Results: We present a case of a 44-year-old Ukrainian man with suspected background of chronic alcohol abuse and psychiatric history of schizoaffective disorder, who presented with acute onset of confusion, psychomotor agitation, gait ataxia and nystagmus. Anamnesis was hampered by the language barrier and absence of past medical history and patient's alcoholic habits remained unclear. After suspicion of WE it was introduced thiamine and diazepam, with significant improvement. After discontinuation of diazepam, the patient presented with several episodes of tonic-clonic seizures. He was medicated for seizures with clinical stabilization. At time of discharge the diagnostic discussion prevailed.
Seizures are a common presentation of various conditions associated with alcohol use, whose differential diagnosis is difficult, especially in patients with dubious alcohol consumption. Alcohol abuse is a major precipitant of status epilepticus as seizure threshold is raised by alcohol drinking. Seizures may also occur during alcohol withdrawal, for which treatment with benzodiazepines is recommended, however carefully, since both abrupt cessation and high-dose use are critical for the appearance of seizures. Although very rare, WE may also present with seizures, whereby overdiagnosis and overtreatment are preferred to prevent persistent neurocognitive impairments.
Conclusions: This case illustrates the complexity of neuropsychiatric diagnoses in dual pathology. It requires a longitudinal assessment for a better understanding of clinical conditions and establishment of the best therapeutic approach.

Disclosure of Interest: None Declared

EPV0254

An auditory Charles Bonnet Syndrome managed with psychological intervention: A case report

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Introduction: Charles Bonnet Syndrome (CBS) is an age-related disorder characterized by complex visual hallucinations in older persons with vision loss and underlying ocular pathology. The management of these symptoms is imprecise and combines psychological measures with psychotropic drugs.
Objectives: to discuss the non-pharmacological management of Bonnet syndrome through a case report.
Methods: We report a case of atypical CBS in a 76-year-old male patient presenting with visual and auditory hallucinations that were improved by reassurance.
Results: The past medical history was significant for diabetic retinopathy, difficulty hearing due to bilateral sensorineural hearing loss. He recognized these visions as unreal and felt distressed by them. No cognitive impairment was observed on several neuropsychological tests. He was reassured of the false nature of the visual experiences after explanations that he had no mental illness and that the problem could disappear. He was taught how to keep the images away by closing his eyes for sometimes and repeated blinking. After six weeks of psychological intervention, the visual experiences had disappeared without using any drug
Conclusions: In the management of CBS drug treatments remain partially satisfactory. Nonpharmacological interventions focus on the reduction of the visual pathway deprivation. This therapeutic alternative seems to provide positive benefits.

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EPV0255

HOW NOT TREATING ADHD IN ADULTS CAN GENERATE CLINICAL PICTURES THAT ARE DIFFICULT TO INTERPRET: A CASE REPORT

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Introduction: ADHD is a neurodevelopmental disorder that occurs in childhood and can persist in adulthood in a percentage of cases ranging from 15% to 70% (*Cheung, C. H. et al. J. Psychiatr. Res. 2005; 62, 92–100*). In these cases, if not treated, ADHD symptoms can cause severe dysfunction (*Biederman, J., et al. Am. J. Psychiatry 2000; 157(5), 816–818*) often leading to misdiagnosis.
Objectives: The aim of this case report is to describe the clinical picture of a 26-year-old boy with ADHD and the consequences deriving from the missed diagnosis of the disorder during childhood.
Methods: We report a case of undiagnosed and untreated ADHD and the ensuing consequences.
Results: G.V. is a boy who came to our attention complaining about a vague depressive symptomatology. After psychopathological examination we detected mood instability, with the alternance of phases characterized by deep despair and melancholy and phases of agitation with internal tension and generalized anxiety. He reported a tendency to act on an impulsive basis and an occasional abuse of cocaine together with a daily abuse of high doses of Alprazolam. During the past years the boy had been visited by several psychiatrists who made various diagnoses (borderline or avoidant personality disorder, cyclothymic disorder) and prescribed various drugs but none of these were able to stabilize the psychopathological condition. The clinical history revealed the presence of a pervasive picture of inattention and hyperactivity since childhood which had heavily conditioned the patient's functioning over time. The inattentive pattern has persisted unchanged over the years, while the hyperactive one has improved leaving room for a stable sense of internal tension and generalized anxiety on which mood fluctuations are cyclically inscribed. A diagnosis of ADHD, combined presentation type, was made by using the DIVA-5. The patient was first prescribed lithium, which was subsequently replaced with valproic acid. After mood stabilization and the reduction of anxious symptoms prolonged-release methylphenidate was added to therapy, obtaining resolution of the clinical picture.