

## EPP0153

**Changes in neuropsychiatric symptoms and caregivers' distress in behavioral variant frontotemporal dementia and Alzheimer's disease in 12 months**

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**Introduction:** In behavioral variant frontotemporal dementia (bvFTD) neuropsychiatric symptoms are a significant concern as they impact care management and caregiver wellbeing.

**Objectives:** To describe change in individual neuropsychiatric symptoms and associated caregivers' distress assessed by the Neuropsychiatry Inventory (NPI) in patients diagnosed with bvFTD and Alzheimer's disease (AD) from baseline to a 12-month follow-up.

**Methods:** The sample consisted of 31 patients diagnosed with bvFTD and 28 patients with AD and their caregivers. The NPI and the Addenbrooke's Cognitive Examination Revised (ACE-R) were applied. Descriptive statistics, Mann-Whitney U test, Wilcoxon test, Chi square ( $\chi^2$ ) were used.

**Results:** At baseline, significantly higher scores were observed for the bvFTD group for: agitation, disinhibition and eating disturbances. The latter two were also higher in the NPI Distress subdomains. At followup, there were significantly higher scores for the bvFTD group in agitation, disinhibition, eating disturbances, hallucination and irritability. For the NPI Distress subdomains, agitation, eating disturbances and hallucination scores were significantly higher for the bvFTD group.

**Conclusions:** In 12 months, neuropsychiatric symptoms increased in both bvFTD and AD groups. However, NPI subdomain and caregiver distress scores were statistically higher among bvFTD patients at both assessment points. Neuropsychiatric symptoms may be associated with care burden in bvFTD and should be a focal point in care management decisions.

**Disclosure:** No significant relationships.

**Keywords:** behavioral dementia frontotemporal (bvFTD); Alzheimer's disease; aging; Neuropsychiatric symptoms

**Others**

## EPP0151

**"Hypochondriac" discourse in the modern society: a way to self-care about health or health anxiety?**A. Tkhostov<sup>1\*</sup>, E. Rasskazova<sup>2,3</sup> and V. Emelin<sup>1</sup>

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**Introduction:** Modern social discourse emphasizes an importance of health either as a limiting resource that needs to be "saved" and

"restored", or as a vulnerability that should be protected, or as a "natural gift" that needs support and recovery by natural methods including alternative medicine. Advertisement adds to the social discourse a meaning of health as a sign of success. Research demonstrated that beliefs in any of these meanings is associated with higher adherence to medical recommendations but also higher catastrophizing of bodily sensations, somatosensory amplification and belief in bodily weakness (Rasskazova et al., 2017).

**Objectives:** To reveal relationships of beliefs and thoughts in "hypochondriac discourse" with subjective importance of health self-care and health-oriented behavior.

**Methods:** 340 participants 17-77 years old filled "Hypochondriac" Discourse Questionnaire (Rasskazova et al., 2016) that includes four scales measuring beliefs and four scales measuring frequency of thoughts about each health meaning, and Health Self-Care Scale (Rasskazova et al., 2021) that differentiates subjective importance of different ways of self-care and activities (Cronbach's alphas .66-.80).

**Results:** All beliefs in "hypochondriac discourse" except importance of alternative medicine are related to medical health monitoring and active styles of life ( $r=.23-.43$ ) but unrelated to reported activities. Frequency of thoughts about "hypochondriac discourse" are related to adherence to health behavior ( $r=.31-.49$ ).

**Conclusions:** Frequent thoughts about "hypochondriac discourse" could be protective factor helping to support active life styles but also could lead to over-protection in healthy people. Research is supported by the Russian Foundation for Basic Research, project No. 22-28-01643

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**Keywords:** "Hypochondriac"; discourse; self-care; health behavior

## EPP0153

**Psychiatrist-led treatment of hepatitis C (HCV) at an opioid agonist treatment (OAT) clinic in Stockholm - enhancing the HCV treatment care cascade**M. Kåberg<sup>1,2\*</sup>, P.-E. Klasa<sup>3</sup> and T. Nordin<sup>3</sup>

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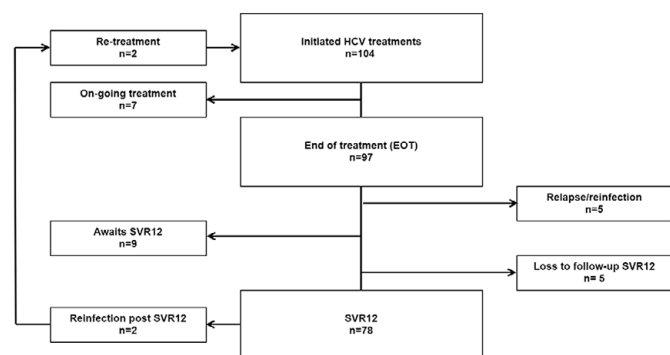
**Introduction:** People who inject drugs (PWID) and opioid agonist treatment (OAT) patients have an increased hepatitis C (HCV) prevalence. Studies among these populations show promising HCV treatment results, which is essential to reach the WHO goal of eliminating HCV as a major public health threat by 2030.

