

**Objectives:** For this review, we aimed to compile published case reports from the past 20 years to review late-onset mania as one of the neuropsychiatric outcomes of stroke and its management.

**Methods:** literature search on Pubmed, PsychInfo, and Embase utilizing keywords combinations: Bipolar, Manic, Mania, Secondary, Stroke, Poststroke, Post-stroke, Elderly, Old, Late onset, Late-onset, Lateonset, Hemisphere, Brain, Vascular, Infarction.

**Results:** Among the 17 case reports, the age of onset of manic episode ranged from 47 to 86 with a mean of 67 years. Of the 17 cases, the right hemisphere was the most frequently affected (14/17, 82%), with cerebrovascular lesion involving the left hemisphere in 3 cases (17.6%).

**Conclusions:** Clinicians should consider mania secondary to an organic cause in patients presenting with focal or soft neurological signs or symptoms, manic episode with atypical symptoms such as visual or olfactory hallucinations, altered mental status, disorientation, impairment in memory or cognition, unusual age of onset for bipolar disorder, or unusual illness course such as single episode of mania or poor response to psychopharmacologic treatment. Some reviews suggest combination of mood stabilizers and second-generation antipsychotics. Benzodiazepines recommended as an adjunctive drug for acute management such as agitation, aggressive behavior or disinhibition.

**Disclosure:** No significant relationships.

**Keywords:** mania; late onset; post-stroke; Elderly

## EPP0509

### Pseudobulbar affect as an early manifestation of HIV-related toxoplasmosis

N. Arbelo<sup>1\*</sup>, L. Ilzarbe<sup>1</sup>, M. Gascón González<sup>2</sup>, C. Llach<sup>1</sup> and L. Pintor<sup>1</sup>

<sup>1</sup>Hospital Clínic Barcelona, Psychiatry, Barcelona, Spain and <sup>2</sup>Hospital Clínic de Santiago, Servicio De Psiquiatría, Santiago de Compostela, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.743

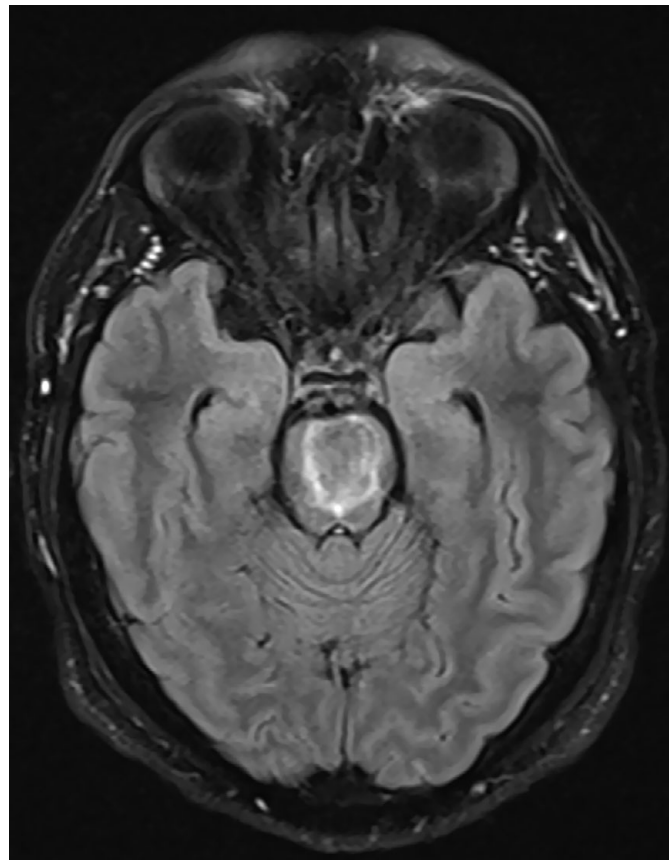
**Introduction:** Pseudobulbar affect (PBA) is an emotional disorder characterized by uncontrollable outbursts of laughing and/or crying. It is caused by lesions that damage pathways in the frontal lobe and descending to the brain stem, basis pontis and cerebellum. The main causes are neurodegenerative diseases.

