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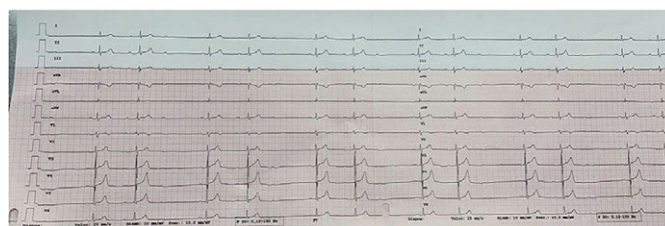
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**Introduction:** Very few research about atrioventricular blocks (AVB) and use of antipsychotic drugs has been made, although it

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 I<sup>1</sup>. 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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**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.