

Several patients reported having unprotected sex. 58% of patients were vaccinated against hepatitis B, these patients were young for the most part. the majority of our patients were male, the first diagnosis was schizophrenia. 92% of our patients had a substance use disorder, mainly tobacco, followed by cannabis and then alcohol. Several patients reported having unprotected sex. 58% of patients were vaccinated against hepatitis B, these patients were young for the most part.

Conclusions: Disclosure of Interest: None Declared

EPV0237

Crohn disease and schizophrenia: fortuitous association or etiopathogenic link?

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Introduction: Crohn's disease is a chronic inflammatory bowel disease of multifactorial etiology. Its association with psychiatric disorders has frequently been reported, mainly with depressive or anxiety disorders. However, its association with schizophrenia remains exceptional.

Objectives: we will try to discuss this association.

Methods: In this regard, we report the case of a young patient, aged 24, diagnosed 5 years ago with Crohn's disease, evolving by remission flares, currently treated with Azathioprine, after failure of corticosteroid bolus.

Results: The patient was admitted to psychiatry for aggression towards his parents. In view of the history of the disorders as reported by the family and the psychiatric interview, the diagnosis of schizophrenia was retained and the patient was put on amisulpride.

Conclusions: Schizophrenia and Crohn's disease are relatively frequent diseases, generally occurring at a young age, whose etiopathogenesis, multifactorial, involves in both cases genetic, environmental and immunological factors. Their association does not seem fortuitous and arouses both etiopathogenic and therapeutic interest, but studies involving a large number of patients would make it possible to elucidate the link between these two diseases.

Disclosure of Interest: None Declared

EPV0238

Alcohol consumption and cardiovascular risk: a descriptive study in a psychiatric short stay unit

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Introduction: Patients with mental disorders have a decreased life expectancy, being the main reason the cardiovascular disease. An important proportion of patients present a comorbid drug consumption. Amongst drugs, alcohol is the most frequent, and it is associated with a higher cardiovascular risk. The metabolic syndrome is one of the most employed tools to assess cardiovascular risk.

Objectives: - To describe the demographic characteristics of the patients with an active alcohol consumption that were admitted to the hospital during the period of study.

- To describe the prevalence of metabolic syndrome in the sample, according to the Adult Treatment Panel III (ATP-III) criteria.

Methods: Retrospective observational study of three months duration. Data was collected from all patients admitted to the hospital during the period of study, with no specific exclusion criteria. Descriptive statistics were performed.

Results: During the period of study 172 patients were admitted to the hospital (56.4% women and 43.6% men). A 44.8% presented alcohol consumption (25% sporadically, 6.4% weekly and 13.4% daily). Amongst women, 1% presented daily and 1% weekly consumption. Amongst men, 21.3% presented daily and 5.3% weekly consumption.

The prevalence of metabolic syndrome in the study sample was 29.11%. In the alcohol consumption group, the prevalence was 24.7% and differed according to the pattern of consumption: 43.5% in the daily consumption group, 27.3% in the weekly and 14% in the sporadically consumption group.

Conclusions: On the one hand, in the sample of study a higher percentage of men present an active alcohol consumption, compared to women. It is remarkable the high percentage of daily alcohol consumption amongst men in our sample.

On the other hand, the prevalence of metabolic syndrome in our sample is similar to the one found in scientific literature regarding patients with mental disorders. It is noteworthy in our sample the increased prevalence of metabolic syndrome found in patients with a daily alcohol consumption, and a decreased prevalence in those with a sporadic pattern.

Disclosure of Interest: None Declared

EPV0239

Psychosis in autism spectrum disorder: a clinical review

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Introduction: Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by frequent comorbidity including mood, anxiety and psychotic disorders. Psychiatric comorbidity in ASD has been associated with poor prognosis.

Objectives: To summarize clinical data regarding the relationship between autism spectrum disorder and psychosis comorbidity, namely its epidemiology, diagnosis, treatment and prognosis.

Methods: We conducted a non-systematic review of the literature relevant to the topic published in the PubMed database. Articles were selected based on title and abstract review.

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