Results: Epidemiological studies report significant rates of comorbidity between ASD and psychosis. According to a recent systematic review, prevalence of non-affective psychosis in ASD has been estimated at 9,56%, despite heterogeneity across included studies.
The differential diagnosis of psychosis in a patient with ASD is frequently a challenge and depends on the severity of intellectual and language impairment, medical comorbidities (including epilepsy and associated pharmacological iatrogenic factors), psychiatric comorbidities and substance use. Conversely, establishing the diagnosis of ASD in a patient presenting with psychosis is not always clear, and clinicians must rely on collecting a detailed developmental history.
There are no large controlled studies regarding the treatment of psychosis in this specific patient group, but risperidone and aripiprazole have been used based on efficacy in primary psychotic disorders, as well as efficacy and safety profile in other symptomatic clusters of ASD, namely irritability.
ASD and psychosis comorbidity has been associated with lower response rates to antipsychotic treatment and negative long-term prognosis.
Conclusions: Psychosis is a common and serious comorbidity of ASD, with limited data regarding treatment options. Further research is needed to improve global outcomes.

Disclosure of Interest: None Declared

EPV0240

Depressive disorders in comorbidity with Multiple Sclerosis. Case study

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Introduction: Multiple Sclerosis is a neurodegenerative, demyelinating disease that affects the Central Nervous System. Except for motor dysfunction and sensory deficit, patients suffering from this disorder often have neuropsychiatric symptoms, such as: depressive mood, fatigue, and cognitive impairment. Depression is the most common mental disorder in Multiple Sclerosis, and the risk that MS patients develop depression during their entire life is >50%.
Objectives: Factors impacting on the development of depression
Methods: A regular, clinical study approach has been used on a 49-year old woman, who was diagnosed with depressive Disorder 2 years ago and then Multiple Sclerosis, as well as recent literature on depressive disorders in comorbidity with Multiple Sclerosis.
Results: The factors that considerably impact the development of depression are age, gender, insomnia, cognitive impairment, MS clinical picture, and immunotherapy treatment. Depression was diagnosed at the clinical interview, based on DSM-5 diagnosis criteria and Beck Inventory, whereas MS diagnosis was determined by neurological examination and head MRI. The patient was treated with tricyclic antidepressants, SSRIs, SNRIs, atypical antipsychotics for depression, and teriflunomide for MS. Depression has been recurrent, despite being regularly treated with psychotropic medications
Conclusions: Depressive disorders in comorbidity with multiple sclerosis are often undiagnosed and improperly treated. Many factors influence the development and progression of depression, as well as the Multiple Sclerosis clinical picture, above all. Early diagnosis and optimal treatment of them are essential to control the disease and improve the quality of life.

Disclosure of Interest: None Declared

EPV0241

Quality of life, Illness Perception, Self-perceived success, estimation of Depression/Anxiety symptoms and Disability Assessment, in adult with cerebral palsy

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Introduction: Recent studies is showed that adults with Cerebral Palsy (CP) have an elevated prevalence of mental health disorders, especially increased risk of depression or anxiety. Perceptions of the CP condition, and coping behaviors often affect the impact of the condition on the child with CP and his/her family.
Several studies have affirmed that some factors such as interpersonal relationships, sexuality, and physical conditions are also crucial to a higher QoL in the persons with CP.
A Danish study showed that 55% of Danish adults with CP (aged 29–35 years) were unemployed, did not cohabit with a partner and did not have children, compared with only 4% of the control population.
Objectives: to show a case of a 50-year-old male person with cerebral palsy
Methods: case study
The three functional classifications (GMFCS-E&R, CFCS and MACS) is used to provide functional description together with The Quality-of-Life Scale (QOLS), World Health Organization Disability Assessment Schedule 2.0 – (WHODAS-interview), Flourishing Scale Self-perceived success (FS), Depression Anxiety Stress Scales - 10 (DASS-10), the Brief Illness Perception Questionnaire (Brief IPQ)
Results: male, 50 år
Quality of Life score: 90
Flourishing scale (FS): 47
Depression Anxiety Stress Scales: 9
the Brief Illness Perception Questionnaire (Brief IPQ):45
Communication issues: CFCS (Communication Function Classification System): Level I
Having a Partner: Domestic partner- reside together with partner, don't have children. having af parents and brothers that are a great support
Type of Housing: Independent living (own housing, 1 hour of assistance per week)
Mobility issues: GMFCS (Gross Motor Function Classification System): Level II, MACS (Manual Ability Classification System): Level I
Conclusions: Case is showing 50 years old male with cerebral palsy who has not an intellectual disability and who has a high life quality, high self-perceived success, moderate anxiety and high perception of illness. Social, family and romantic relationships together with

leisure time and sustainable physical activity and exercise was emphasized.

