P01-361 - **MELAS - HOW MUCH DO WE KNOW AND SHOULD WE KNOW MORE?**

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Introduction: Mitochodrial Encephalopathy, Lactic Acidosis and Stroke like episodes, better known as MELAS continues to be rare and psychiatric literature on this disorder remains sparse. This maternally transmitted genetic disorder is progressive and fatal.

Aims and objectives: The neurological and neurophysiological symptoms of the disorder can be made out from the name MELAS which does not convey the plethora of psychiatric manifestations it can have. The psychiatric presentations can range from anxiety disorders, attention deficit, eating disorders, personality disorders and psychoses of the paranoid or affective types. Psychopathology can precede or appear during the course of neurological symptomatology leading to dementia. More knowledge about the possible psychiatric presentations is required to help detection and develop management guidelines.

Methods: Awareness of MELAS can result only from cohort studies. In the background of nearly fifteen years´ follow up of a cohort with heavy genetic loading, the role of psychiatry in managing ongoing symptomatology with scope for futuristic interventions is discussed.

Results: The fatality or the rarity of the disorder should not be a deterrant in charting out treatment guidelines for MELAS . Psychotropics, multidisciplinary care package and primary support net work maintain quality of life against progress of the disorder.

Conclusion: Understanding MELAS would help in maintaining and improving the quality of life of this patient group. MELAS requires further, in depth multidisciplinary studies. Comprehensive neuro-psychiatric, psychosocial and palliative models of management protocols need to be developed.

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