

antiretroviral therapy and to investigate whether mental health affects adherence to antiretroviral therapy.

Methods: A cross-sectional mixed observational correlation study in a sample of 112 HIV-positive individuals was conducted. The Simplified Medication Adherence Questionnaire (SMAQ) was used to assess adherence to antiretroviral therapy, the Beck Depression Inventory (BDI) was used to assess depression, and the WHOQOL – BREF tool was used to assess mental health.

Results: The results of the study showed that 58.93% of patients were found to be non-adherent to antiretroviral therapy. Furthermore, according to the BDI scale, 10.7% of patients experienced marginal clinical depression, 10.7% experienced moderate levels of depression and 2.7% experienced severe or very severe levels of depression. Further, people living with HIV had a moderate level of mental health ($M = 3.40$, $SD = 0.58$).

Conclusions: Our study showed that a high percentage of people living with HIV are non-adherent to antiretroviral therapy. Factors that are possibly associated with decreased adherence are mental health and especially depression. Psychological support for people living with HIV and anti-depressant prevention programs could increase adherence to antiretroviral therapy.

Keywords: HIV; mental health; adherence; antiretroviral therapy

EPP0240

An acute psychotic disorder revealing hyperthyroidism by thyroid neoplasia: A case study

S. Sellami^{1*}, N. Halouani², A. Chamseddine³, F. Ben Othman¹ and J. Aloulou⁴

¹Psychiatrie, Hedi Chaker University hospital, Psychiatry, Sfax, Tunisia; ²Psychiatrie, Hedi Chaker University hospital, sfax, Tunisia; ³Psychiatrie, Hedi Chaker University hospital, Psychiatry, sfax, Tunisia and ⁴Psychiatrie, Hedi Chaker University hospital, Psychiatry, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.657

Introduction: Rarely, thyroid cancer can lead to hyperthyroidism. The link between dysthyroidism and psychiatric symptoms is well established, but cases of psychosis associated with hyperthyroidism are rarely reported in the literature.

Objectives: Identifying psychosis secondary to hyperthyroidism caused by a secreting tumor through a case and literature review.

Methods: We report the case of a patient with thyroid suspect tumor and chronic psychosis. We performed a literature review based on a PubMed search with the following keywords: “dysthyroidism psychosis”.

Results: Mr. S,32, with a personal psychiatric history of chronic psychosis evolving since 4 years, without notable pathological history, was hospitalized in psychiatry for psychomotor instability, verbal hetero-aggressiveness, subtotal insomnia and refusal of treatment. The psychiatric examination revealed the presence of a chronic delusional syndrome with a theme of persecution, mysticism, and an interpretive, intuitive and hallucinatory mechanism, without dissociative syndrome. The somatic examination objectified a cachectic patient with a bilateral symmetrical non-impulsive exophthalmos, a goiter with a thrill on palpation, dysphonia and sinus tachycardia. A laboratory workup revealed inflammatory syndrome, collapsed TSH (<0.05 mU / L) and an increased T4 to 37 pmol / L. Cervical ultrasound showed a strongly suspect left lobar heteronodular goiter

and poorly structured peripheral lymphadenopathy (TI-RADS 4-B). Sedative diazepam therapy was started with antithyroid therapy and a beta blocker. The evolution was quickly favorable. The patient is referred for surgical treatment.

Conclusions: The severity of the hyperthyroidism, neoplastic origin, the improvement in psychotic signs with antithyroid treatment are arguments in favor of the thyroid origin by thyroid neoplasia.

Keywords: dysthyroidism; psychosis; tumor; hyperthyroidism

EPP0241

Options for the recovery of mental activity in children after acute brain damage.

Y. Sidneva^{1*}, A. Zakrepina², M. Bratkova³ and S. Valiullina⁴

¹The Department Of Rehabilitation; Psychiatric Research Group, Clinical and Research Institute of Emergency Pediatric Surgery and Trauma; N.N.Burdenko National Medical Research Center of Neurosurgery, Moscow, Russian Federation; ²The Department Of Rehabilitation; Laboratory Of Psychological And Pedagogical Research And Technologies For Special Education Of Persons With Intellectual Disabilities, Clinical and Research Institute of Emergency Pediatric Surgery and Trauma; The Federal State Budget Scientific Institution “Institute of Special Education of the Russian Academy of Education”, Moscow, Russian Federation; ³Institute Of Special Education And Psychology Institute Of System Projects Institute Of Lifelong Learning Directorate Of Educational Programs Institute Of Education Content, Methods And Technology, Moscow City University; Clinical and Research Institute of Emergency Pediatric Surgery and Trauma, Moscow, Russian Federation and ⁴Department Of Rehabilitation, Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPT), Moscow, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.658

Introduction: Children with acute brain damage make up a large group of patients who require multi-stage rehabilitation. Rehabilitation requires the creation of special conditions for psychiatric care and psychological and pedagogical correction of the consequences of severe damage to the nervous system.

Objectives: To identify the options for mental activity during the restoration of the level of consciousness in children after acute severe brain damage.

Methods: 210 children under the age of 18 with severe brain damage (traumatic brain injury, hypoxia, hydrocephalus). Clinical-psychopathological, pedagogical methods were used; additionally diagnostic scales, questionnaires.

Results: 4 groups were formed: 1st 37 (18%) patients had manifestations of mental activity with physical, cognitive and social capabilities in the minimal consciousness “+” (a- / hyperkinetic mutism with emotional reactions, understanding of addressed speech); 2nd 67 (32%) - manifestations of physical and cognitive abilities with minimal consciousness “-” (a- / hyperkinetic mutism without reactions); 3rd 95 (40%) - only the manifestation of physical capabilities at the exit from the vegetative status. 4th 11 (10%) - a low manifestation of mental activity in the form of physical capabilities with a vegetative status.

