

communicated through multiple somatic complaints. The biopsychosocial model takes into consideration all factors affecting health and disease, supporting the integration of biological, psychological and social factors in the assessment and treatment.

Objectives: In our study we assess prevalence of alexithymia as a potential psychopathological attribute manifesting as unexplained somatic symptoms

Methods: 196 patients aged 18 to 60 with unexplained physical symptoms for at least three months, after collection of demographic data, medical and psychiatric history, were subject to Arabic version of the following scales : patient health questionnaire PHQ-15 to assess severity of somatic symptoms, patient health questionnaire PHQ-9 to assess depressive symptoms, generalized anxiety disorder GAD-7 to assess general anxiety disorder symptoms and Toronto Alexithymia scale TAS to assess alexithymia

Results: 90% of ours ample were female patients, 49,5% showed alexithymia, 27,6% were borderline alexithymic and 23% had no alexithymia. Patients with unexplained physical symptoms showed moderate to high depressive symptoms in 81,1% of the sample, moderate to severe anxiety symptoms in 73,5%. Severity of somatic symptoms as assessed by PHQ-15 were significantly highly correlated to scores for Alexithymia (TAS), depressive symptoms (PHQ-9) and anxiety symptoms (GAD-7) $p < 0,001$

Conclusions: Alexithymia is prevalent among patients with unexplained physical symptoms. This later population has high prevalence of depressive and anxiety symptoms that go with the severity of somatic manifestations

Keywords: Toronto Alexithymia Scale TAS; psychosomatic; somatization; alexithymia

EPP0255

The challenge of neuropsychiatric manifestations in parkinson's disease. A case report

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doi: 10.1192/j.eurpsy.2021.671

Introduction: We present the case of an 82-year-old patient who was treated by our liaison psychiatry unit after a suicide attempt through prescription-drug overdose. The patient had been diagnosed with Parkinson's disease (PD) ten years prior to his admittance and was being treated with carbidopa/levodopa and non-ergot dopamine agonists.

Objectives: Impulse control disorders and depression are the most prevalent neuropsychiatric manifestation of PD. According to several sources, this symptomatology is underdiagnosed and undertreated, causing helplessness and distress to patients and their caregivers. Likewise, the accumulated evidence suggests that certain drugs can contribute to the appearance of the aforementioned symptoms.

Methods: A case report is presented alongside a review of the relevant literature regarding the neuropsychiatric manifestations in the context of PD and the diagnosis and treatment of these symptoms.

Results: During his treatment, ropinirole was removed while quetiapine was progressively administered (up to 150mg/day). Carbidopa/levodopa regime was increased causing visual hallucinations and delusional jealousy. A careful balance between antiparkinsonian and antipsychotic medication needed to be achieved before discharge.

Conclusions: Neuropsychiatric manifestations in the context of PD are more prevalent than what was thought in the past. Certain medications, particularly non-ergot dopamine agonists could potentially contribute to the onset of these symptoms. Moreover, these manifestations can be underdiagnosed due to the stigma or social burden imposed upon family and / or caregivers. It is important that recent advances in the understanding of non-motor symptomatology of PD could permeate clinical practice to achieve an adequate identification and treatment of these symptoms.

Keywords: parkinson's disease; management; neuropsychiatric manifestations

EPP0256

"This is not a doctors thing, it is witchcraft" - A case report of acute psychosis concomitant to primary hyperparathyroidism

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doi: 10.1192/j.eurpsy.2021.672

Introduction: Primary hyperparathyroidism (PHPT), usually caused by a parathyroid adenoma, is characterized by a pathologically high secretion of parathyroid hormone and consequent hypercalcemia. PHPT has a high prevalence among elderly patients and might be responsible for neuropsychiatric symptoms.

Objectives: We aim to report the rare manifestation of acute psychosis accompanying a PHPT diagnosis, and to discuss the neurobiological relationship between hyperparathyroidism, hypercalcaemia and neuropsychiatric symptoms.

Methods: We present a clinical case based on patient's history and clinical data, along with a literature review on PHPT neuropsychiatric symptoms.

Results: We present the case of a 68-year-old man diagnosed with PHPT in November 2019. He was brought up to psychiatric evaluation for the first time in May 2020 upon behavioral changes (aggressiveness and bizarre rituals). The patient described the sensation of burns scattered throughout the body since January 2020, felling anxious and frightened, sleeping poorly and progressive social isolation. He presented delusional ideas of mystical and paranoid content. No significant cognitive impairments were found. The patient's psychosis was partially responsive to atypical antipsychotics. He's waiting for surgery. Hypercalcaemia might manifest as mood disorders, cognitive changes and rarely as acute psychosis. Although there is not yet a clear mechanism to explain it, high calcium levels seem to cause neurotoxicity and neurotransmission dysfunction. Restoration of normal calcium levels tend to resolve neuropsychiatric symptoms, but in PHPT parathyroidectomy is usually recommended.

