EV956

Psychiatric symptoms as onset of anti-NMDAR encephalitis

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Introduction Every more often, there is evidence that shows a relationship between psychiatric symptoms and autoimmune disorders. Such is the case of anti-NMDAR encephalitis, in which it has been recently described the development of psychotic symptoms. Anti-NMDAR encephalitis is an autoimmune disorder that involves IgG autoantibodies against the NMDA receptor subunit GluN1. This last fact could support the relationship with the glutamatergic model of schizophrenia.
Objective To conduct a current review to deepen the detection and management of anti-NMDAR encephalitis, due to the frequent existence of psychiatric symptoms at onset, which have contributed to the difficulty of diagnose.
Method Systematic review of the literature in English (PubMed), with the following keywords: "Autoimmune encephalitis", "psychosis", and "NMDA receptor".
Results Autoimmune encephalitis appears more frequently in children and young adults and it is characterized by a prodromal period, in which there usually are non-specific symptoms of headaches or fever. Next, it could progress to cognitive deficits, seizures, catatonic symptoms and psychosis. However, sometimes in the rarest clinical presentations, there is nothing but psychiatric symptoms at the onset of encephalitis, which leads to misdiagnose and lack of proper treatment. This fact has stimulated the curiosity of the psychiatry scientific community, since the anti-NMDAR encephalitis may mimic the glutamatergic model of schizophrenia.
Conclusions To make an accurate and detailed diagnostic formulation in people with psychiatric symptoms as onset of any disorder is essential to determine whether it is a primary psychiatric disorder or symptoms associated to another disease.
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EV959

Psychoneuroimmunology alternations as a comorbidity of post-traumatic stress disorder in veterans – case report

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Post Traumatic Stress Disorder (PTSD) is defined as an extensive response to a major traumatic event. Psychoneuroimmunology represents an integrative approach in tackling and understanding various human diseases and disorders such as cardiovascular, autoimmune and physical complaints/chronic pain. Psychosocial context influences brain stress response pathways and modifies stress-related behavior. In this case report, we observed 5 patients, veterans from Croatian War of Independence (1990-1995), who suffer from PTSD. They have altered stress reactivity, as well as distinct expression for genes involved in immune activation. Those patients have been found to exhibit a number of immune changes including increased circulating inflammatory markers, increased reactivity to antigen skin tests, lower natural killer cell activity, and lower total T lymphocyte counts. The traumatic event (Croatian War of Independence) generates downstream alterations in immune function. This case report imply that immune dysfunction caused by PTSD may mediate or facilitate somatic conditions.
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EV960

Possible anti-inflammatory role of perivascular macrophages in a model of depression induced by chronic mild stress in rats

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Perivascular macrophages (PVM) are hematopoyetic cells that migrate to the brain perivascular space modulating the interactions between the immune and central nervous systems (CNS). Previously, their depletion with the icv administration of the pro-apoptotic drug clodronate encapsulated in liposomes increased the vascular production of the proinflammatory prostaglandin E_2 (PGE_2), the release of ACTH, corticosterone and fever, induced by the intravenous administration of Lipopolysaccharide (LPS). Further studies also demonstrated a decrease in the synthesis of the anti-inflammatory prostaglandin 15d-PGJ_2.
With this background, we decide to deeper explore the mechanisms involved in the anti-inflammatory profile of PVM by depleting them in a model of depression induced by chronic mild stress (CMS) exposure in rats.
Our results showed an increase of the proinflammatory cytokines TNFα, IL-1 and IL-6 at mRNA levels in the prefrontal cortex of the groups of animals where the PVM were depleted, as well as in the protein levels of the pro-inflammatory nuclear factor NF-κB, the enzymatic pro-inflammatory enzymatic sources iNOS, COX-2 and m-PGES-1 and their product PGE_2. A concomitant decrease of the 15d-PGJ_2 mediator was also observed. In addition, we also checked whether the depletion of PVMs could regulate the expression of molecules implicated in the leukocyte traffic and infiltration in the CNS in our CMS model. Thus, the mRNA levels of the chemokines MCP-1, fractalkine and the adhesion molecule VCAM appeared increased in the animals without PVMs.
In summary, our results could suggest a potential anti-inflammatory role for PVMs in a depression model chronic stress-induced as CMS.
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EV961

Management and psychiatric manifestations of anti-NMDA receptor encephalitis, a case report

