

Results: Case 1: A 50-year-old male who suffered a polytrauma with diffuse axonal injury (DAI). His relatives and the referring medical team observed a change in his behaviour consisting in irritability, suspicion, hostility and impatience. No cognitive impairment nor fluctuation in the described symptoms were observed. At the time of discharge character changes were still present due to DAI slow and unpredictable clinical course. Symptomatic treatment with risperidone 6mg/day and quetiapine 100mg/day was administered achieving a satisfactory clinical response.

Case 2: A 47-year-old woman with type 2 diabetes who suffered an infectious cellulitis that spread causing sepsis. The patient began to appear disruptive with verbose and tangential speech during her admission. No cognitive impairment nor fluctuation in the described symptoms were observed. Symptomatic treatment with risperidone 10mg/day and olanzapine 5mg/day was administered achieving a satisfactory clinical response. At the time of discharge character changes described before were almost resolved.

Conclusions: The clinical presentation of both cases suggested organic mental disorders in which a change in general behaviour predominates. Liaison psychiatrists play a key role in AOCC management by recognizing the clinical pattern, helping if needed with psychopharmacological treatment and ensuring a good understanding of the disorder both by the referring medical team and the patient's relatives. To our knowledge, it would be of great importance to achieve a better understanding of this clinical condition which to date we consider to be underdiagnosed.

Disclosure of Interest: None Declared

EPV0277

Unraveling a Psychiatric Puzzle: Corticosteroid-Induced Psychosis in Addison's Disease. A case report

F. Mayor Sanabria*, M. Fernández Fariña, M. E. Expósito Durán, C. E. Regueiro Martín-Albo, C. Arroyo Del Val, M. Paz Otero and Í. Alberdi Páramo

Instituto de Psiquiatría y Salud Mental, Hospital Clínico San Carlos, Madrid, Spain

*Corresponding author.

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Introduction: The spectrum of neuropsychiatric adverse effects of corticosteroids ranges from unspecific symptoms to structured psychotic or affective episodes. We present the case of a 30-year-old woman admitted to our hospital due to behavioral alterations, coinciding with the initiation of treatment with corticosteroid boluses as part of a chemotherapy regimen for gastric adenocarcinoma. She had a previous diagnose of Addison's disease, undergoing treatment with supplemental corticosteroids.

Objectives:

- 1) To describe the clinical particularities of this case, focusing on the psychopathological aspects and their correlation with the corticoid treatment.
- 2) To review the available literature regarding the clinical characteristics and management of corticosteroid-induced psychosis, with special interest in patients with adrenal insufficiency that require long term steroid supplementation.

Methods: A review of the patient's clinical history and complementary tests were carried out. Likewise, we reviewed the available literature in relation to the clinical presentation of corticosteroid-induced psychosis and its pharmacological management.

Results: The patient was admitted to our hospital due to acute behavioural alterations, which temporally coincided with the 4th cycle of FOLFOX chemotherapy and corticosteroid boluses. She presented with incoherent speech, with *non sequitur* answers and glossolalia, as well as dysphoric affect and purposeless behavior. She presented a favorable clinical course after the initiation of treatment with antipsychotics and temporary suspension of corticosteroid treatment.

Manic symptoms are the most common presentation of "corticosteroid-induced psychosis", with the key characteristic being the temporal association with the corticosteroids administration. Although the discontinuation of steroids generally results in a sudden decrease in symptoms, additional treatment with antipsychotics such as haloperidol or olanzapine might be required for a symptomatic control. In patients with adrenal insufficiency, long-term treatment with lithium or anti-seizure treatments are effective strategies in relapse prevention when a higher steroid dose is required.

Conclusions:

- Corticosteroid-induced psychosis is a well described clinical phenomenon, that usually presents with manic symptoms rather than psychotic experiences.
- Progressive discontinuation of corticosteroid treatment usually results in complete cessation of symptoms, but additional psychopharmacological treatment might be required, especially in patients with adrenal insufficiency undergoing long-term corticosteroid treatment.
- This case outlines the psychopathological richness in the presentation of corticosteroid-induced psychosis, and illustrates the challenges in the pharmacological management in patients with adrenal insufficiency.

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Development and Validation of the Isotretinoin Hesitancy Scale

E. Agaoglu¹, I. G. Yilmaz-Karaman^{2*}, C. Yastibas-Kacar³, H. Kaya-Erdogan¹, T. Mutlu¹ and E. Acer¹

¹Dermatology; ²Psychiatry, Eskişehir Osmangazi University, Eskişehir and ³Psychology, Adana Alparslan Türkeş Science and Technology University, Adana, Türkiye

*Corresponding author.

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Introduction: Isotretinoin is an effective treatment for acne vulgaris; however, many patients experience anxiety while deciding to get it. Isotretinoin, indeed, has significant adverse effects. On the other hand, effective treatment of acne vulgaris may reduce dermatological and psychiatric complications.

Objectives: The present study aims to develop and validate the Isotretinoin Hesitancy Scale to measure the patients' drawbacks to the treatment.