Methods: This was descriptive and analytical cross-sectional study, carried out with patients followed for type 2 diabetes at the endocrinology consultation.
The participant's sociodemographic and clinical information was obtained through face-to-face interviews and medical records.
DD was assessed using the Arabic version of diabetes distress scale (DDS-17). The DDS contains 17 items, each rated on a 6-point Likert scale. The scale yields a total diabetes distress score, and scores for four subscales: emotional burden, regimen distress, physician distress and interpersonal distress.
Results: There were 103 subjects. The mean age was 59.31 ±10.83 years with a sex ratio (M/F) = 1.19.
Median duration of diabetes was 7 years **(IQR 3 ; 12** years). Among our patients, 31.1% of patients had properly controlled diabetes (HbA1c < 7%) and 41% had at least one diabetes complication.
The prevalence of diabetes related distress was 70.90% in which emotional distress was the most prevalent (78.60%) domain.
Low socio-economic level (p=0.001), married status (p=0.034) having diabetes complications (p=0.008) younger age at onset of diabetes (p=0.001) were associated with diabetes related distress. Poor HbA1c control (HbA1c≥7%) was significantly correlated with DD (p≤0,001).
Conclusions: Our study suggests that diabetes related distress was highly prevalent in type 2 diabetes patients in Tunisia. Active screening for DD should be an integral part of diabetes care.

Disclosure of Interest: None Declared

EPV0282

A case of Pathological Laughter in a patient with recurrent stroke

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Introduction: Stroke survivors frequently deal with neuropsychiatric sequelae - depression, anxiety and apathy being the most common ones. Pathological laughing and crying (PLC) is a post stroke condition characterized by brief, intense uncontrollable crying and/or laughing due to a neurological disorder. Prevalence of PLC post stroke has been reported to be 15-20%. Pathological laughter (PL) is commonly associated with bilateral or diffuse cerebral lesions. Ischemic injury involving the internal capsule and basal ganglia seems to be associated with emotional disorders.
Objectives: To discuss an uncommon case of pathological laughter developing after recurrent infarct.
Methods: A 32-year-old male patient presented to the medical emergency for complaints of slurring of speech since 7 hours. On examination, patient was alert, oriented, with blood pressure 150/90 mmHg. He had a history of similar stroke 2 years prior to current complaints and was on treatment for hypertension since then.
Baseline investigations were done. MRI brain revealed *acute lacunar infarcts in bilateral ganglio-capsular region*, chronic small vessel ischaemic changes in B/L periventricular white matter (Fazeka grade 2) and micro-haemorrhages in various brain regions. Patient was managed conservatively (antiplatelets, statins, antihypertensives).
Patient was then referred to Psychiatry department for uncontrollable laughing spells, which started few hours after onset of above complaints. These occurred without any provocation, every 1-2 hours, lasting for several seconds to a minute, and relieved spontaneously. Patient was aware of episodes and found them embarrassing socially. Mental status examination revealed no mood features or other abnormalities.
Patient was prescribed Escitalopram, but shifted to homeopathic medicine and was lost to follow up. Telephonic interview one year later revealed that while other complaints have remitted, patient still has laughing spells of similar quality and frequency.
Results: Discussion: In post stroke PLC, pathological crying represents about 80% cases, while Pure Pathological Laughing, as in the present case, is uncommon. It is generally seen in diffuse CNS pathologies (eg. multiple sclerosis) or bilateral – ischaemic or degenerative.
In case of strokes, PL may herald symptom onset, or may immediately follow focal deficits. The aetiology of PLC is unknown; monoaminergic neurotransmission may be altered in post stroke PLC. SSRIs are regarded as first choice treatment agents, given their greater tolerability overall.
Conclusions: Pathological laughter is a comparatively uncommon but recognisable and treatable post stroke sequela, more commonly seen in bilateral lesions. Patients often describe PL as distressing and socially disabling, but awareness about this condition and available treatments is lacking.

Disclosure of Interest: None Declared

EPV0283

Juvenile fibromyalgia, a frequently missed disorder: a case report and literature review

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Introduction: The clinical features of juvenile fibromyalgia were first described by Yunus & Masi in 1985. In the US, it is estimated that about 6% of adolescents between 15 and 19 years of age suffer from juvenile fibromyalgia. However, this entity remains "a poorly defined disorder", being excluded from the main diagnostic classification systems.
Objectives: The goal of our work is to present and discuss a case-based review of juvenile fibromyalgia.

