

younger than 44 y.o.; The odds were statistically significantly higher in respondents with diagnosed severe anxiety (vs. no anxiety, aOR 26.0,  $p < 0.001$ ), alcohol use disorder (vs. no disorder, aOR 7.9,  $p = 0.004$ ) and suicidal behaviour disorder (vs. no suicidality, aOR 5.3,  $p = 0.01$ ).

**Conclusions:** One-month prevalence of OCD in Latvian general adult population is 0.6%. Young age, diagnosed severe anxiety, suicidal behaviour and alcohol use disorder are significantly associated with the OCD.

**Disclosure of Interest:** None Declared

## EPP0204

### Bipolar and obsessive-compulsive disorders psychopathological intersection: An exploratory study

Y. A. Ferrao\*, M. Bertoluci, L. S. Boff, H. Beckhauser, I. Ghorzi and G. Langa

Clinical Neurosciences, Porto Alegre Health Sciences Federal University (UCSPA), Porto Alegre, Brazil

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.535

**Introduction:** Bipolar Mood Disorder (BD) and Obsessive-Compulsive Disorder (OCD) are psychiatric conditions that frequently co-occur and express a challenging phenomenology for treatment and diagnosis, since obsessive-compulsive symptoms tend to fluctuate according to mood phases of BD patients. Understanding the shared psychopathology of this comorbidity has relevant implications for the treatment of these patients, and the hypothesis that BD and OCD would have a shared neurobiology is currently being discussed. Most studies of this comorbidity have examined differences between BD and BD/OCD patients or between OCD and BD/OCD patients. This study aimed to analyze in detail the clinical, phenomenological and psychopathological characteristics of patients with BD, OCD, and BD/OCD.

**Objectives:** This study aimed to analyze in detail the clinical, phenomenological and psychopathological characteristics of patients with BD, OCD, and BD/OCD.

**Methods:** This study consisted of a sample of 21 BD patients, 21 OCD patients and 21 BD/OCD patients who underwent the application of the MINI, Y-BOCS, DY-BOCS, HAM-D, HAM-A, YMRS, of Sensory Phenomena (USP), as well as questions about sociodemographic characteristics, personal and family psychiatric history. We performed the YBOCS scale asking patients with BD to respond 3 times the scale: in the current time (during euthymia) and retrospectively for previous manic or depressive episodes.

**Results:** BD/OCD group had a higher rate of having stopped working due to comorbid disorders, a higher history of family suicide attempt and completed family suicide, a higher prevalence of substance use disorder in the family, and a higher prevalence of hoarding symptoms. In the BD sample, 47,6% had obsessive-compulsive symptoms. The presence of OCD conferred a higher prevalence of sensory phenomena. Patients reported a 19% (median, 0.19, range -1.00 to 1.88) worsening of OCD during depression, and a 9.5% worsening (median, 0.095, range of -1.00 to 1.36) during the manic phase.

**Conclusions:** The results suggest that BD/OCD patients have greater loss of functionality, higher rates of hoarding symptoms, family history with greater suicidality and higher rates of substance

use disorder (SUD) and worsening of OCD in both mania and depression. The psychopathological findings of this study allow us to conclude that BD/OCD patients have higher morbidity.

**LIMITATIONS:** Small size sample and possible recall bias in the interview, as questions were asked retrospectively.

**Disclosure of Interest:** None Declared

## Old Age Psychiatry 02

### EPP0205

### Prevalence of neuropsychiatric disorders in internally displaced persons with dementia during wartime in Ukraine

M. Dzis\* and L. Rakhman

Psychiatry, Psychology and Sexology, Lviv National Medical University after Danylo Halycky, Lviv, Ukraine

\*Corresponding author.

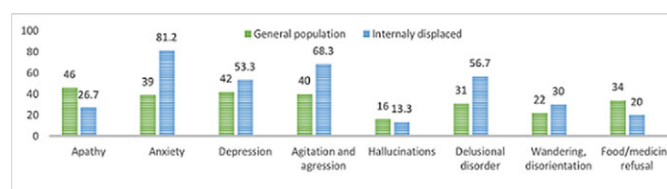
doi: 10.1192/j.eurpsy.2023.536

**Introduction:** During the second wave of Russia-Ukraine war, around 8 million were internally displaced. Negative mental health impact of the war cannot be underestimate. Among internally displaced persons (IDPs), particularly vulnerable category is people with neurocognitive deficits. Stress associated with displacement may cause a change not only in cognitive functions, but also affect the onset or evaluation of behavioral and psychological symptoms. **Objectives:** to study the prevalence of neuropsychiatric disorders in hospitalized patients with dementia, who were internally displaced and to compare with general population frequency.

**Methods:** 64 IDPs with dementia (moderate and severe neurocognitive deficits) who were examined during March-September 2022. Cases of newly arrived persons were taken into account, after 1 to 30 days had passed since their relocation. The diagnosis was verified based on the ICD-10 criteria (F00-F01). The degree of neurocognitive deficit was determined using the MMSE and MoCA tests. Affective pathology was studied using the HAM-D, HAM-A, PHQ-9, AES scales. Psychotic symptoms and behavioral disorders were studied based on clinical examination and medical records. The study was conducted in Lviv Regional Psychiatric Hospital.

