Results: We present a case of a 44-year-old Ukrainian man with suspected background of chronic alcohol abuse and psychiatric history of schizoaffective disorder, who presented with acute onset of confusion, psychomotor agitation, gait ataxia and nystagmus. Anamnesis was hampered by the language barrier and absence of past medical history and patient's alcoholic habits remained unclear. After suspicion of WE it was introduced thiamine and diazepam, with significant improvement. After discontinuation of diazepam, the patient presented with several episodes of tonic-clonic seizures. He was medicated for seizures with clinical stabilization. At time of discharge the diagnostic discussion prevailed.
Seizures are a common presentation of various conditions associated with alcohol use, whose differential diagnosis is difficult, especially in patients with dubious alcohol consumption. Alcohol abuse is a major precipitant of status epilepticus as seizure threshold is raised by alcohol drinking. Seizures may also occur during alcohol withdrawal, for which treatment with benzodiazepines is recommended, however carefully, since both abrupt cessation and high-dose use are critical for the appearance of seizures. Although very rare, WE may also present with seizures, whereby overdiagnosis and overtreatment are preferred to prevent persistent neurocognitive impairments.
Conclusions: This case illustrates the complexity of neuropsychiatric diagnoses in dual pathology. It requires a longitudinal assessment for a better understanding of clinical conditions and establishment of the best therapeutic approach.

Disclosure of Interest: None Declared

EPV0254

An auditory Charles Bonnet Syndrome managed with psychological intervention: A case report

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Introduction: Charles Bonnet Syndrome (CBS) is an age-related disorder characterized by complex visual hallucinations in older persons with vision loss and underlying ocular pathology. The management of these symptoms is imprecise and combines psychological measures with psychotropic drugs.
Objectives: to discuss the non-pharmacological management of Bonnet syndrome through a case report.
Methods: We report a case of atypical CBS in a 76-year-old male patient presenting with visual and auditory hallucinations that were improved by reassurance.
Results: The past medical history was significant for diabetic retinopathy, difficulty hearing due to bilateral sensorineural hearing loss. He recognized these visions as unreal and felt distressed by them. No cognitive impairment was observed on several neuropsychological tests. He was reassured of the false nature of the visual experiences after explanations that he had no mental illness and that the problem could disappear. He was taught how to keep the images away by closing his eyes for sometimes and repeated blinking. After six weeks of psychological intervention, the visual experiences had disappeared without using any drug
Conclusions: In the management of CBS drug treatments remain partially satisfactory. Nonpharmacological interventions focus on the reduction of the visual pathway deprivation. This therapeutic alternative seems to provide positive benefits.

Disclosure of Interest: None Declared

EPV0255

HOW NOT TREATING ADHD IN ADULTS CAN GENERATE CLINICAL PICTURES THAT ARE DIFFICULT TO INTERPRET: A CASE REPORT

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Introduction: ADHD is a neurodevelopmental disorder that occurs in childhood and can persist in adulthood in a percentage of cases ranging from 15% to 70% (*Cheung, C. H. et al. J. Psychiatr. Res. 2005; 62, 92–100*). In these cases, if not treated, ADHD symptoms can cause severe dysfunction (*Biederman, J., et al. Am. J. Psychiatry 2000; 157(5), 816–818*) often leading to misdiagnosis.
Objectives: The aim of this case report is to describe the clinical picture of a 26-year-old boy with ADHD and the consequences deriving from the missed diagnosis of the disorder during childhood.
Methods: We report a case of undiagnosed and untreated ADHD and the ensuing consequences.
Results: G.V. is a boy who came to our attention complaining about a vague depressive symptomatology. After psychopathological examination we detected mood instability, with the alternance of phases characterized by deep despair and melancholy and phases of agitation with internal tension and generalized anxiety. He reported a tendency to act on an impulsive basis and an occasional abuse of cocaine together with a daily abuse of high doses of Alprazolam. During the past years the boy had been visited by several psychiatrists who made various diagnoses (borderline or avoidant personality disorder, cyclothymic disorder) and prescribed various drugs but none of these were able to stabilize the psychopathological condition. The clinical history revealed the presence of a pervasive picture of inattention and hyperactivity since childhood which had heavily conditioned the patient's functioning over time. The inattentive pattern has persisted unchanged over the years, while the hyperactive one has improved leaving room for a stable sense of internal tension and generalized anxiety on which mood fluctuations are cyclically inscribed. A diagnosis of ADHD, combined presentation type, was made by using the DIVA-5. The patient was first prescribed lithium, which was subsequently replaced with valproic acid. After mood stabilization and the reduction of anxious symptoms prolonged-release methylphenidate was added to therapy, obtaining resolution of the clinical picture.