Methods: We present a case of chronic pain in pediatric age, referred to a multidisciplinary chronic pain consultation. Through the analysis of this case, we review the concept of juvenile fibromyalgia and its pathophysiology, the risk factors, the diagnostic criteria, the recent evidence for the treatment of these cases and the prognosis of this disorder.
Results: We describe the case of an 11-year-old female, who presented with widespread musculoskeletal pain, headaches, and sleep disturbances for a period over 3 months. At physical examination no significant alterations were found except for pain at palpation of the referred pain locations and at palpation of 11 typical fibromyalgia tender points. Complementary diagnostic exams were normal. The patient was referred to a multidisciplinary chronic pain consultation and was prescribed pharmacological therapy with antidepressants and a gabapentinoid and non-pharmacological therapy with a plan of physical exercises and psychotherapy.
Conclusions: This case report demonstrates the importance of considering juvenile fibromyalgia in the differential diagnosis of pain in pediatric age, showing also the complexity involved in the assessment and treatment of these cases. This case also highlights the importance of multidisciplinary collaboration in the management of chronic pain.

Disclosure of Interest: None Declared

EPV0284

Depression and Anxiety in Cardiac Disease, diagnosing and screening

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Introduction: Among patients with heart disease, such as coronary artery disease or heart failure, depression and anxiety disorders are extremely common. In these populations, 20% to 40% have elevated depressive symptoms, and 15% to 20% suffer from MDD. Anxiety may be even more common than depression. A recent meta-analysis suggests that over 50% of patients with heart failure have elevated rates of anxiety, and 13% meet criteria for an anxiety disorder. These prevalence rates are significantly higher than those in the general population and highlight the high-risk status of cardiac patients for these disorders.
Objectives: The aim of this study is to highlight the frequency of anxiety and depression in patients with cardiac health problems and to explain the mechanism by which anxiety and depression influence the manifestation of cardiac diseases.
Methods: A bibliographical review was performed using the PubMED platform. All relevant articles were found using the keywords: depression, anxiety, cardiac disease.
Results: The links between depression, anxiety, and cardiovascular disease are complex and involve psychological, biological, and behavioral mechanisms. Depression, arrhythmias, and coronary artery disease frequently co-occur because they share common behavioral and pathophysiological drivers-unhealthy lifestyle, autonomic dysregulation, hypothalamic-pituitary-adrenal (HPA) axis dysregulation, endothelial dysfunction, and inflammation-that are intricately related to one another.
Conclusions: In patients with cardiovascular disease, depression and anxiety disorders are common, persistent, and associated with poor functional and cardiac outcomes. As such, making a timely and accurate clinical diagnosis using DSM-5 criteria is critical. Safe and effective treatments are available for the management of these disorders in patients with cardiac disease, and it is hoped that such treatment can improve psychiatric health, quality of life, and medical outcomes.

Disclosure of Interest: None Declared

EPV0286

Diagnostic and therapeutic challenges in a case of encephalitis with neuropsychiatric manifestation

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Introduction: A broad spectrum of medical conditions manifest with both neurological and psychiatric symptoms. One of them is encephalitis- an inflammatory brain disease, caused by diverse etiological factors. Due to the pronounced psychopathological findings these patients frequently encounter primarily the mental health services or may appear as a part of the consultation-liaison psychiatry practice.
We present the case of a 31-year-old male firstly consulted by a psychiatrist and consequently admitted to neurological ICU. His condition developed over two-year period, developing transient psychiatric symptoms, such as anxiety, auditory hallucinations, persecutory delusions and auto-aggressive behavior; non-specific neurological findings, including pseudobulbar syndrome, oral and manual automatisms; as well as EEG paroxysmal activity. The most notable manifestations were fluctuating orientation and awareness, progressive executive function decline and cognitive impairment. In the course of the illness many psychotropic medicines had been used. The patient had shown either no improvement or low tolerance to adverse effects.
Objectives: To demonstrate a challenging and provocative case of our liaison psychiatry practice, where an interdisciplinary approach was mandatory.
Methods: For the needs of the psychiatric assessment a clinical interview was conducted. A neurocognitive examination via MMSE was performed. Some of the tests that took place in the neurology ward included: virological testing of blood and CSF, immunological screening for paraneoplastic syndrome and autoimmune encephalitis, MRI and EEG. The diagnosis was based on the ICD-10 criteria.
Results: The mental status of the patient during the hospitalization showed no remarkable changes. The MMSE score was 22/30, correlating with a mild cognitive impairment. The neurological status fluctuated slightly over the period. Most of the tests showed none or only borderline deviations, considered nonsignificant. Some of the results were not ready prior the discharge of the patient from the hospital. After an immunomodulatory therapy there was a slight improvement in the condition of the patient.
Conclusions: Based on the course of the disorder, the presence of neurological aberrations, including in the higher cortical functions,