**Results:** among the examined patients, 60 (94% of all examined) had neuropsychiatric disorders. Among this sample, neuropsychiatric symptoms (an isolated symptom or a combination of two or more symptoms) occurred with the following frequency: apathy 16 (26.7%), anxiety 49 (81.7%), depressive symptoms 32 (53.3%), agitation and aggression 41 (68.3%), hallucinatory symptoms 8 (13.3%), delusional disorders 34 (56.7%), wandering and disorientation 18 (30%), refusal of food and medicine 12 (20%)

**Image:**



**Conclusions:** In this study the frequency of occurrence of certain neuropsychiatric syndromes among IDPs with dementia differed from the studied average frequency of occurrence of the same symptomatology among the general population. In particular, anxiety symptoms among IDPs with dementia occurred 42% more often than on average among patients with dementia in the general population (with a frequency of 81% vs 39%), agitation and aggression - 28% more often (68% vs 40%), and delusions - 16% more often (57% vs 31%). At the same time, symptoms such as apathy (by 19%) and refusal to eat (by 14%) were observed less often among IDPs with dementia than among dementia patients from the general population

**Disclosure of Interest:** None Declared

## EPP0206

### A Case Report of Low-Dose Steroid Induced Psychosis in an Older Adult with Rheumatoid Arthritis

N. Edokobi<sup>1\*</sup>, S. Sreevalsam Anil<sup>2</sup> and J. Wells<sup>2</sup>

<sup>1</sup>Virginia Tech Carilion School of Medicine and <sup>2</sup>Department of Psychiatry, Carilion Roanoke Memorial Hospital/Virginia Tech Carilion School of Medicine, Roanoke, United States

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.537

**Introduction:** Rheumatoid arthritis (RA) is typically known for its intra-articular manifestations in the joints, and steroids are considered one of the first-line medications for it. Steroids are known for neuropsychiatric manifestations, but it is rarely reported in low-dose steroids.

**Objectives:** We describe a case of psychosis in an older adult with RA precipitated by low-dose prednisone with no past history of neuropsychiatric symptoms from steroids in the past five years.

**Methods:** Miss X is a 63-year-old female with past history of RA, major depressive disorder, hypothyroidism, chronic obstructive pulmonary disease, and hypertension, presented with one-week history of irritable mood, increased psychomotor agitation, decreased need for sleep and appetite, and delusions of grandeur and persecution. Her depression had been treated with oral duloxetine 60mg twice daily, oral buspirone 10mg at night, and oral trazodone 150mg at night. She did have a urinary tract infection a week prior, but the psychotic symptoms persisted with antibiotic treatment. Miss X had also been on a monthly taper regimen of low-dose oral prednisone for RA (from 15mg to 5mg) for the past three months and had completed the regimen one week ago. On mental status examination, she was alert and oriented to time, place, and person. Her mood was irritable with lability. She demonstrated tangential speech along with persecutory and grandiose delusions. Attention and concentration was normal with intact immediate and remote memory and impaired recent memory. Abstract ability, judgment, and insight were impaired. Physical examination and vital signs were within normal limits. Laboratory investigations of complete blood count, urine analysis, urine drug screen, thyroid function panel, renal function panel, hepatic function panel, serum

sodium, potassium, calcium, thiamine, vitamin B12, folate, and vitamin D did not show any significant abnormalities.

**Results:** Miss X was admitted to the inpatient psychiatric unit with the diagnosis of medication-induced psychotic disorder, with onset after medication use as per The Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition- Text Revision. Oral olanzapine 10mg at night and oral lithium 300mg twice daily was started along with her home medications of oral duloxetine 60 mg twice daily and oral trazodone 150mg at night. During hospital stay, oral olanzapine was gradually increased to 15mg in the night but had to be reduced back to 10mg in the night due to sedation. Miss X's symptoms improved during hospital stay and she was discharged on the 13<sup>th</sup> day of hospitalization with the same psychotropic medication regimen.

**Conclusions:** Our case demonstrates the need for caution in prescribing steroids in older adults as it can precipitate neuropsychiatric symptoms even with a change in use or after withdrawal of steroids.

**Disclosure of Interest:** None Declared

## EPP0207

### Psychiatric admission decrease during COVID-19 lockdown in older patients

O. Martin-Santiago<sup>1\*</sup>, M. C. Vallecillo-Adame<sup>1</sup>, T. Jimenez-Aparicio<sup>1</sup> and A. Perez-Escudero<sup>2</sup>

<sup>1</sup>Department of Psychiatry, Hospital Clínico Universitario de Valladolid, Valladolid and <sup>2</sup>Complejo asistencial de Zamora, Zamora, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.538

**Introduction:** Coronavirus disease 2019 (COVID-19) modify voluntary admission rates to psychiatric wards in the early phases following pandemic onset. Older patients have higher COVID-19 distress scores because elderly people are at risk for COVID-19 infection.

**Objectives:** The present investigation aimed at admission rates of elderly patients to a General Hospital Psychiatric Ward during the lockdown due to the COVID-19, compared to similar periods of 2018 and 2019.

**Methods:** Anonymized data on psychiatric admissions (n=55) from one general hospital psychiatric ward have been obtained and analysed. We compared admission characteristics between April and June of 2018 and 2019 with the same period of 2020 (lockdown).

**Results:** During the COVID-19 lockdown, a significant reduction in psychiatric hospitalizations of older patients (aged >65 years) was observed in the lockdown (69.2%;  $\chi^2=4.823, df=1, p=0.028$ ) in contrast with young patients (26.7% reduction). There was a reduction of 14% in admission due to suicidal behaviour (IRR = 0.57; 95% CI: 0.11-2.75; p=0.48), 25% in depression (IRR = 0.28; 95% CI: 0.64-1.25; p=0.09) and 50% in psychotic disorders (IRR = 0.33; 95% CI: 0.07-1.48; p=0.15). There was none admission by dementia during the lockdown.

**Conclusions:** Changes in the number of psychiatric admissions, particularly for older patients, were observed during the COVID-19