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Conclusions: Almost all adults with ADHD exhibit a lifelong pattern of frequent mood swings and irritability. Given that many mental health practitioners are unfamiliar with emotional lability in adult ADHD, a bipolar, or cluster B/C personality disorder is more likely to be considered as the cause of the mood swings (*Fayyad, J. et al. BJPsych 2007; 190, 402–409*). An accurate collection of clinical history can guide the diagnosis and help to address adequate treatment.

Disclosure of Interest: None Declared

EPV0256

Alcohol use in adult patients with autism spectrum disorder (ASD). Case report

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Introduction: Patients with autism spectrum disorder are characterized by high anxiety when facing social situations and dealing with interpersonal relationships on a daily basis. Although initially because of their rigid personality with the norm, and their tendency to social distancing, we do not have in mind this pathology as the most likely to develop a substance use disorder. However, it is observed in the literature a remarkable percentage of patients who resort to consumption, mainly alcohol, as an anxiolytic to be able to interact in society.
Objectives: To show the case of a 19-year-old adult with a diagnosis of ASD who resorts to alcohol consumption in her daily life as a strategy to manage anxiety in social situations.
Methods: Case report and literatura review
Results: This is a 19-year-old woman with a recent diagnosis of ASD. She is studying biotechnology and lives with her parents and 3 siblings. The patient reports difficulty in social relationships since early childhood, with experiences of school bullying. She expresses desire to relate with others, although she does it in an inadequate way, with difficulty in detecting nonverbal language, irony and anger when she does not understand a joke. The patient confesses that since she was 16 years old she has consumed alcohol to mitigate the anxiety caused by facing a group of people. She says that she feels that it relaxes her and facilitates interaction, making it more fluid and less tense. However, she recognizes that initially she used to drink 1 or 2 beers, but now she needs to drink up to 2 glasses of gin, recognizing this as something problematic.
Conclusions: The literature shows how patients with ASD can also present substance use disorder. It has been shown that about 10% of these patients have an abusive use of alcohol. Other samples show wider ranges (7-71%) of prevalence of alcohol consumption in patients with autism. In relation to cannabis, it is seen that around 3% of these patients consume it. These patients seek its anxiolytic effect and to reduce mental health symptoms. In addition, the purchase of alcohol does not involve high social interaction to obtain it, since it is a substance that can be purchased legally. It is important to explore alcohol consumption in consultation with patients with ASD to help them develop more functional anxiety management strategies.
Reference: Prevalence of psychiatric disorders in adults with autism spectrum disorder: A systematic review and meta-analysis. Lugo-Marín.J et al. 2019. Research in Autism Spectrum Disorders Volume 59, March 2019, Pages 22-33

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EPV0257

Infliximab induced severe depression and suicidal thoughts in patient with bipolar disorder

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Introduction: Infliximab is a tumor necrosis factor-alpha (TNF-α) inhibitor commonly used in the treatment of autoimmune disorders such as rheumatoid arthritis and ankylosing spondylitis. An increased risk of opportunistic infections, malignancy, and neurodegenerative diseases have been widely documented as adverse effects of IFX therapy. Few reports exist serving the notice of new-onset psychiatric symptoms linked to IFX treatment, such as suicidal behaviors in adults and elderly patients, as well as psychosis in an adolescent. Psychiatric side effects while under IFX treatment are reported to be rare.
Objectives: Here, we present a case of a female with bipolar disorder who developed a long-standing depressive episode with suicidal thoughts after her fourth infusion of infliximab for her ankylosing spondylitis
Methods: Retrospective life chart was created, including infliximab infusion.
Montgomery Asberg Depression Scale was applied at time of hospitalisation and discharge.
The Naranjo Adverse Drug Reaction Probability Scale was applied.
Results: A 55 year old female with ankylosing spondylitis and bipolar disorder was treated with IFX for 8 months. During this period, a total of 4 infusions were administered and AS symptoms were well responding to the treatment. Patient describes the onset of depressive symptoms such as anhedonia and insomnia after the infusion of third IFX infusion, gradually progressing to loss of function and suicidal thoughts and hospitalization in a psychiatry clinic.
The patient had a history of bipolar disorder for 10 years with recurrent manic and depressive episodes, 4 hospitalisations and 1 cure of ECT.
Patient was on sertraline, maprotiline and diazepam at the time of hospitalization. We started treatment with aripiprazole, quetiapine and valproate, followed for 4 weeks as an inpatient, consulted with rheumatology treatment options and neurology for demyelinating disorders, no pathology was discovered. Rheumatology suggested the continuation of IFX infusion under psychiatric control. Fifth dose of IFX infusion was administered and patient was discharged after euthymic mood was established and insomnia and suicidal thoughts were deteriorated. Upon follow up, depressive symptoms recurred and lamotrigine was added for augmentation.