

before her admission to the hospital she visited her daughter, which aligns with the onset of symptoms.

Methods: After both the brain CT scan and the lab results came back normal, the patient was admitted to the psychiatric clinic of the General Hospital of Corfu. On the fourth day of the patient's hospitalization - when both her speech and the psychomotor agitation showed signs of improvement- we were informed that three days before her admission to the clinic she visited the emergency department of another hospital where she was treated for hyponatremia. The patient's hyponatremia was corrected over the span of twelve hours by 35 mEq.

Results: After receiving this information, we ordered a brain MRI scan which revealed a central pontine myelinolysis. The result can explain the clinical symptoms that our patient showcased before her admission and could have been caused by the rapid correction of hyponatremia.

Conclusions: The patient's speech was fully restored after four weeks and there were no symptoms consistent with any psycho emotional disorder.

Disclosure of Interest: None Declared

EPV0248

QTc prolongation in patients hospitalized in enclosed psychiatric facilities in Corfu

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Introduction: An undeniably significant amount of psychotropic medication can evidently affect the corrected QT (QTc) interval, which puts patients' lives at risk. More specifically, certain anti-psychotic medication can increase the risk of QTc prolongation and by extension the risk of a potentially fatal arrhythmia or sudden cardiac death.

Objectives: Electrocardiograms (ECG) were contacted in one hundred and four (104) chronic patients, with psychosis, through out their hospitalization in several enclosed psychiatric facilities in Corfu. Almost the entirety of the patients along side their anti-psychotic medication were also taking various other medication for their individual pathological issues. We observed any changes that might have occurred on the ECG in comparison with each patient's medication and it's potential effect on the QTc.

Methods: The measurements of the QT interval were made manually in lead V5 and the mathematical conversion was contacted using the Hodges correction formula.

Results: At least one ECG (n = 104) was performed. Among them 29,8% (n=31) had ECG abnormalities, including 13,5% (n=13) with a prolonged Qtc (481.2 ± 26,8 ms). Covariates significantly associated with the QTc were gender (+17.2 ms if female, p < 0.0001) and age (+0.4 ms/year, p = 0.0001).

Conclusions: The QTc prolongation that was evident in a notable number of patients, emphasizes the importance of QTc monitoring in patients who are taking anti-psychotic medication. QTc prolongation risk factors should be assessed before the administration or prescription of any anti-psychotic medication.

Disclosure of Interest: None Declared

EPV0249

Persistent Adult-Onset Attention-Deficit/Hyperactivity Disorder (ADHD) Manifesting as Occupational Impairment: Highlighting the Therapeutic Potency of Methylphenidate

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Introduction: This case study emphasizes the significance of considering unrecognized adult-onset ADHD, particularly in patients with chronic forgetfulness and occupational inefficiencies refractory to standard treatment options. The case outlined involves a 33-year-old male with enduring cognitive impairments, leading to Extreme Anxiety Disorder with detrimental consequences on his professional progression and personal well-being.

Objectives: This necessitates the need for advanced research initiatives and broader awareness programs to facilitate improved diagnostic accuracy and optimization of therapeutic outcomes. Emphasizing ADHD as a potential cause of such symptomatology in adults and integrating effective treatment options can potentially pave the way to personalized therapeutic protocols.

Methods: The patient was approached via meticulous reconsideration of previous unsuccessful treatment paradigms that primarily included antidepressants and anxiolytics, which yielded cyclical patterns of negligible amelioration, compounded by intermittent emergence of suicidal ideation. Given the limited response, a differential diagnosis of Adult-Onset ADHD was entertained.

Results: The therapeutic intervention involving Methylphenidate administration led to a remarkable enhancement in the patient's mental health and occupational efficiency. Progress was also evidenced in the patient's improved confidence and self-esteem, with critical implications for his professional and personal life dynamics.

Conclusions: This case study underscores the transformative potential of precise ADHD management in adults with chronic cognitive impairments. Further research studies involving larger cohorts are warranted to enhance the understanding of adult ADHD, its prevalence, and therapeutic strategies, which could serve as key elements in improving the overall quality of life for these patients.

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The difficulties of Adult ADHD management within a Community Mental Health Team

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