

EPV0321

Management of patients with conversion disorder

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Introduction: Conversion disorder (CD) is largely managed by primary care physician. A good knowledge of this disorder and a mastery of adequate therapeutic means will allow patients to recover promptly and reduce recurrences.

Objectives: To evaluate the management of CD by primary care physicians.

Methods: This cross-sectional and descriptive study involved 90 primary care physicians in the region of Sfax (Tunisia). We submitted a self-administered anonymous questionnaire to physicians to explore their practice towards patients with CD.

Results: Among the 90 doctors contacted, 54 (60%) responded to our questionnaire. Their age ranged from 25 to 70 years, with a median of 41 years. The sex ratio was 0.92. The average number of years of practice was 15 years (SD = 9.7). Half of the physicians reported that the consultation of a patient with CD lasted between 15 and 30 minutes. Faced with a first episode of CD, 61.1% of the doctors decided to treat the patient alone and 18.5% preferred to take the advice of a psychiatrist. In the case of a recurrence, 59.2% chose to refer the patient immediately to a psychiatrist. The use of pharmacological treatment was indicated by 64.8% of participants. Half of the doctors stated that they had difficulties in managing patients with CD.

Conclusions: According to our results, the management of CD by primary care physicians remained restrictive and difficult. It is therefore necessary to encourage primary care physicians to express the difficulties they encounter and to turn to their psychiatric colleagues for help.

Disclosure: No significant relationships.

Keywords: Conversion Disorder; Primary Care Physician; management

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An Impulsive Suicide Attempt in a Patient with No Psychiatric History and a Recent COVID-19 Diagnosis: A case report

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Introduction: The coronavirus disease 19 (COVID-19) pandemic has prompted concerns regarding increased suicide rates and exacerbation of underlying mental illness symptoms. •There is evidence suggesting neurocognitive changes as well as immune response in COVID-19 infection may increase a patient's propensity for suicidal ideation. • Patients who are diagnosed with COVID-19 may be affected by psychological factors of anxiety,

stress related to having this novel virus as well as depression, post-traumatic stress disorder and sleep disorders throughout treatment and post-treatment of continued concerns. •The combination of psychiatric, neurological, and physical symptoms associated with COVID-19 may elevate suicide risk

Objectives: We present a case of a female with no prior psychiatric history who impulsively attempted suicide after a recent COVID-19 diagnosis and subsequent quarantine. Will explore possible link between increase of suicidal ideation and COVID-19 infection.

Methods: A case report.

Results: Link between increase of suicidal ideation and COVID-19 infection has not been clearly established but there have been reports, as in our case, of the possible vulnerability to mental illness and new onset suicidal ideation that COVID-19 survivors may experience. It may be useful to screen all patients for depressive symptoms after a COVID-19 infection. Early identification and treatment of depression in recovered COVID-19 patients will help to improve psychological impact on COVID-19 survivors and potentially reduce suicide rates.

Conclusions: As COVID-19 infection may trigger new onset mental illness, exacerbate symptoms of underlying mental illness, and may increase suicidal ideation, further research is needed to evaluate links between COVID-19 infection and depression with suicidal ideation

Disclosure: No significant relationships.

Keywords: Coronavirus; Covid-19; Suicide

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Addison crisis related psychosis

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Introduction: Addison's disease (AD) is a rare disorder of the adrenal glands which causes deficiency of cortisol and aldosterone. It presents with a variety of symptoms, including neuropsychiatric manifestations. We discuss the case of a patient who exhibited psychotic symptoms in clear consciousness and no other clinical sign of AD.

Objectives: To investigate the association between AD and neuropsychiatric symptoms; to make clinicians aware of psychotic manifestations of AD as first presentation.

Methods: Case Presentation of a patient with psychosis and AD. A review of the literature was conducted in PubMed using the following keywords: Addison's disease, Addison crisis, psychosis, psychotic, neuropsychiatric

Results: A 32-year-old alert male patient presented with delusions of persecution, auditory hallucinations and mild psychomotor agitation after a stressful life event. Lab tests showed hyponatremia (132 mEq/L). Patient exhibited rapid clouding of consciousness after admission and further lab results showed low levels of cortisol. He was therefore started treatment with high doses of hydrocortisone with good response. A close association between AD and psychiatric manifestations was indicated by the literature review, especially in males and those with thyroid dysfunction comorbidity. These include a wide range of symptoms, such as apathy, catatonia, anxiety, depression, lethargy, delirium, cognitive disorder,