EV0273

Neuropsychiatric manifestations in patients with HIV treated with antiretroviral drugs versus untreated

V. Gonçalves 1,∗, A. Ribeirinho 1, L. Ferreira 1, P. Cintra 2
1 Santarém hospital, department of psychiatry and mental health
Santarém hospital, Santarém, Portugal
2 Cascais hospital, department of psychiatry and mental health of Cascais hospital, