

„Brown coal mine Banovici“ is higher than with all other chronic physical diseases.

Disclosure: No significant relationships.

Keywords: Antidepressants; Depression; miners; comorbidity

EPV0277

Functional Neurological Symptom Disorder In A Prolonged Grief Disorder Or In Depression?

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Introduction: Functional neurological symptom disorder (FND) is characterized by the ideogenic neurologic presentation deriving from unconscious stressors or conflicts. The symptoms of FND usually begin with a psychiatric illness—most commonly depression, but with the release of the latest version of International Classification of Diseases-11 (ICD-11), a new favoring factor comes to our mind: prolonged grief disorder (PGD), the newcomer to psychopathology.

Objectives: The purpose of this case-report is to highlight the several key differences between PGD and depression, and the role of PGD in the onset of FND.

Methods: The authors report the case of a 22 years old woman with a history of frequent seizures with loss of consciousness and the absence of stimulus-response, which started soon after the death of her 31 years old brother. Psychologically, the patient presented sustained interest in the deceased, self-blame, confusion, emptiness and low mood. On a physical exam, the patient showed periocular hyperpigmentation.

Results: The emergent symptoms and signs were resistant, failed to resolve with medication alone and continued to persist across all settings. The neurological dysfunction remained present and interfered with the patient’s functioning, until applying grief-oriented psychotherapy, which was the most efficient approach.

Conclusions: In conclusion, PGD represents a favoring condition for the onset of FND and it is most often mistaken with depression. Therefore, it is crucial to distinguish between these two disorders, as there is solid evidence that treatment for depression is far less helpful than targeted grief treatment.

Disclosure: No significant relationships.

Keywords: Depression; Functional Neurological Symptom Disorder; Prolonged Grief Disorder; grief-oriented psychotherapy

EPV0280

Paraphilic Disorder and Gender Dysphoria in a Case with High-Functioning Autism Spectrum Disorder

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Introduction: Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized with difficulties in social interaction/communication, restricted interests, and repetitive behaviors. Sexual issues such as paraphilic behaviors in ASD have gained attention in recent years, however there is still a great paucity of research regarding this issue.

Objectives: The aim of this presentation is to draw attention to a crucial dimension through a case of ASD with paraphilic disorder (pedophilic tendencies) and gender dysphoria.

Methods: One case from an inpatient unit of a psychiatric clinic in Lower Saxony, Germany will be reported.

Results: Case: An 18-year-old male was referred to our acute psychiatric ward due to suicidal thoughts and other depressive symptoms. In further examination, he stated that he had pedophilic phantasies which he was trying to satisfy by using child pornography in the darknet. He had never been involved in any sexual relationship with a child and described this behavior as an addiction that he wanted to get rid of. Detailed psychiatric examination and developmental history yielded the diagnosis of high-functioning ASD. The compulsory paraphilic engagement is classified as a restrictive-repetitive interest in terms of ASD. In addition, the patient presented gender incongruence with moderate gender dysphoria, dressed in a skirt and wanted to be perceived and named rather gender-neutral, which was supported through the whole course.

Conclusions: Through systemic understanding of the high-functioning ASD structure and complex symptomatology, socio- and psychotherapeutic approaches were implemented which yielded an apparent stabilization. The detailed therapeutic process in the light of the present literature will be discussed.

Disclosure: No significant relationships.

Keywords: Gender Dysphoria; Autism Spectrum Disorder; paraphilic disorders

EPV0282

A possible explanation for resistance in schizophrenia

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Introduction: Arachnoid cyst is a neurological tumor. It’s rare and benign. Its association to psychosis has been described in literature.

Objectives: Through a case report and a review of the literature we hypothesize that arachnoid cyst is the cause of resistance in a patient with schizoaffective disorder.

Methods: Starting from a case report, we conducted a literature review on “PubMed”, using key words “arachnoid cyst”, “arachnoid cyst a psychiatry”, “arachnoid cyst and schizoaffective disorder”, “arachnoid cyst and schizophrenia”

Results: Mr. AA is 50 years old, has diabetes treated with metformin, hypercholesterolemia and celiac disease under gluten free diet.