Conclusions: 4 variants of mental activity in children after acute severe brain damage have been identified: from minimal involuntary reactions or their absence in vegetative status to voluntary actions according to the instructions of an adult in minimal

consciousness “+”. Taking into account the variability of mental activity helps to differentiate the methods of psychiatric and psychological-pedagogical assistance in the recovery of children already in the early stages of rehabilitation.

Keywords: recovery of mental activity; rehabilitation of children; minimal consciousness; vegetative status

EPP0243

Pain as relief

P. García Vázquez* and R. Gomez Martinez

Psiquiatría, Complejo Asistencial Universitario León, León, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.659

Introduction: Dermatitis artefacta (DA) is a condition whereby self-induced skin damage is the means used to satisfy a desire to assume the sick role.

Objectives: To describe clinical evaluation, diagnosis, treatment and evolution of an 15 years-old woman with DA.

Methods: Retrospective review of clinical records, including dermatology, psychiatry and Pathology.

Results: A 15-year-old woman, who come to the Child Psychiatry consultations derived by the Dermatology Service, which is attended by the appearance of multiple bullous lesions throughout the body. Since August, the patient has reported a worsening of her mood, with feelings of loneliness and vital emptiness, with somatic and psychic anxiety referred. In the Dermatology office, she does not recognize self-infliction and the patient is derived to psychiatry consultation and solicited a skin biopsy. In the psychiatric interview, she recognizes that burns occur with a deodorant spray. She admitted doubts about her sexuality for months, claiming to be homosexual for the first time. When she burns, feels pleasure and relief. At the exploration: She wears a gay pride flag bracelet. Expressionless attitude. Cold contact. Approachable. Slightly collaborative. Without major affective disorders. No somatic anxiety, nor psychic. Short speech, impoverished language. Personality traits Cluster B and C. •Salamanca Questionnaire: Dependent personality, and in the background anxiety and histrionic. •Plutchik Impulsivity Scale: 14. •Toronto Alexithymia Scale: 64

Conclusions: The prognosis of the condition is variable, but it has been shown that resolution of the underlying psychosocial stressor leads to improvement. Multinucleated keratinocytes, a pathognomonic lesion of cryodermatitis artefacta, are discovered in the Pathology.

Keywords: adolescence; Cryothermic dermatitis artefacta; Pain

EPP0244

This girl is on fire.

P. García Vázquez

Psiquiatría, Complejo Asistencial Universitario León, León, Spain

doi: 10.1192/j.eurpsy.2021.660

Introduction: Burning mouth syndrome (BMS) is a chronic condition characterized by a burning sensation of the oral cavity and is often associated with taste disturbances and xerostomia.

Objectives: To study the psychotropics as part of the possible etiologies of this síndrome.

Methods: A 67-year-old woman complained of burning pain in the tongue and oral mucosa, taste disorder, and sensory impairment. Slight improvement after treatment with Gabapentine 300mg (1-0-0). The pain is constant, with sharp characteristics. Improves when eating, the ability to taste is preserved. Subsequently, treatment with 2% lidocaine rinse (3-4 times / day) is tested, with temporary pain relief. Lorazepam 1mg (1-0-0), without improvement. Patient in follow-up by the Neuropsychiatry consultation for 3 years, due to major depressive disorder in treatment with Quetiapine 100mg (0-0-1).

Results: In the first consultation the treatment is modified, adding Duloxetine 60 mg (1-0-0) and Alprazolam 0.5mg (1 / 2-1 / 2.0), and reducing the dose of Quetiapine to 75 mg and then 50mg. In the subsequent consultation, one month later, she only manages to reduce the neuroleptic dose by half, without noticing clinical improvement. After two months, she has completely removed the quetiapine, and completely disappearing the burning mouth sensation, improving his affective clinic in the same way.

Conclusions: There are a large number of drugs that produce xerostomia, in intimate relationship with the burning mouth. Among those we can find antihistamines, neuroleptics, antihypertensives, and benzodiazepines. In many cases, correcting or eliminating these etiologic agents does not improve or stop the initial symptoms, but sometimes, it does.

Keywords: Burning mouth syndrome; Quetiapine

EPP0245

The particularities of microangiopathic and macroangiopathic complications in type 2 diabetes mellitus patients correlated with the presence or absence of type D personality.

R. Kalinovic^{1*}, B. Tinca², O. Neda-Stepan¹, M. Dinescu¹, C. Giurgi-Onacu², I. Enatescu³ and V.R. Enatescu²

¹Psychiatry I, “Pius Brinzeu” Emergency County Hospital-Psychiatric Clinic, Timisoara, Romania; ²Psychiatry, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania and ³Neonatology And Childcare, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.661

Introduction: According to our national data based on PREDATORR study, the point prevalence of diabetes mellitus in Romania was 11.6 % in adults between 20 and 79 years old. Unequivocally, type 2 diabetes mellitus is highly correlated with psychological and personality factors.

Objectives: The objective of our research was to evaluate the frequency of type D personality in patients suffering from type 2 diabetes and its influence on angiopathic complications.

Methods: A cross-sectional study was conducted in 173 patients with type 2 diabetes who were self-assessed by using Beck Depression Inventory I, STAI-Y scale and DS 14 scale for detection of type D personality.

Results: Both depression ($p = 0.012$) and state and trait anxiety ($p = 0.019$ and 0.023 respectively) scores were significantly higher in diabetic patients with type D personality compared with non-type D diabetic patients. Lower limb complications were more frequent in non-type D personality diabetics ($p = 0.018$) while diabetic retinopathy and diabetic polyneuropathy ($p = 0.004$ and $p = 0.010$ respectively).