Disclosure of Interest: None Declared

EPV0242

Cannabis use during first episode psychosis in Tunisia

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Introduction: Cannabis use is frequent among patients with psychotic disorders. However, the relationship between cannabis consumption and transition to psychosis has not been fully elucidated.
Objectives: The aim of this study was to assess the prevalence of cannabis use in first episode psychosis and its correlation with transistion to psychosis and severity of symptoms.
Methods: A cross-sectional study was conducted at the psychiatric department D of Razi hospital including 50 patients hospitalized for first episode psychosis. The evaluation focused on sociodemographic and clinical characteristics of the patients. We used the cannabis abuse screening test (CAST) and positive and negative syndrome scale (PANSS).
Results: The sex ratio of our patients was 4 men per 1 woman. The mean age was 25.6±6.16 years. Two-thirds of the patients had secondary education (n=24). Half of them had no occupation (n=17). Twenty-five patients (71%) had no psychiatric history. The total PANSS score showed a mean of 58.29±12.90 with extremes between 35 and 91. About 60% of the patients used cannabis with high addiction risk in 81% of cases. The mean duration of cannabis use was 7,04 years, 3 times a week. Cannabis use was correlated to the gender. However, no correlation was found between cannabis use and duration of untreated psychosis niether the negative or positive symptoms.
Conclusions: Although cannabis use is knownto accelerate transition to psychosis, it does not affect the severity of symptoms. Further work is necessary to identify the factors that underlie individual vulnerability to cannabinoid-related psychosis and to elucidate the biological mechanisms underlying this risk.

Disclosure of Interest: None Declared

EPV0243

Smoking treatments for patients with mental illness: case presentation and a brief literature review

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Introduction: Smoking prevalence in patients with mental illness ranges between two to 4 times higher than general population. This higher prevalence has a multifactorial origin, and some of the possible causes are still unknown.
They have a higher prevalence of tobacco-associated diseases and higher mortality.
Additionally, these patients have greater difficulty in treating and quitting smoking.
A relationship has been found between severity of mental illness and smoking. Risk of suicide seems to be higher in patients with higher tobacco consumption. Schizophrenia is the mental illness that has been most closely related to smoking, with a prevalence close to 90%.
Objectives: The aim of this work is reviewing the current bibliography referring to smoking treatments for patients with mental illness
Methods: A literature search using electronic manuscripts available in PubMed database published during the last ten years and further description and discussion of a single-patient clinical case
Results: The treatment of tobacco dependence in patients with mental illnesses is sometimes waited until there is psychiatric stability, which can take a long time in those cases with more severe mental disorders, which can have negative physical and psychiatric consequences.
The combined treatment of cognitive behavioral therapy and pharmacological treatment is the most effective approach. Nicotine replacement therapy can be useful, while combined use of antidepressants or anxiolytics is also recommended.
Bupropion has shown efficacy. In patients with schizophrenia it does not seem to worsen positive symptomatology, but improving the negative one. It should not be used in patients with bipolar disorder or bulimia.
Varenicline has shown efficacy in the general population, but limitations were established in patients with mental illness, although it is the drug that has shown greater efficacy. However, is not currently available in our country.
Cytisine is a drug with limited number of studies in the psychiatric population but it may be a reasonable treatment alternative.
Conclusions: The prevalence of tobacco use in patients with mental illness is higher than the general population, especially in paranoid schizophrenia. The consequences on physical health and the evolution of psychiatric illness are very relevant. Based on above, a multidisciplinary and coordinated management involving psychiatrists and other specialists in the treatment of these patients should be desirable.

Disclosure of Interest: None Declared

EPV0244

the prevalence of psychiatric comorbidities in epileptic patients

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Introduction: Habituellement, nous voyons dans la consultation psychiatrique des patients épileptiques pour des plaintes