

hyperactivity that may present in (hypo)manic and/or depressive episodes, tend to persist after clinical stabilization. While adult patients with ADHD typically experience ceaseless mental activity and wandering mind, BD patients may have racing thoughts and perceive them as making sense. ADHD patients may have poor socio-occupational achievement that may lead to low self-esteem, low self-confidence and depressed mood. Features like course of illness, psychiatric family history and treatment response may help differentiate the two entities. The treatment must start with mood stabilization and then proceed to the treatment of ADHD symptoms.

**Conclusions:** A complete clinical history, with particular focus in the neurodevelopmental history, is important but sometimes is not enough for an accurate diagnosis of this comorbidity. As so, clinicians should be aware of the high comorbidity rates to prevent misdiagnosis and provide the best care for both disorders.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; adhd

## EPV0296

### Anxiety, depression and tinnitus: a cross-sectional study about 60 cases

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**Introduction:** Tinnitus is an auditory perception of a “phantom” nature with highly changing features. There is an established correlation between anxiety, depression, sleep disorders and tinnitus.

**Objectives:** To evaluate the prevalence of sleep disorders and emotional disorders during tinnitus and their correlation to the severity of the symptomatology

**Methods:** A descriptive cross-sectional study of 60 patients consulting for subjective tinnitus. For each patient we collected epidemiological data and performed an ENT and general examination, an audiometric and psychoacoustic evaluation and a psychometric evaluation. To evaluate the severity of the tinnitus we used the visual analog scale VAS and the subjective tinnitus severity test (STSS). Disability was assessed by the Tinnitus Handicap Inventory (THI). Anxiety and depression were assessed by: the Hamilton anxiety Rating scale and the Beck depression inventory.

**Results:** The prevalence of emotional disorders was: 21.7% for depression, 48.33% for generalized anxiety disorder, 11.67% for dysthymia, 5% for agoraphobia 16.67% for panic disorder and 1.67% for social phobia. The intensity of tinnitus was correlated with more panic disorder ( $p=0.008$ ). Subjective severity of tinnitus was correlated with disability ( $p=0.0001$ ), awareness of tinnitus in relation to sleep duration ( $p=0.006$ ) and disturbed sleep ( $p=0.047$ ). Disability was correlated with subjective tinnitus severity ( $p=0.0001$ ), panic disorder ( $p=0.0007$ ), generalized anxiety disorder ( $p=0.033$ ), and poor sleep quality ( $p=0.005$ ).

**Conclusions:** Our results emphasize the importance of emotional disorders as well as sleep disorders in chronic “tinnitus”. These

disorders should be systematically investigated and eventually treated in order to optimize the management of the patients.

**Disclosure:** No significant relationships.

**Keywords:** Anxiety; Depression; tinnitus; sleep disorders

## EPV0297

### Hypomagnesemia In Patients Of Critical Care And Alcohol Withdrawal Syndrome: A Review

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**Introduction:** Magnesium is one of the crucial electrolytes that plays a significant role in maintaining various cellular and metabolic processes. Studies demonstrate that Hypomagnesemia is evident in patients of critical care unit and alcohol withdrawal syndrome. Low Magnesium level is associated several dreadful complications as such higher mortality, cardiac arrhythmias, septic shock, prolonged ICU stay, increased need for intubations and delayed weaning from ventilation etc. Prescribing Magnesium with cautious supervision might prevent these alarming sequels. Value to determine Hypomagnesemia regarding critical patients is extremely significant to determine timing for possible interventions.

**Objectives:** To review the impact and significance of low serum Magnesium level on prognosis of patients with critical care unit and alcohol withdrawal syndrome.

**Methods:** To evaluate our research topic, we search through “Pubmed” and “Google Scholar” database using key words “Hypomagnesemia”, “Critical care” and “Alcohol withdrawal syndrome”, articles popped up. We select 5 articles on the basis of internal and external validity.

**Results:** Level of Magnesium determination is extremely crucial to steer proper management in ICU, CDU, and critically ill patients. Studies reflecting most of the patients in critical care and alcohol withdrawal syndrome suffer from Hypomagnesemia. Most recent studies demonstrate that a level below 0.75 mmol/L is considered Hypomagnesemia for total Mg and level below 0.42 mmol/L for ionized Mg.

