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doi: 10.1192/j.eurpsy.2022.1188

Introduction: Parkinson's disease (PD) is a neurologic degenerative condition with complex neuropsychiatric manifestations which can be challenging to manage and greatly impact quality of life and prognosis.

Objectives: The description of this case aims to highlight the complex interaction between PD, drug-abuse and impulse control disorder (ICD).

Methods: Clinical information was obtained through patient interviewing and medical records consulting. A literature review on the topic was conducted.

Results: We report the case of a 52-years-old male with PD diagnosed at the age of 45, presenting with rigidity of right limbs and freezing of gait. He had a history of multiple substance-abuse: hashish, heroin and cocaine, with cessation of all substances by the age of 40. The patient responded well to antiparkinsonian medication initially, but needed frequent adjustments and developed ICD secondary to dopamine agonists, presenting pathological gambling and hypersexuality. At 47 he restarted using cocaine stating that it diminished the motor symptoms. Motor symptoms worsened and became partially responsive to medication. Pharmacologic options were limited due to ICD. He developed dopamine dysregulation syndrome, abusing dopaminergic drugs and requesting multiple prescriptions. Deep brain stimulation surgery was proposed, but the patient was deemed unfit for the procedure after two separate psychiatric evaluations, mainly because of behaviour and social problems in relation to sustained cocaine abuse and personality disorder. Attempts to stop drug abuse were unsuccessful despite several interventions by addiction psychiatry.

Conclusions: Co-occurrence of PD, substance-abuse and personality disorder poses as a therapeutic challenge conditioned by pharmacological iatrogenesis and behavioural disturbances, requiring a multidisciplinary and individualized approach.

Disclosure: No significant relationships.

Keywords: Addiction; Drug Abuse; Neuropsychiatry; Parkinson's Disease

EPV0300

Less is more

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doi: 10.1192/j.eurpsy.2022.1189

Introduction: Very few research about atrioventricular blocks (AVB) and use of antipsychotic drugs has been made, although it

may play an important role in the outcome of any patient affected by psychosis and AVB.

Objectives: To describe a case and review clinical data about AVB progression and neuroleptic treatment.

Methods: We describe a 37 years old inmate male patient who suffered from a first degree AVB and Schizophrenia, being long term treated with neuroleptics (risperidone 9mg/day, switched to paliperidone 9mg/day). Our patient presented very mild symptoms of asthenia and dizziness. An EKG was performed, showing AVB progression to Mobitz Type I¹. No structural pathology was assessed by ecocardiography. Holter EKG showed also episodes of third degree AV block. Electrophysiology studies were performed showing a supra-hisian AV Block.



Results: Lower doses of Paliperidone were used (6mg) and maintained until nowadays. Control EKG showed regression to a known first degree AVB.

Being asymptomatic and studies revealing a supra-hisian AVB, no pacemaker was needed.

Conclusions: There is only a few cases described in scientific literature, and very limited data about AVB and neuroleptic drugs, although it is described as possible side effect using risperidone at higher doses. We suggest monitoring EKG to patients affected by AVB, using high doses of neuroleptic drugs. There is no data available about paliperidone metabolites and a possible progression of AVB.

We suggest more studies are needed to better understand and prevent side effects of neuroleptic drugs.

Disclosure: No significant relationships.

Keywords: AV Block; risperidone; paliperidone; EKG

EPV0302

A Case of Adult Attention Deficit Hyperactivity Disorder with Non-Organic Psychosis Comorbidity

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doi: 10.1192/j.eurpsy.2022.1190

Introduction: Although ADHD is the most frequently diagnosed psychiatric disorder in childhood, the majority of adults with ADHD are not diagnosed and 90% of the cases remain untreated. One of the main reasons that may lead to the missed diagnosis of ADHD in adults may be the high rate of comorbid psychiatric conditions masking the main symptoms.

Objectives: In this study, it was aimed to present a case who was followed up with the diagnosis of ADHD since childhood and developed psychosis after a recent traumatic life event.