**Objectives:** To present a case of PBA secondary to cerebral toxoplasmosis.

**Methods:** The present study is a case report of a patient admitted for HIV-related toxoplasmosis to our hospital. We also researched previous case reports of PBA secondary to CNS infection using a pubmed query.

**Results:** Mr. JA is a 38-year-old male, with no prior psychiatric or medical history. He reported having had same-sex sexual encounters previously. He was admitted for ataxia and dysarthria in a medical unit, and diagnosed of HIV infection, with a CD4 count of 19 cells/ $\mu$ L. The MRI showed a lesion of 22x19x18mm with ring enhancement predominantly in basis pontis, compatible with toxoplasmosis (Image1). Treatment with sulfadiazine, pyrimethamine and dexamethasone was initiated. After five days of hospitalization he was referred to Consultation-Liaison Psychiatry for involuntary and uncontrollable outbursts of laughing and crying,

insomnia, but no other psychopathological symptoms. Therefore, citalopram 20mg per day was started, with reduction on the frequency of outbursts.



**Conclusions:** The clinical presentation suggested the diagnosis of PBA due to cerebral toxoplasmosis. Although we found no previous reports of PBA related to HIV infection or toxoplasmosis, the location of the toxoplasmosis lesion is congruent with the typical damaged pathways in PBA. To our knowledge, this is the first report about PBA secondary to HIV-related toxoplasmosis.

**Disclosure:** No significant relationships.

**Keywords:** HIV; toxoplasmosis; Consultation-Liaison psychiatry; pseudobulbar affect

## EPP0511

### Psychopathological characteristics of patients eligible for a diacetylmorphine prescription program: an ecological pilot study

I. Gothuey<sup>1,2</sup>, M. Jeannin<sup>1\*</sup>, R. Bouzegaou<sup>3</sup>, A. Kuntz<sup>2</sup> and V. Salamin<sup>2</sup>

<sup>1</sup>Fribourg University, Science And Medicine Faculty, Fribourg, Switzerland; <sup>2</sup>Freiburg Mental Health Network, Adult Psychiatric Department, Marsens, Switzerland and <sup>3</sup>Freiburg Mental Health Network, Adult Psychiatric Department, Fribourg, Switzerland

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.744

**Introduction:** Agonist opiate treatments with diacetylmorphin (DAM) for heroin addiction have proven their effectiveness for a long time. But few studies focused on psychiatric troubles among the treated patients. As a new DAM program will open in Freiburg in Switzerland, in order to assess the eligibility to this program, we consider the psychiatric dimension using the Addition Severity Index French translation (IGT).

**Objectives:** Assessing the patient eligibility for the DAM program and describing psychopathological characteristics

**Methods:** Assessing eligibility for a Dam program in Switzerland is based on some criteria defined by OFSP: Be adult, failure of at least two previous addiction treatments, intravenous consumption. In addition, the included patients (N=10) passed an interview with a trained examiner, to fill the addiction severity index scale (multi-dimensional psychometric scale). The result of the psychiatric dimension of IGT was compared with the psychiatric diagnosis in the medical file to assess the internal reliability of the descriptive method. Statistical method for little sample, mean, median, descriptive datas and Fisher test were applied.

**Results:** All kind of affective disorders, were the most representative psychiatric trouble in the studied population (47%) followed by personality disorders (32%) and severe anxiety troubles (21%). The psychiatric dimensional evaluation of IGT was consistent with the description file psychiatric diagnosis. In a surprising way, we found no psychosis spectrum troubles who could explained the previous treatment failure.

