Here, we discuss an unusual presentation of Huntington's Disease causing diagnostic dilemma.
Objectives: Case report discussing the unusual presentation of Huntington's Disease.
Methods: Case: Mr X is a 61 year old Caucasian male.He had an uneventful birth and early childhood attaining milestones appropriately. He experienced childhood adversity in the form of sexual abuse between ages 2-14 years. His mental health difficulties started following sexual abuse when he attempted to end his life by hanging and overdosing at age 15. He got married twice, both of which broke down. There is a history of significant alcohol abuse between ages 40-50. Following this, he had a myocardial infarction and a stroke requiring stenting.
He presented to Psychiatric Outpatient Services in 2011 with auditory hallucinations, social anxiety with panic attacks, OCD type rituals, claustrophobia and feeling hot all the time. He was started on an antipsychotic medication for psychosis ,but clinically deteriorated. He started having anger outbursts, marching on the spot ,and head banging. He was diagnosed with Huntington's Chorea in 2021 after he had developed chorea. He currently has low mood and is head banging for hours.
Results: Psychiatric symptoms in HD can span a variety of domains but most common are symptoms of frontal lobe dysfunction-disinhibition, poor attention, irritability, impulsivity and personality change. Apathy, emotional blandness and social withdrawal are also prominent features.
Mr X had strong family history of Paranoid Schizophrenia (aunt and cousin).There was no family history of HD. His mental health problems started early in life with DSH, Depression and Harmful use of Alcohol. He presented predominantly with psychotic symptoms like auditory hallucinations, social anxiety, paranoia. Motor symptoms started late which he incorporated into voluntary movements like head banging which made it difficult to differentiate from deliberate self harm.
Conclusions: Psychiatric symptoms constitute the core of HD. Studies have shown that though depression and personality change are typical of HD, there are number of other psychiatric symptoms that can impair quality of life. Early diagnosis and treatment of these symptoms will help patients and families to cope better with severe symptoms of this progressive disease.

Disclosure of Interest: None Declared

EPV0246

Concurrent Gender Dysphoria/Incongruence and Autism Spectrum Disorder, a literature review

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Introduction: Several studies have found that ASD (Autism Spectrum Disorder) and GD (Gender Dysphoria by DSM-V)/GI (Gender Incongruence by ICD-11) tend to co-occur, and in recent years the interest and publications on this comorbidity has increased rapidly.
Objectives: To review the prevalence of ASD in individual with a diagnosis of GD/GI.
To better tailor and improve care offered in the National Health Service (NHS) Gender Identity Clinics (GICs) throughout the UK.
Methods: Systematic literature review was conducted via Pub Med, MEDLINE and PsycINFO by the author, for all English-language articles published between 2018 and 2023, containing keywords as ASD, GD (Gender Dysphoria), GI (Gender Incongruence), transgender, autistic traits, autism, gender diversity, gender variance.
Results: Rate of people with ASD appear to be higher in people accessing Gender Identity Clinics (GICs) than in the general population. Results from this literature review show increased prevalence of GD and GI in ASD population.
Conclusions: This comorbidity has highlighted the importance of better tailor transgender healthcare services for people with neurodevelopmental conditions and neurodiversity, to avoid delay in ASD individuals accessing care and gender affirming medical treatments. Services should strive to provide an effective and equitable service. It is also important to better identify potential barriers for ASD people in accessing gender care. Literature also shows the people with ASD have more difficulties in communicating and describing their gender narrative and to express their wishes for gender treatments. Symptoms including problems in communications and social skills, obsession and rigidity can also impact their assessment of GD/GI in gender identity services. Some studies showed that for individuals who have concurrent ASD and GD/GI, assessment in GICs may be extended to better review their wishes for gender identity and for gender affirming treatment. Further research is needed to better investigate and understand factors explaining the relationship between ASD and gender diversity. There is still limited research in the real life experiences of gender diverse and autistic people. There is also a need to improve Gender reassignment protocol nationally to better care for individual with ASD and GD/GI throughout GICs in the UK.

Disclosure of Interest: None Declared

EPV0247

Osmotic demyelination syndrome (ODS), and psychiatric manifestations

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Introduction: Hyponatriemia can be potentially fatal if it is not corrected immediately. The rapid correction of chronic hyponatriemia can cause demyelinating brain lesions.
Objectives: A fifty-six year old female was brought to the emergency department of the psychiatric clinic by her daughter, with incomprehensible speech and psycomotor agitation. She was diagnosed several years ago with bipolar disorder, with valproic acid and quetiapine being her current medication. She has been living alone, in a small suburban city. Approximately twenty four hours