Methods: A 19-year-old male patient was consulted because of his complaints of persecution delusions, and disorganized speech that started 2 years ago. It was learned that the first psychiatry application of the patient was 10 years ago with complaints of impulsivity, aggression, increased psychomotor movements, and methylphenidate treatment was started during this period. The patient, whose current clinical picture was evaluated as psychosis, was discharged after the symptoms subsided with paliperidone depot 100mg/month treatment after hospitalization. It is understood that his psychotic complaints completely regressed in the follow-ups.

Results: It is stated that approximately 80% of adult ADHD cases have at least one accompanying psychiatric disorder. However, there are limited studies in the literature on the relationship between psychotic disorders and ADHD.

Conclusions: Recent studies indicate that beyond the fact that ADHD is a feature of the schizophrenia prodrome, ADHD diagnosis may be associated with an increased risk of psychosis in the future. Therefore, this association can be better clarified in further studies on comorbidities.

Disclosure: No significant relationships.

Keywords: Psychosis; Attention Deficit; hyperactivity; comorbidity

EPV0303

Relationship between cannabis use and schizophrenia

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doi: 10.1192/j.eurpsy.2022.1191

Introduction: Numerous studies have shown evidence that cannabis use increases the appearance of psychotic symptoms and disorders, and worsens the course of the disease in those with schizophrenia. However, a causal relationship between cannabis and schizophrenia has not been well established yet.

Objectives: In this presentation we try to review the relationship between cannabis use and prevalence of schizophrenia.

Methods: We performed a search of Medline looking for systematic reviews and methodologically robust studies in the field published in English in the last 5 years.

Results: A number of studies, both cross-sectional and prospective, find a prevalence of schizophrenia several times higher among cannabis users than in non-users. This association becomes stronger the lower the age of cannabis use onset, the higher the amount consumed and the higher the THC concentration are. Half of the patients with a cannabis-induced psychotic disorder turn into a diagnosis of schizophrenia within a few years. So far, it has not been

possible to demonstrate a global increased prevalence of schizophrenia in relation to the increase of cannabis use in the population in recent decades.

Conclusions: Cannabis and schizophrenia have a complex relationship model; we still cannot clearly establish whether it is causal or the first works as a trigger for pathology in vulnerable subjects.

Disclosure: No significant relationships.

Keywords: Cannabis; relationship; psychosis; schizophrenia

EPV0304

Resistant schizophrenia in a patient with oculocutaneous albinism successfully treated with clozapine

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doi: 10.1192/j.eurpsy.2022.1192

Introduction: Several studies have shown an association between oculocutaneous albinism and several neuropsychiatric entities, including schizophrenia.

We present through this work the first case of resistant schizophrenia described in this type of patient.

Objectives: Demonstrate the safety of clozapine in albinos patients and discuss the linkage between the two disorders.

Methods: We describe the case of a 23-year-old patient with oculocutaneous albinism who developed treatment-resistant schizophrenia, successfully treated with clozapine.

Results: We received the patient referred by his private psychiatrist, after the absence of improvement despite the use of several first and second generation antipsychotics, alone and in combination, at therapeutic doses, with good compliance and for a duration of more than 3 months.

The onset of psychotic symptoms was at the age of 18 years, and the evolution was continuous.

On admission, the patient was agitated and assessment of thought content were difficult due to intellectual disorganization. The initial PANSS score was assessed at 120. The somatic examination was normal, except for generalized hypopigmentation and horizontal and rotatory nystagmus. A biological workup, MRI, and electroencephalogram revealed no abnormalities.

The diagnosis of resistant schizophrenia was retained and the patient was put on clozapine 12.5 mg/d with progressive titration to a dose of 400 mg at the 6th week, with marked improvement; the patient became motor calm, with understandable speech and adapted responses, the PANSS score at the 2nd month decreased markedly by 33 (from 120 to 87).

Conclusions: This case report suggests that clozapine can be safely introduced in patients with oculocutaneous albinism.

Disclosure: No significant relationships.

Keywords: Oculocutaneous albinism; resistant schizophrenia; clozapine