**Conclusions:** Affective disorders are overrepresented in our sample of addicted patient included in the DAM program. These troubles stay often underestimated. The have to be properly treated

**Disclosure:** No significant relationships.

**Keywords:** agonist opiate treatment; diacetylmorphine treatment; Addiction; dual disorders

## Obsessive-Compulsive Disorder / e-Mental Health 02

### EPP0514

#### How to raise awareness about electronic mental health services among prospect healthcare providers: a qualitative study on information preferences

P. Braun\*, A.-K. Schwientek, L. Guthardt, A. Loerbroks and J. Apolinário-Hagen

Institute Occupational, Social and Environmental Medicine, Centre For Health And Society, Faculty Of Medicine, Düsseldorf, Germany  
\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.745

**Introduction:** Since fall 2020, electronic mental health services (eMHSs) like apps can be prescribed by physicians and psychotherapists in Germany. However, future healthcare providers such as medical and psychology students remain reluctant to adopt eMHSs, even though they represent a vulnerable group with respect to developing mental health problems themselves. Reasons include scepticism and lacking awareness, which can be addressed by tailored multi-component information material. However, to date little is known about the most important information attributes to educate prospect healthcare providers on eMHSs.

**Objectives:** The objective of this study is to explore information preferences on eMHSs among medical and psychology students.

**Methods:** A total of 21 semi-structured interviews were conducted (n=16 medical and n=5 psychology students) across Germany based on a topic guide. Interviews were recorded, transcribed and content-analyzed using MAXQDA.

**Results:** Most students reported having little knowledge about eMHSs and that the issue of digital health has never been raised in their study, even though it is perceived as important. Concerning information design preferences, students favored light, neutral colors and a combination of short, compressible texts with matching images. Regarding the content, information about data protection, the underlying evidence base and the match with personal needs were perceived as important for utilization intentions, while there was little interest in tailored information focusing exclusively on psychology or medical students.

**Conclusions:** This study provides first insights into eMHS information preferences among prospect healthcare providers. In a next step, a discrete-choice conjoint experiment will be conducted to test the relevant information features on eMHSs.

**Disclosure:** No significant relationships.

**Keywords:** semi-structured interviews; information preferences; medical and psychology students; eMental health

### EPP0515

#### Using smartphone battery data to infer sleep-wake metrics in psychiatric cohorts – an exploratory study

S. Howes<sup>1\*</sup>, G. Gillett<sup>2</sup>, N. Palmius<sup>3</sup>, A. Bilderbeck<sup>4</sup>, G. Goodwin<sup>5</sup>, K. Saunders<sup>5</sup> and N. McGowan<sup>5</sup>

<sup>1</sup>John Radcliffe Hospital, Oxford University Clinical School, Oxford, United Kingdom; <sup>2</sup>King's College London, Institute Of Psychiatry, Psychology & Neuroscience, London, United Kingdom; <sup>3</sup>University of Oxford, Institute Of Biomedical Engineering, Oxford, United Kingdom; <sup>4</sup>Manor House, P1vital Products, Wallingford, United Kingdom and <sup>5</sup>University of Oxford, Department Of Psychiatry, Oxford, United Kingdom

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.746

**Introduction:** Disturbances to sleep-wake patterns are associated with bipolar disorder (BD) and borderline personality disorder (BPD). Objective assessment typically involves actigraphy monitoring, although it may be possible to derive sleep-wake metrics from other digital data, such as smartphone battery degradation.

**Objectives:** To assess whether common actigraphy-derived phase markers of the sleep-wake pattern (L5 and M10 onset) are in agreement with measures derived from smartphone battery data and explore if battery metrics differ between people with BD, BPD, and a healthy control group (HC).

**Methods:** High frequency smartphone battery data was collected from 30 BD, 19 BPD and 33 HC participants enrolled in the Automated Monitoring of Symptom Severity (AMoSS) study, over 28 days. Participants also wore an actigraph during this period. L5 and M10 values were calculated separately based on the rate of smartphone battery degradation and conventional actigraphy methods. Bland-Altman analyses were performed to assess agreement between battery-derived and actigraphy-derived values, and Kruskal-Wallis tests used to compare diagnostic groups.