis operated and multiple pathological fractures. On mental status examination, she was distressed and hallucinated, She had disorganized thought processes and a paranoid delirium. On physical examination, she had features suggestive of Marfan syndrome such as crowded teeth, a high arched palate, arachnodactyly, hyperlaxity and a high myopia. We don't dispose genetic evaluation for marfan syndrom because of the nonavailability of facilities to perform genetic analysis. Several studies have indicated that psychiatric symptoms might be part of the clinical profiles of marfan syndrom. However, their relationship and underlying pathogenesis are not easily clarified.

**Conclusions:** Co-occurrence of marfan syndrom and schizophrenia might be explained by some shared etiological pathways between both disorders.

**Disclosure:** No significant relationships.

**Keywords:** schizophrénia; marfan syndrome