He has been diagnosed with schizoaffective disorder in 1992, initially put on haloperidol and carbamazepine. Since the patient wasn't getting better, we suspected no-compliance so we switched haloperidol for fluphenazine decanoate. The patient still suffered from persecutory delusion and auditory hallucinations. We started him on clozapine still with no improvement. So, we concluded to the resistance of schizoaffective disorder considered electroconvulsive therapy (ECT). A cerebral MRI was conducted, prior to ECT, objectifying a left anterior frontal arachnoid cyst of 26 millimeters from the main axis producing a mass effect on the cerebral cortex. This neurological tumor didn't require neurosurgery.

Conclusions: Our patient was resistant to all treatments including clozapine. The only anomaly discovered was the arachnoid cyst. Could this explain the resistance of this patient and others like him? Could this be an interesting research path to further elucidate the mystery of metal disorder?

Disclosure: No significant relationships.

Keywords: arachnoid cyst; resistant schizoaffective disorder; comorbidity with schizophrenia

EPV0283

Eating problems in ADHD: self-regulatory or inattentive/impulsive

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Introduction: ADHD is a risk factor for impulsive/compulsive eating problems (EP). In, bulimia nervosa and compulsive eating disorder, EP are frequently preceded by negative affect and experienced as loss of control. Clarifying the underlying causes (eg., ADHD symptoms and/or psychological distress) of EP in ADHD would allow the development of targeted interventions.

Objectives: To a) compare levels of EP between ADHD patients and a community sample, and b) test if ADHD symptoms and psychological distress predict EP, in ADHD patients.

Methods: Adults with ADHD (n=32; age=23.78+/-6.12; 69% males) from the Neurodevelopmental Outpatient Unit of Coimbra and healthy participants (n=30; age=36.90+/-13.23; 57% males) answered an online survey including the Portuguese versions of the Adult ADHD Self-Report Scale Symptom Checklist, the Parkinson's Disease Impulsive-Compulsive Disorders Questionnaire-Current Short and the Depression, Anxiety and Stress Scale.

Results: The ADHD group reported experiencing more EP than healthy individuals (18/32 vs. 4/30; $\chi^2=12.458$, $p<.001$). ADHD patients with EP suffered from severer ADHD inattentive, hyperactive, and global symptoms and higher levels of psychological distress ($p<.001$ to $p=.027$). Logistic regression model testing if ADHD and psychological distress symptoms predicted EP, in ADHD, explained 38.8% of the variance and showed that the only significant predictor was ADHD symptoms ($B=.121$, $SE=.051$, $p=.017$).

Conclusions: Our results indicate that EP are associated with severer ADHD clinical pictures. EP arose secondarily to ADHD symptoms, instead of serving as means to alleviate psychological distress. Clinicians should be mindful that, in ADHD patients, EP follow specific motivations, i.e., impulsivity and inattention, and may respond to combined cognitive-behavioural/executive training strategy.

Disclosure: No significant relationships.

Keywords: Impulsivity; eating problems; adhd

EPV0285

Impulsive traits and dual pathology in patients with depression and alcohol dependence, a case report.

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Introduction: Alcohol dependence is one of the most frequent comorbidities in depression. Multiple environmental and neurobiological factors are directly involved in these diseases. In particular, impulsivity is present in many patients with dual pathology and may play a relevant role in its causes, clinical manifestations and prognosis.

Objectives: To review the relationship between impulsive traits and dual pathology in patients with depression and alcohol dependence.

Methods: Presentation of a clinical case supported by a non-systematic review of literature containing the key-words "impulsivity", "depression" and "alcohol dependence".

Results: This is a case report of a 43-year-old male with a known history of alcohol dependence and recurrent depression. Interestingly, the patient has a family history of bipolar disorder and alcohol abuse disorder on the paternal side, and frontotemporal dementia on the maternal side. He currently presents a depressive episode associates associated with a significant increase in alcohol consumption. The patient has presented prominent impulsive traits since adolescence that have been aggravated in recent years. This lack of impulse control is described as one of the most relevant factors in relapses in alcohol consumption. Multiple studies correlate the lack of impulse control with a worse prognosis in both alcohol dependence (greater probability of relapses and resistance to treatment) and depression (increased suicide risk). Likewise, an increase in cognitive impulsivity has been observed during depressive episodes, characterized by an inability to inhibit behaviors that have already begun and poor planning capacity, which could lead to a worsening of alcohol abuse.

Conclusions: Impulsivity traits are related to a worse prognosis in dual pathology due to alcohol and depression, and may present common etiopathogenic mechanisms.

Disclosure: No significant relationships.

Keywords: Depression; Impulsivity; Alcohol dependence; dual pathology