**Conclusions:** Hypomagnesemia is associated with dire consequences and fatal outcomes for critical patients in terms of mortality, prolonged ICU stay, septic shock as well as need for mechanical ventilation. Supplementing Mg with careful monitoring could prevent lethal aftermath while treating patients of AWS and critical care.

**Disclosure:** No significant relationships.

## EPV0298

### Management of Parkinson’s disease challenged by co-morbid drug abuse

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**Introduction:** Parkinson's disease (PD) is a neurologic degenerative condition with complex neuropsychiatric manifestations which can be challenging to manage and greatly impact quality of life and prognosis.

**Objectives:** The description of this case aims to highlight the complex interaction between PD, drug-abuse and impulse control disorder (ICD).

**Methods:** Clinical information was obtained through patient interviewing and medical records consulting. A literature review on the topic was conducted.

**Results:** We report the case of a 52-years-old male with PD diagnosed at the age of 45, presenting with rigidity of right limbs and freezing of gait. He had a history of multiple substance-abuse: hashish, heroin and cocaine, with cessation of all substances by the age of 40. The patient responded well to antiparkinsonian medication initially, but needed frequent adjustments and developed ICD secondary to dopamine agonists, presenting pathological gambling and hypersexuality. At 47 he restarted using cocaine stating that it diminished the motor symptoms. Motor symptoms worsened and became partially responsive to medication. Pharmacologic options were limited due to ICD. He developed dopamine dysregulation syndrome, abusing dopaminergic drugs and requesting multiple prescriptions. Deep brain stimulation surgery was proposed, but the patient was deemed unfit for the procedure after two separate psychiatric evaluations, mainly because of behaviour and social problems in relation to sustained cocaine abuse and personality disorder. Attempts to stop drug abuse were unsuccessful despite several interventions by addiction psychiatry.

**Conclusions:** Co-occurrence of PD, substance-abuse and personality disorder poses as a therapeutic challenge conditioned by pharmacological iatrogenesis and behavioural disturbances, requiring a multidisciplinary and individualized approach.

**Disclosure:** No significant relationships.

**Keywords:** Addiction; Drug Abuse; Neuropsychiatry; Parkinson's Disease

### EPV0300

#### Less is more

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**Introduction:** Very few research about atrioventricular blocks (AVB) and use of antipsychotic drugs has been made, although it

may play an important role in the outcome of any patient affected by psychosis and AVB.

**Objectives:** To describe a case and review clinical data about AVB progression and neuroleptic treatment.

**Methods:** We describe a 37 years old inmate male patient who suffered from a first degree AVB and Schizophrenia, being long term treated with neuroleptics (risperidone 9mg/day, switched to paliperidone 9mg/day). Our patient presented very mild symptoms of asthenia and dizziness. An EKG was performed, showing AVB progression to Mobitz Type I<sup>1</sup>. No structural pathology was assessed by ecocardiography. Holter EKG showed also episodes of third degree AV block. Electrophysiology studies were performed showing a supra-hisian AV Block.



**Results:** Lower doses of Paliperidone were used (6mg) and maintained until nowadays. Control EKG showed regression to a known first degree AVB.

Being asymptomatic and studies revealing a supra-hisian AVB, no pacemaker was needed.

**Conclusions:** There is only a few cases described in scientific literature, and very limited data about AVB and neuroleptic drugs, although it is described as possible side effect using risperidone at higher doses. We suggest monitoring EKG to patients affected by AVB, using high doses of neuroleptic drugs. There is no data available about paliperidone metabolites and a possible progression of AVB.

We suggest more studies are needed to better understand and prevent side effects of neuroleptic drugs.

**Disclosure:** No significant relationships.

**Keywords:** AV Block; risperidone; paliperidone; EKG

### EPV0302

#### A Case of Adult Attention Deficit Hyperactivity Disorder with Non-Organic Psychosis Comorbidity

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**Introduction:** Although ADHD is the most frequently diagnosed psychiatric disorder in childhood, the majority of adults with ADHD are not diagnosed and 90% of the cases remain untreated. One of the main reasons that may lead to the missed diagnosis of ADHD in adults may be the high rate of comorbid psychiatric conditions masking the main symptoms.