irritability, behavioural disorders, agitation, delusions, hallucinations, and rarely psychotic symptoms in clear consciousness. The aetiopathogenetic mechanism involves electrolyte disturbances, cortisole deficiency and increase in endogenous endorphines
Conclusions: Clinicians should be alert of the manifestation of AD with psychiatric symptoms ;patients with AD should be informed of the risk for Addison crisis after stress.

Disclosure: No significant relationships.
Keywords: delusion; Addison; cortizole; Psychosis

EPV0323

Pots syndrome: the importance of organic screening in anxiety patients. Case report

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Introduction: 16-year-old female who starts psychiatric follow-up due to episodes of anxiety crises with dizziness and tremors.
Objectives: To expose a case in which it is essential to rule out organic pathology in cases where there is anxiety and physical symptoms.
Methods: Case report and literature review
Results: The patient explains that she was in a situation of conflict with her ex-partner, commenting that he did not accept the breakup. Sertraline was prescribed in ascending doses up to 100 mg per day with complete remission of anxiety. 8 months later, she went to the emergency room for loss of consciousness and tremor of the lower limbs. She was diagnosed with conversive disorder and was prescribed lorazepam up to 3 mg per day. Since then, there has been a worsening in the frequency of syncope occurring up to 10 times a day, limiting her academic and social life. She was evaluated by a cardiologist who diagnosed Pots Syndrome (postural orthostatic tachycardia syndrome) and started treatment with ivabradine and mineralocorticoids. With this treatment, the episodes were drastically reduced and spaced out to 1-2 per week. The dose of lorazepam is decreased until its withdrawal without worsening of the anxious symptomatology.
Conclusions: This disorder consists of an involvement of the autonomic nervous system in which there is a sudden drop in blood pressure together with an abrupt increase in heart rate. Its treatment is based on increasing blood volume with drugs such as corticosteroids as well as postural measures with adequate water intake.

Disclosure: No significant relationships.
Keywords: conversive syndrome; psychosomatic; POTS; functional symptoms

EPV0324

Glaucoma and Psychotropics

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Introduction: Glaucoma is a heterogeneous group of conditions which result in optic neuropathy and visual defects, majorly linked with the increase of intra-ocular pressure (IOP). It is known that psychotropic drugs have been implicated in drug induced angle-closure glaucoma, mostly through its anti-cholinergic effect.
Objectives: Systematize the drugs most and least implicated in its appearance and worsening and understand the care needed on prescribing.
Methods: A search on Pubmed database was made having in consideration the Mesh Terms Glaucoma and Psychotropic Drugs and its different classes. Specific searches were made when appropriate on different platforms.
Results: Implications on the appearance and worsening of glaucoma are clear for tricyclic antidepressants. The evidence is not clear for SSRIs, SNRIs and mirtazapine, but they might be related with increased IOP. Other classes of antidepressants seem to be of lower risk. Antipsychotics do not seem to be greatly associated with angle closure, although there are some case reports. There are descriptions of the potencial use of haloperidol, anti-convulsive mood stabilizers, with exception of topiramate, melatonin and anti-dementia drugs on the treatment of this condition. In practice, benzodiazepines do not seem to precipate angle-closure. Methamphetamines are contraindicated. Eletroconvulsive therapy its an option.
Conclusions: Although not prevalent, angle-closure glaucoma can have serious implications and culminate in irreversible blindness. In patients with known risk-factors its important to have it on consideration at the time of the prescription and warn on seeking immediate help if having acute ocular pain, redness and/ or cloudy vision.

Disclosure: No significant relationships.
Keywords: glaucoma; psychotropic drugs

EPV0325

Neuropsychiatric Disturbance in Huntington's Disease: Approach to Management

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Introduction: Huntington's Disease (HD) is an autosomal dominant, neurodegenerative condition with a prevalence of 10.6-13.7 per 100,000, caused by the trinucleotide CAG (cytosine, adenine, guanine) repeat expansion in the HTT gene. HD is characterized by a range of motor, cognitive, and psychiatric symptoms, the latter of which usually manifest prior to the onset of motor or cognitive disturbances. Amongst psychiatric symptoms, changes in personality are most common, followed by depression. Psychosis has a higher prevalence in those with early-onset HD.
Objectives: This case report aims to demonstrate an apporach to the management of neuropsychiatric disturbances in HD as well as expose the need for development of an evidence-based apprach to treatment.
Methods: PubMed was searched for the criteria Huntington's Disease AND Psychosis, with a secondary search for Management of Psychosis in Huntington's Disease.