communicated through multiple somatic complaints. The biopsychosocial model takes into consideration all factors affecting health and disease, supporting the integration of biological, psychological and social factors in the assessment and treatment.
Objectives: In our study we assess prevalence of alexithymia as a potential psychopathological attribute manifesting as unexplained somatic symptoms
Methods: 196 patients aged 18 to 60 with unexplained physical symptoms for at least three months, after collection of demographic data, medical and psychiatric history, were subject to Arabic version of the following scales : patient health questionnaire PHQ-15 to assess severity of somatic symptoms, patient health questionnaire PHQ-9 to assess depressive symptoms, generalized anaxiety disorder GAD-7 to assess general anxiety disorder symptoms and Toronto Alexithymia scale TAS to assess alexithymia
Results: 90% of ours ample were female patients, 49,5% showed alexithymia, 27,6% were borderline alexithymic and 23% had no alexithymia. Patients with unexplained physical symptoms showed moderate to high depressive symptoms in 81,1% of the sample, moderate to severe anxiety symptoms in 73,5%. Severity of somatic symptoms as assessed by PHQ-15 were significantly highly correlated to scores for Alexithymia (TAS), depressive symptoms (PHQ-9) and anxiety symptoms (GAD-7) $p<0,001$
Conclusions: Alexithymia is prevalent among patients with unexplained physical symptoms. This later population has high prevalence of depressive and anxiety symptoms that go with the severity of somatic manifestations

Keywords: Toronto Alexithymia Scale TAS; psychosomatic; somatization; alexithymia

EPP0255

The challenge of neuropsychiatric manifestations in parkinson's disease. A case report

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Introduction: We present the case of an 82-year-old patient who was treated by our liaison psychiatry unit after a suicide attempt through prescription-drug overdose. The patient had been diagnosed with Parkinson's disease (PD) ten years prior to his admittance and was being treated with carbidopa/levodopa and non-ergot dopamine agonists.
Objectives: Impulse control disorders and depression are the most prevalent neuropsychiatric manifestation of PD. According to several sources, this symptomatology is underdiagnosed and undertreated, causing helplessness and distress to patients and their caregivers. Likewise, the accumulated evidence suggests that certain drugs can contribute to the appearance of the aforementioned symptoms.
Methods: A case report is presented alongside a review of the relevant literature regarding the neuropsychiatric manifestations in the context of PD and the diagnosis and treatment of these symptoms.
Results: During his treatment, ropinirole was removed while quetiapine was progressively administered (up to 150mg/day). Carbidopa/levodopa regime was increased causing visual hallucinations and delusional jealousy. A careful balance between antiparkinsonian and antipsychotic medication needed to be achieved before discharge.
Conclusions: Neuropsychiatric manifestations in the context of PD are more prevalent than what was thought in the past. Certain medications, particularly non-ergot dopamine agonists could potentially contribute to the onset of these symptoms. Moreover, these manifestations can be underdiagnosed due to the stigma or social burden imposed upon family and / or caregivers. It is important that recent advances in the understanding of non-motor symptomatology of PD could permeate clinical practice to achieve an adequate identification and treatment of these symptoms.

Keywords: parkinson's disease; management; neuropsychiatric manifestations

EPP0256

"This is not a doctors thing, it is witchcraft" - A case report of acute psychosis concomitant to primary hyperparathyroidism

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Introduction: Primary hyperparathyroidism (PHPT), usually caused by a parathyroid adenoma, is characterized by a pathologically high secretion of parathyroid hormone and consequent hypercalcemia. PHPT has a high prevalence among elderly patients and might be responsible for neuropsychiatric symptoms.
Objectives: We aim to report the rare manifestation of acute psychosis accompanying a PHPT diagnosis, and to discuss the neurobiological relationship between hyperparathyroidism, hypercalcaemia and neuropsychiatric symptoms.
Methods: We present a clinical case based on patient's history and clinical data, along with a literature review on PHPT neuropsychiatric symptons.
Results: We present the case of a 68-year-old man diagnosed with PHPT in November 2019. He was brought up to psychiatric evaluation for the first time in May 2020 upon behavioral changes (aggressiveness and bizarre rituals). The patient described the sensation of burns scattered throughout the body since January 2020, felling anxious and frightened, sleeping poorly and progressive social isolation. He presented delusional ideas of mystical and paranoid content. No significant cognitive impairments were found. The patient's psychosis was partially responsive to atypical antipsychotics. He's waiting for surgery. Hypercalcaemia might manifest as mood disorders, cognitive changes and rarely as acute psychosis. Although there is not yet a clear mechanism to explain it, high calcium levels seem to cause neurotoxicity and neurotransmission dysfunction. Restoration of normal calcium levels tend to resolve neuropsychiatric symptoms, but in PHPT parathyroidectomy is usually recommended.
Conclusions: Neuropsychiatric symptoms are responsible for great disability, and demand an organic in-depth investigation. A multidisciplinary team approach must always be considered in the management of such conditions.

Keywords: hypercalcemia; hyperparathyroidism; old age; psychosis