Conclusions: Neuropsychiatric symptoms are responsible for great disability, and demand an organic in-depth investigation. A multi-disciplinary team approach must always be considered in the management of such conditions.

Keywords: hypercalcemia; hyperparathyroidism; old age; psychosis

EPP0257

Predictors of compliance in adolescents with type 1 diabetes mellitus

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doi: 10.1192/j.eurpsy.2021.673

Introduction: Non-compliance is a common problem in diabetes despite of the potentially drastic consequences. The study of the factors of compliance in adolescents with diabetes is not only important due to the possible practical implementations in health care, but also may be threatened as a model for understanding the age-specific aspects of compliance behaviours.

Objectives: The study was aimed to evaluate various, primary family-related, factors contributing to compliance behaviour.

Methods: Participants: 71 adolescents (f=44, m=27, age: 13-17) with diabetes mellitus type 1, without insulin pump usage, and their mothers. Instruments: compliance was assessed with MMAS and "Degree of compliance" (for 15-17-olders only) scales. Paternal attitudes were assessed by (1) ADOR questionnaire, yielding scores for: Positive interest, directiveness, hostility, autonomy, inconsistency; (2) Family anxiety analysis questionnaire, with scales: guilt, anxiety, tension. Illness attitudes were assessed with the Concerns of the illness progression model questionnaire. Interview data were used to assess such variables as duration of illness, frequency of therapist consultations y etc.

Results: Stepwise regression analysis suggested the best model for compliance being predicted ($R^2=.203$) by family anxiety ($\beta=-.406$, $p<.001$), duration of illness ($\beta=-.218$, $p<.05$) and frequency of consultations ($\beta=.0212$, $p<.05$). For 15-17-olders only compliance was better predicted ($R^2=.499$) by concerns about illness ($\beta=.876$, $p<.001$), distraction copings ($\beta=.501$, $p=0.001$), negative thinking ($\beta=-.421$, $p<0.02$) and frequency of consultations ($\beta=.274$, $p<.05$).

Conclusions: Low family anxiety, shorter duration, and more frequent contacts with therapist, as well as productive copings, absence of frequent negative thoughts and fantasies about illness contribute to compliance. Negative emotions hamper compliance instead of fostering it.

Keywords: compliance; diabetes; adolescents

EPP0258

Neuropsychiatric complications of traumatic brain injury

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doi: 10.1192/j.eurpsy.2021.674

Introduction: Traumatic brain injury (TBI) is a leading cause of morbidity and mortality, giving rise to a variety of neuropsychiatric syndromes associated with great functional impairments, chronic

disability and poor quality of life. Depending on diagnostic criteria, 20-90% of victims of TBI develop at least one neuropsychiatric manifestation in the first month, and about 40% present at least three symptoms during three months, with higher incidence in females. Survivors of TBI are at increased risk for development of severe, long-term psychiatric disorders. The aetiology of these disturbances remains unclear.

Objectives: To review current knowledge on the neuropsychiatric consequences associated with TBI.

Methods: Non-systematic review of literature through search on PubMed/MEDLINE database for publications up to 2020, following the terms "traumatic brain injury" and "neuropsychiatry".

Results: Although the experience of neuropsychiatric symptoms may be temporary and may resolve in the acute period, many patients with TBI can experience psychopathology that is persistent or that develops in the post-acute period, regardless of injury severity. These symptoms can involve personality changes, psychosis, major depression, generalized anxiety disorder, post-traumatic stress disorder, maladaptive social behaviours, poor disability adjustment, reduced coping skills and cognitive impairment. Evidence remains insufficient to conclude the role of TBI-related neuropathological consequences in the development of post-TBI neuropsychiatric disorder. Non-organic factors are also implicated in its generation and maintenance.

Conclusions: Neuropsychiatric sequelae are common following TBI. Several of these syndromes are amenable to treatment. Further investigations are required to better understand the mechanistic aetiology of these conditions and the effectiveness of therapeutic modalities.

Keywords: postconcussion; traumatic brain injury; neuropsychiatry

EPP0259

Antioxidant capacity as a novel biomarker of delirium after cardiac surgery

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doi: 10.1192/j.eurpsy.2021.675

Introduction: Coronary-artery bypass graft (CABG) surgery is known to improve cardiac function and decrease mortality, albeit, this method of treatment is associated with a high risk of postoperative delirium. The pathophysiology of delirium after cardiac surgery is largely unknown.

Objectives: To investigate whether oxidative stress reflected by decreased preoperative and postoperative plasma antioxidant capacity (AC) is independently associated with delirium after cardiac surgery. Furthermore, to assess whether the association