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Introduction Anti-NMDA receptor (NMDAR) encephalitis, formally recognized in 2007 by Dalmau et al, is an autoimmune disorder with a complex presentation that includes psychiatric symptoms, memory deficits, and autonomic instability. The exact incidence is unknown but age, gender, and ethnicity may all play a role. Presence of antibodies against the GluN1 subunit of the

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NMDAR in the CSF and serum confirm the diagnosis of NMDAR encephalitis.
Case report We report the case of a previously healthy, 19-year-old woman, 6 weeks pregnant. She had a generalized tonic-clonic seizure followed by psychiatric symptoms, including insomnia, emotional lability, delusions, and disorganized behavior. During the course of the disease, she demonstrated speech impairments and catatonic features associated with abnormal movements.
She was provided lorazepam 1 mg twice a day to treat her catatonic symptoms, her insomnia and her speech improved. Olanzapine was introduced, reaching a dose of 20 mg/day for managing psychosis and agitation.
Discussion NMDA-R encephalitis is a novel disorder with prominent psychiatric manifestations that is widely underdiagnosed. Neuroleptics may be helpful for managing psychosis and agitation, but may exacerbate movement abnormalities. Benzodiazepines are helpful for agitation, insomnia and catatonia associated with this condition.
Conclusion Earlier recognition of this illness is crucial as prompt diagnosis and multidisciplinary treatment, can potentially improve prognosis. There is an increasing need for psychiatrists to become aware of the disorder and consider it in their differential diagnosis, specially in patients with new onset psychosis, history of encephalitis or subtle neurological symptoms. Careful selection of psychopharmacological interventions may reduce suffering.
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EV963

Depression among HIV-infected patients–a reality that must not be forgotten

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Introduction HIV-infection is a very stigmatized, chronic disease with increased rates of psychiatric disorders, being major depression the most common.
Objective To review the recent research related to depression in HIV-infected patients.
Methods Literature review based on PubMed/Medline, using the keywords "HIV" and "depression".
Results HIV-infected patients have a chance 2-7 times higher of developing major depression, around the time of diagnosis or during the course of their illness. However, only fewer than 50% of the cases are recognized clinically. Several factors contribute to its under-recognition and under-treatment, such as the overlap between the neurovegetative symptoms of depression, the somatic symptoms of HIV disease, and the effects of comorbid diseases; the mistaken belief that depressive symptoms are expected in this group; the neuropsychiatric side effects associated with some antiretrovirals. Besides, major depression presents important diagnostic challenges due to biological, psychological, and social components associated with the infection. The authors will analyze the clinical presentation.
Depression has been associated with a negative impact on quality of life, poorer HAART adherence, faster HIV disease progression and increased mortality risk. Importantly, however, appropriate psychiatric intervention can do it over. In fact, studies suggest that patients receiving SSRI treatments for depression have rates of adherence and $CD4^+$ T-cell counts similar to non-depressed patients receiving HAART.
Conclusions The high prevalence of major depression in HIV-positive individuals and its serious consequences if untreated, increase even further the importance of its effective identification and subsequent treatment in this group of patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV964

Anxiety among HIV-infected patients – when anxiety is a disorder and not simply a natural reaction to a life-threatening illness

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Introduction HIV infection is a chronic disease characterized by a great deal of uncertainty and unpredictability, being anxiety disorders a frequent psychiatric problem.
Objective To provide an overview of anxiety in HIV-infected patients.
Methods Literature review based on PubMed/Medline, using the keywords "HIV" and "anxiety disorders".
Results HIV-infected individuals can experience symptoms of anxiety across the spectrum of anxiety disorders. Adjustment disorder with anxious mood is the most common diagnosis, followed by generalized anxiety disorder and panic disorder. Some patients present with these disorders prior to notification, others develop them during the course of their illness, mainly at key moments. In HIV-infected patients, anxiety can be a manifestation of side effects of medication; a symptom of an illness associated with HIV disease; or, most commonly, the psychological response to the stressors of the illness. In fact, many issues are responsible for the anxiety experienced by people living with HIV. The authors will analyze them. Besides the distress of anxiety disorders, these lead to a decrease in adherence to antiretroviral treatments, resulting in adverse progression of HIV disease and increased risk of mortality. Importantly, however, appropriate psychiatric intervention can do it over.
Conclusions Careful diagnosis and treatment of anxiety disorders in the context of HIV disease is even important, given the serious effects if untreated. Thus, anxiety should never be seen simply as a natural reaction to a life-threatening illness.
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EV965

AIDS mania – is it a potential indicator to initiate HAART?

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