

Results: The results suggest that the coexistence of epilepsy and psychiatric diseases may be affected by neuroinflammation, abnormalities in neurotransmitters, and shared genetic factors. In addition, the implementation of integrated therapy techniques that include both neurological and psychological components has demonstrated encouraging findings in enhancing patient outcomes.

Conclusions: The identification and proficient management of psychiatric comorbidities in individuals with epilepsy are of utmost significance. The establishment of interdisciplinary collaboration between neurologists and psychiatrists, supported by continuous research, is necessary in order to provide comprehensive treatment and enhance the overall well-being of individuals affected by these conditions.

Disclosure of Interest: None Declared

EPV0234

Impact of addictive comorbidity on bipolar disorder type I

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Introduction: Among all mental pathologies, bipolar disorder (BD) is the one in which addictive comorbidity is most frequent. Recent studies suggest that this comorbidity has harmful consequences, threatening patients' quality of life.

Objectives: Describe addictive comorbidity and determine its prevalence in a population of patients with BD I.

Study the impact of addictive comorbidity on the evolution of BD I.

Methods: A cross-sectional, comparative study was conducted over a six-month period in the after-care unit of psychiatric wards at Razi Hospital, including patients treated for BD I according to DSM 5 criteria and stable on treatment.

The study included two phases: first, sociodemographic, clinical and therapeutic characteristics were collected using a pre-established form. The CAGE, DUDIT and MARS scales, validated in Arabic, were then administered.

Results: We included 100 patients (60 men and 40 women) with a mean age of 43.55 years.

Substance use disorder (SUD) was reported in 31% of our population; 22 alcohol users with a mean CAGE score of 1.23 (0-3), while psychoactive substance use was reported in 19 patients with a mean DUDIT score of 13.37 (0-28).

Forensic history was higher in the group of patients with comorbid SUD ($p < 0.001$). Poor compliance with treatment and irregular follow-up were also significantly more associated with addictive behavior, respectively $p = 0.008$ and $p = 0.048$.

We found no association between SUD and suicidal behavior or evolutionary symptoms of the disorder.

Conclusions: SUD are generally factors in the poor prognosis of BD. It is important to identify the determinants of this comorbidity, so that these risk factors can be appropriately targeted through appropriate therapeutic interventions and thus limit these negative consequences.

Disclosure of Interest: None Declared

EPV0235

The impact of the severity of Obstructive Sleep Apnea syndrome on quality of life

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Introduction: The negative impact of obstructive sleep apnea syndrome (OSA) on the quality of life of affected individuals is one of the serious consequences of this pathology. Consideration of this quality of life as one of the therapeutic objectives is essential.

Objectives: to evaluate the impact of the severity of OSA on quality of life in affected patients

Methods: We conducted a cross-sectional study involving 40 patients diagnosed with OSA by polysomnography in the Sleep unit, department of Neurophysiology at Sahloul university hospital in Sousse, Tunisia. This study was based on a generic questionnaire (SF-12) to assess the quality of life.

Results: The mean age was 49.7 ± 7.87 years with a sex ratio of 1.10. The mean apnea-hypopnea index (AHI) was 29.72. OSA was mild, moderate and severe in 40%, 22.5% and 37.5% of cases respectively. The majority of our patients had an impaired quality of life with an average score of 42.78. There was a positive linear relationship between physical and mental components of the SF-12 and AHI ($p = 0.026$ and $p = 0.019$ respectively). Mental component of the SF-12 was significantly associated with treatment with CPAP (continuous positive airway pressure) ($p = 0.014$).

Conclusions: Our study has shown that the severity of OSA has an impact on different domains of quality of life. The management of this disease should not be limited to controlling the disease but should aim for overall patient satisfaction.

Disclosure of Interest: None Declared

EPV0236

Thyroid dysfunction: an unlikely culprit behind psychotic symptoms

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Introduction: A number of studies have demonstrated that hyperthyroidism increases the prevalence of psychiatric disorders and the likelihood of depressive symptoms, anxiety and hypomania. Apathetic hyperthyroidism is a syndrome, which presents with symptoms of depression, apathy, somnolence or pseudodementia in the absence of the usual symptoms and signs of hyperthyroidism. This condition is more common in the elderly although it has also been described in young adults and adolescents.

In the majority of cases, treatment of hyperthyroidism results in an improvement in neuropsychiatric manifestations in parallel with

an improvement of psychical (somatic?) symptoms and psychotropic medication is deemed unnecessary.

