

Introduction: The interface between dermatology and psychiatry is complex and of clinical importance. Skin disorders in psychiatric inpatients are common, serious and under diagnosed.

Objectives: The aim of our study was to assess the prevalence and profile of several skin diseases observed in psychiatric inpatients.

Methods: We conducted a cross-sectional study in the period from October 13, 2023 to October 20, 2023, among psychiatric male inpatients, hospitalized in psychiatry B department of the Hedi Chaker University Hospital (Sfax, Tunisia). We collected socio-demographic and clinical data using a pre-established form.

Results: Over a period of a week, 35 patients were included in our study. The mean age of patients was 39.97 years. Among them, 80% were single and 14.3% were married. Addictive behaviors were reported in 74.3% of cases. The level of hygiene was good in 74.3% of patients. The three most common psychiatric diagnoses were schizophrenia (31.4%), followed by bipolar disorder (28.6%) and schizoaffective disorder (25.7%). We recorded 13 cases of skin diseases (37.2% of patients). Dermatological lesions were dominated by traumatic origin in 14.3% of cases. They were of infectious origin in 11.4% of cases, immunoallergic in 8.6% and parasitic in 2.9%.

Conclusions: The prevalence of skin diseases is high in psychiatric inpatients, for whom proper skin care is necessary to improve their quality of life.

Disclosure of Interest: None Declared

EPV0264

Symptoms of anxiety and depression among osteoporotic women

A. Feki¹, I. Sellami^{2,3*}, B. Trabelsi⁴, Z. Gassara¹, S. Ben Djemaa¹, A. Abbes², M. Ezzeddine¹, M. H. Kallel¹, H. Fourati¹, R. Akrouf¹, Y. Mejdoub⁴ and S. Baklouti¹

¹Rheumatology; ²Occupational medicine, Hedi Chaker Hospital; ³Medicine University and ⁴Preventive medicine, Hedi Chaker Hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1009

Introduction: Osteoporosis (OP) prevalence is on the rise as a result of an ageing population and lifestyle factors such as inactivity. Previous research has reported OP in individuals with depressive symptoms. Furthermore, OP has been shown to be a risk factor for anxiety.

Objectives: In this study, we aimed to describe anxiety and depression symptoms among osteoporotic women in a university hospital in Tunisia.

Methods: A cross-sectional study was conducted between January and June 2023 in a university hospital in Tunisia. Women with postmenopausal OP in the rheumatology department were interviewed. A hospital anxiety and depression scale was used to describe anxiety and depression symptoms among patients. It consists of seven items for depression (HADS-D) and seven items for anxiety (HADS-A). For each component a score ≤ 7 indicated the absence of symptomatology.

Results: Seventy-two women diagnosed with post-menopausal OP participated in the study. The mean age was 72.5 (± 1.08). The median duration of menopause was 23 years (IQR = [10.5-28.5]).

All patients were receiving bisphosphonates. Fifty-eight women (80.5%) were identified with depressive symptoms. The median depression score was 17.5 (IQR = [9-19]). Physical activity was significantly and inversely associated with the presence of depressive symptoms ($r = -0.36$; $p = 10^{-3}$). Those who were overweight or even obese had significantly more depressive symptoms than those who were not overweight (94%, 57%, $p = 0.001$).

The median score of anxiety was 16 (IQR = [9-17]). Sixty-three patients (87.5%) were identified with anxiety symptoms. Physical activity was significantly and inversely associated with the presence of anxiety symptoms ($r = -0.489$; $p = 10^{-3}$). Women who had bone fractures were significantly more anxious than those without a history of bone fractures (100%, 63%, $p < 10^{-3}$). Patients who were overweight were significantly more anxious than those with normal weight (96%, 57%, $p < 10^{-3}$).

Conclusions: Physical activity and obesity were associated with depression and anxiety among osteoporotic patients. These data are consistent with previous findings. That's why, promoting physical activity and weight loss is essential to preventing mental disorders among osteoporotic women.

Disclosure of Interest: None Declared

EPV0265

Anxiety in patients with ankylosing spondylitis in southern-Tunisia: Level and associated factors

A. Feki¹, I. Sellami^{2,3*}, N. Ketata⁴, M. Baklouti⁴, Z. Gassara¹, S. Ben Djemaa¹, S. Ben Djemaa¹, M. Ezzeddine¹, M. H. Kallel¹, H. Fourati¹, R. Akrouf¹, Y. Mejdoub⁴ and S. Baklouti¹

¹Rheumatology; ²Occupational medicine, Hedi Chaker Hospital; ³Medicine university and ⁴Preventive medicine, Hedi Chaker Hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1010

Introduction: Ankylosing spondylitis (AS) is the second most common rheumatic disease after rheumatoid arthritis. The significant functional impact of this chronic disease can affect patients' mental health.

Objectives: The aim of this study was to determine the prevalence of anxiety in subjects with AS in Southern-Tunisia and to identify its associated factors.

Methods: It was a retrospective study conducted in 2021 over a period of 5 years on patients with AS consulting the rheumatology department at the Hedi Chaker University Hospital in SFAX, Southern-Tunisia. The "Anxiety and Depression scale" was used to screen for anxiety. A score ≥ 11 defined confirmed anxiety symptoms.