**Objectives:** To introduce psychiatrist-led HCV treatment at an OAT clinic and to investigate HCV treatment results, i.e. sustained virological response at 12 weeks post treatment (SVR12) and numbers of reinfections.

**Methods:** Prima Maria OAT clinic in Stockholm, provides OAT for 450 patients. The majority have a history of injection drug use. Baseline HCV prevalence (January 2018) was retrospectively

investigated through medical charts. In January 2018, psychiatrist-led HCV treatment (with consultation support from infectious diseases specialists) was introduced at the clinic. Prospective treatment results, numbers of reinfections and incidence rates between January 2018 and April 2021 were further investigated.

**Results:** Baseline data (n=418), showed that 46% were not tested for HCV. Of those tested (n=225), 64% had a chronic HCV infection. By January 2021, 104 HCV treatments were initiated. 97/97 (100%) were HCV RNA negative at end-of-treatment. 78/88 (89%) reached SVR12. Overall, 2 reinfections were noted after SVR12 corresponding to a reinfection rate of 3.5/100 PY. Numbers of HCV treatment did not decrease during the COVID-19 pandemic.



**Conclusions:** To enhance the HCV treatment cascade, targeted HCV diagnosis efforts are needed. Bringing HCV treatment to OAT clinics enhance the HCV care cascade. HCV treatment education for psychiatrists/addiction specialists makes HCV treatment more sustainable, as specifically noted during the COVID-19 pandemic.

**Disclosure:** This study was partly funded by Gilead Nordic Fellowship 2020. The funders had no role in study design, data collection and analysis, decision to publish or preparation of the poster/manuscript.

**Keywords:** Cascade of care; Opioid agonist treatment; People who inject drugs; Hepatitis C

## EPP0154

### Trichotillomania in adulthood, a case report.

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**Introduction:** Trichotillomania is a disorder (estimated prevalence 0.5-2.0%) with common onset in childhood, rarely seen in adulthood, characterized by the repetitive pulling out of one's own hair leading to hair loss and functional impairment, associated with

other comorbidities: major depression (39-65%), anxiety disorder (23-32%), SUDs (15-19%), OCD (13-27%).

**Objectives:** To present a case of late-onset trichotillomania in a 60-year-old woman.

**Methods:** The present study is a case report of a patient visited in outpatient psychiatry for trichotillomania. We also searched previously case reports, series and systematic reviews of clinical trichotillomania using a pubmed query.

**Results:** This is a 60-year-old morbidly obese woman diagnosed with dysthymia, binge eating disorder and histrionic personality disorder. She explained a worsening of anxiety associated with work problems of one year of evolution and, for six months, the beginning of the plucking of eyebrow hairs and scabs to decrease this symptom, with inability to avoid the behaviour and without eating the hairs. The mental evaluation highlighted psychic anxiety, hypothyroidism, low self-esteem and feelings of failure and did not suggest a delirium. We started treatment with topiramate up to 150mg/day which was not successful. After that we switched to fluoxetine up to 60mg/day associated to psychotherapy observing a slight gradual improvement.

**Conclusions:** The clinical presentation suggested the diagnosis of trichotillomania in the context of dysthymia. No particular medication demonstrates efficacy in the treatment of trichotillomania. Preliminary evidence suggests treatment effects of clomipramine, NAC and olanzapine based on individual trials with small sample sizes. Research findings also recommend psychotherapy based on habit reversal.

**Disclosure:** No significant relationships.

**Keywords:** Trichotillomania

## EPP0155

### Role of nurses in the initiation and the monitoring of Lithium

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**Introduction:** Lithium is the oldest known treatment of bipolar disorders and remains the gold standard. Nevertheless, it remains difficult to handle, largely due to its narrow therapeutic index and its long-term side effects. Thus, it requires special initiation and monitoring measures.

**Objectives:** This study aims to assess nurses' knowledge and attitudes regarding lithium. A protocol on Lithium initiation and monitoring will be established.

**Methods:** This is a descriptive study including 20 nurses in a psychiatry department conducted from January to May 2021 based on an self-assessment questionnaire that was established to assess nurses' knowledge about Lithium, its side effects, initiation and monitoring.

**Results:** None of the recruited nurses had any training regarding the use of lithium. The vast majority of subject (85%) said that lithium's dosage must be individualized and adaptable to each patient throughout a specific blood test. 90% recognized renal failure as the most common contraindication of lithium. Complete Blood Count (CBC), and renal check-up were the only tests