

retardation associated with Monoamine Oxidase – A (MAOA) deficiency (Brunner et al. Science 1993; 262 578-580).

Objectives: To present a REM sleep behavior disorder (RBD) case in a patient with Brunner syndrome.

Methods: The present study is a case report of a patient followed in our hospital's outpatient care. We also searched for previous case reports of sleep disorders and other clinical features in Brunner syndrome using a pubmed query.

Results: A 46-year-old Spanish male, diagnosed with Brunner syndrome due to the mutation c.1438A>G/iVS14-2 A>G, a loss-of-function mutation in the X-linked MAOA gene. He suffers from mild mental retardation and psychotic disturbances treated with SSRI and antipsychotic drugs. The patient was referred to our outpatient care to assess his sleep abnormal behaviors. He had been presenting with episodes of sleep-related vocalization and complex motor behaviors during sleep for the last 3 years, correlating with dream mentation. His relatives recounted episodes of talking, screaming, gesturing, kicking, falling out of bed and crying during sleep. Dream content referred by the patient was often related to persecutions, attacks and fights.

Polysomnography revealed vocalization and gesticulation during REM sleep compatible with the diagnosis of RBD. The addition of clonazepam to his treatment at doses of 1-3 mg per day achieved significant clinical response of the sleep disorder.

Conclusions: The clinical presentation suggested the diagnosis of RBD case in a patient with Brunner syndrome. Although sleep disorders are not one of the most important or frequent clinical features in Brunner syndrome, they are described in the literature and can significantly affect the patient's quality of life. To our knowledge, this is the first report about clinical management of RBD case in Brunner syndrome.

Disclosure of Interest: None Declared

EPV1049

Gender dysphoria: Psychological impact and social repercussions

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Introduction: Gender dysphoria is defined as a multisystemic medical condition in which a person has a marked mismatch between their biological sex and the gender with which they identify.

Objectives: To highlight the psychological impact and social repercussions of gender dysphoria and to discuss the different aspects of management aimed at optimising a better quality of life for these patients.

Methods: We describe the clinical cases of 5 patients followed at the child psychiatry department and the adolescent diagnostic centre of agdal, who were diagnosed with gender dysphoria.

Results: Clinical vignette:

- A.B: 15-year-old patient, followed in our training for a recurrent depressive disorder comorbid with borderline personality and gender dysphoria. This patient is a victim of school bullying altering his psychosocial functioning and generating thoughts of death.

- H.A: 16 year old patient, followed in our training for gender dysphoria comorbid with adrenal hyperplasia, indicating feminization surgery.
- I.D: 17 year old female patient, victim of sexual assault, admitted to our training for suicide attempt. She presents a gender dysphoria, comorbid with a borderline personality.
- C.G: 22 year old patient, followed in our training for gender dysphoria comorbid with a panic disorder. She is a patient describing an anxious experience with dysthymia.
- L.K: 23-year-old patient, followed in our training for gender dysphoria. He is a patient who would have been a victim of verbal and physical aggression generating a post-traumatic stress disorder having had a significant impact on his socio-professional life.

Conclusions: Primary care physicians need to be aware of gender-related disorders and the importance of early recognition of these emerging disorders. A multidisciplinary approach is needed to manage these disorders.

Disclosure of Interest: None Declared

EPV1050

EARLY ONSET AGGRESSIVE BEHAVIOR INDUCED BY PERAMPANEL IN THE TREATMENT OF CHRONIC INSOMNIA: A CASE REPORT

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Introduction: Chronic insomnia, resistant to different treatments (pharmacological, sleep hygiene and cognitive-behavioral therapy) remains one of the greatest challenges in our daily practice as psychiatrists. The pharmacological options include benzodiazepines and their analogues (zolpidem, zopiclone, etc.). However, when trying to treat chronic insomnia the use of off-label drugs, including antidepressants with sedative action (such as trazodone), antipsychotics or antiepileptic drugs, is not uncommon. Perampanel is a non-competitive AMPA receptor antagonist, marketed for the treatment of partial onset epilepsy and primary generalized tonic-clonic seizures. It has been used in the treatment of chronic insomnia with positive results and it has shown to improve the quality of sleep in a recent observational retrospective cohort study.

The most frequent adverse effects of Perampanel include dizziness and drowsiness. Perampanel can also cause psychiatric and behavioral adverse effects, aggression and irritability in up to 10% of patients, as well as depression, and suicidal ideation, with higher rates in patients with psychiatric history.

Objectives: To draw attention to possible adverse effects of Perampanel and to add knowledge to improve the treatment for chronic insomnia.

Methods: Case report and non-systematic literature review of the current data.

Results: A 33 year old woman with Anorexia Nervosa was admitted to the psychiatric hospitalization unit due to suicidal ideation and a history of chronic insomnia. Perampanel was started at a dose of 2mg/day, progressively titrated to 6mg/day, following patient's