Results: Of the 62 patients, 35 were male (56.5%), giving a male to female ratio of 1.3. Twenty-seven patients (43.5%) were aged between 35 and 50 years. The level of education was primary in 19 cases (30.6%) and university in 15 cases (24.2%). A family history of chronic disease was present in 32 cases (51.6%). Severe fatigue was noted among 27 patients (43.5%). Quality of life was poor in 39 patients (62.9%). The mean anxiety score was 11.35 ± 4.6 . Thirty-four subjects (54.8%) had confirmed anxiety symptoms and 19 (30.5%) had borderline symptoms. Confirmed anxiety was significantly associated with the educational level ($p = 0.03$) (illiterate:

87.5%, primary: 68.4%, secondary: 35% and university: 46.7%). Similarly, having a family history of chronic disease (OR=3.3; $p=0.02$), suffering from severe fatigue (OR=36, $p<0.01$), having associated depression (HAD score \geq 11) (OR=19.5; $p<0.001$) and having poor quality of life [Ankylosing spondylitis quality of life questionnaire (Asqol) Score \geq 13] (OR=15.8; $p<0.001$) were statistically associated with higher prevalence of confirmed anxiety symptoms.

Conclusions: It was found that patients treated for AS frequently suffer from psychological co-morbidities, particularly anxiety, which can lead to a further deterioration in their quality of life and even their withdrawal from active life. Thus, anxiety should not be ignored when treating these patients.

Disclosure of Interest: None Declared

EPV0267

Postictal psychosis : Case Report and Literature Review

S. Ajmi*, M. Bouhamed, K. Makni, S. Hentati, I. Feki, R. Sallemi and J. Masmoudi

Psychiatry A, Hedi Chaker University Hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1011

Introduction: The prevalence of psychosis in patients with epilepsy is estimated approximately 7.8%. However, postictal psychosis appears to be much less common, with a prevalence of 2% in epilepsy. Postictal psychosis is defined as psychotic episodes starting within less than one week after an epileptic seizure.

Objectives: Our aim was to study the clinical characteristics and the therapeutic options through a case report and a review of the literature.

Methods: Case report and unsystematic literature review were obtained by searching the Pubmed.gov database. Thirty-six articles were identified through searches of this database and thirty-five articles were included in the selection of in-text articles integral

Results: A 32-year-old men patient, without a personal or family history of psychiatric illness, was admitted to a psychiatric unit for a psychotic episode which has started three days before, mystical delusions, irritability, disorganized behavior, and aggressiveness, that had emerged shortly after a cluster of generalized tonic-clonic GTC seizures. Additionally, divided attention and memory deficits were noticed during psychiatric hospitalization.

Past medical history was relevant for epilepsy since he was 20 years olds. He did not regularly attend follow-up neurology appointments and had poor adherence to antiepileptic treatment. Last tomography images, a day before the hospitalization in psychiatry, had documented hypodense lesions in the periventricular white matter and subcortical semi-oval center distributed bilaterally and symmetrically suggestive of leukopathy. During the hospitalization, biochemical screening, renal and thyroid function were normal, serologies for B and C hepatitis were negative.

Psychotic symptoms subsided in the first 36 hours after admission upon treatment with Risperidone 4 mg/day, carbamazepine 600 mg/day, and 150 mg phenobarbital.

Conclusions: From our research, we can deduce that although these syndromes are widely recognized, standard diagnostic manuals fail to acknowledge them, resulting in a noticeable lack of

attention in the literature. Therefore, it is crucial for physicians to carefully examine patients with known risk factors for the symptoms of postictal psychosis.

Disclosure of Interest: None Declared

EPV0268

Post-Ictal Mania: A Case Report with Literature Review

W. Haouari*, S. Omri, A. Labyadh, R. Feki, I. Gassara, N. Smaoui, J. Ben Thabet, M. B. Maalej, M. Maalej, N. Charfi and L. Zouari

Psychiatry C, Hedi Chaker university Hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1012

Introduction: While postictal mania is a well-recognized clinical condition, it has received less research attention compared to other postictal manifestations.

Objectives: Drawing upon an analysis of a case report that underscores the clinical and therapeutic challenges associated with comorbid epilepsy and mania, a literature review was carried out to investigate the connection between these two disorders.

Methods: We illustrate a case of comorbidity between mania and epilepsy and provide a concise review of the literature summarizing the key characteristics of this association.

Results: This case pertains to Mr. M, a 44-year-old male with a history of frontal epilepsy characterized by secondary partial generalization, which was partially controlled with sodium valproate. He was admitted to our service due to acute agitation following a loss of consciousness lasting a few minutes.

Upon admission, the patient exhibited symptoms of mental confusion. A neurological examination did not uncover any abnormalities. Brain computed tomography revealed mild frontal atrophy. Video electroencephalography conducted during the interictal period and outside the episodes of confusion did not reveal any abnormalities. The patient was restarted on sodium valproate (20 mg/kg/day) and clonazepam (2 mg/day). Following a lucid interval of ten days, the patient started to manifest psychiatric symptoms, which included irritability, hostility towards his spouse, increased talkativeness, thought pressure, and an unusual sense of familiarity, raising suspicion of post-ictal mania.

Conclusions: Based on this clinical case and the existing scientific literature, post-ictal mania occupies a distinct position among the mental disorders observed in the post-ictal period. Therefore, clinicians must be aware of these conditions to facilitate accurate diagnosis and appropriate management.

Disclosure of Interest: None Declared

EPV0269

Association between G6PD deficiency and schizophrenia A case report

B. Abassi^{1*}, F. Fekih-Romdhane¹, F. Baccar¹, M. Cheour¹, R. Damak¹ and S. Ellini¹

¹Ibn Omrane, Razi Hospital, Mannouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1013