Approximately one-third of patients with Graves' hyperthyroidism are prescribed psychotropic drugs. Sometimes to treat mental symptoms like psychosis or severe agitation, sometimes to treat mental symptoms remaining after amelioration of hyperthyroidism, and sometimes when the diagnosis of Graves' hyperthyroidism has been missed and the patient is treated as having a primary psychiatric disorder.

Objectives: To present a case of a patient with neuropsychiatric symptoms caused by thyroid dysfunction.

Methods: Case presentation and non-systematic review of existing literature on Pubmed using the following keywords: hyperthyroidism, psychiatric disorders, psychiatric symptoms, depression, psychosis.

Results: We report the case of a 21-year-old female without history of psychiatric illness who presented to the emergency department with somnolence, apathy, cognitive impairment (answering "I don't know" to most questions), poverty of speech, abulia, perplexity and delusional belief of ruin, in addition to physical symptoms namely alopecia and weight loss. According to her father, she was very active and dynamic person until two days prior, when he started noticing growing apathy, leading to job absenteeism. Urine analysis for elicit drugs was negative.

Investigation for organic disease was undertaken and the blood analysis revealed overt hyperthyroidism.

She was initially treated with aripiprazol. After thyroid dysfunction was identified, she was evaluated by an endocrinologist and started treatment with tiamazol and propranolol, presenting gradual remission of the psychiatric changes. Aripiprazole was discontinued and she was reevaluated in psychiatry consultation after about a month, with complete remission of psychiatric manifestations and normalized thyroid function.

Conclusions: Neuropsychiatric manifestations of thyroid dysfunction are often misdiagnosed as a primary psychiatric disorder. It is necessary to optimize the medical management of these patients in whom the psychiatric symptoms masks a curable organic cause.

Disclosure of Interest: None Declared

EPV0238

Substance use, anxiety and depression among Tunisian college students

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Introduction: Substance use and mental health symptoms are frequent among college students worldwide.

Objectives: This study examined the prevalence of substance use, anxiety and depression among college students and their associated factors.

Methods: A total of 115 college students aged between 19 and 30 years from different universities completed a self-reported online survey during March 2023. The questionnaire included items on demographic information, substance use and the Hospital Anxiety and Depression scale.

Results: Women represented 70% of our population. The average age was 25.1 ± 3.5 years.

Twenty-nine (25,2%) were smokers, thirty-three students (28,7%) consumed alcohol and nine students (7,8%) used cannabis. Five students used ecstasy. Four students used LSD. Three students used cocaine.

Average HADS anxiety score was 7.96 ± 4.26 . Twenty-one students (18,3%) had mild anxiety symptoms. Thirty-three students (28,7%) had moderate to severe anxiety symptoms.

Average HADS depression score was 8.59 ± 4 . Thirty-one students (27%) had mild depressive symptoms. Forty-one (35,7%) had moderate to severe symptoms of depression.

Smoking was unrelated to gender, age, field of studies, economic or social status, family or personal history. It was related to drinking and doing other activities or hanging out with friends ($p < 0.001$). Drinking alcohol was related to the field and year of study, age, hanging out with friends and other substance use ($p < 0.001$). Using cannabis was related to psychiatric family history ($p < 0.05$). Using one substance was related to using other substances ($p < 0.05$). Anxiety was related to gender ($p < 0.001$). Depression levels were related to socio-economic status ($p = 0.041$). Poly-use was more frequent among older students ($p = 0.003$) and medical students ($p = 0.031$). Substance use was unrelated to anxiety and depression levels.

Conclusions: Tunisian universities should consider detecting students with substance and mental health problems and offer them support and treatment if needed.

Disclosure of Interest: None Declared

EPV0239

Epilepsy and psychiatric pathologies: A study of a case series

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Introduction: Psychiatric pathologies are more common in people with epilepsy than in the general population and have a negative impact on the quality of life of these patients.

Objectives: The objective of this work is to illustrate, through a series of cases, the complex relationship between epilepsy and psychiatric pathologies.

Methods: We report the cases of four patients with different psychiatric pathologies associated with epilepsy admitted to the psychiatry department of Hedi Chaker Sfax. We collected the clinical characteristics of these patients based on their medical files.

Results: The patients were aged 64, 45, 38 and 26 respectively. The first patient had a late-onset vascular epilepsy following the psychiatric pathology onset by 20 years. In the remaining cases epilepsy onset preceded the psychiatric pathology by 6, 3 and 1 year respectively. The aetiology of epilepsy was juvenile myoclonic epilepsy, and idiopathic in 2 cases. The psychiatric pathologies were schizophrenia, obsessive compulsive disorder with schizoid personality, schizoaffective disorder in the bipolar type and mild intellectual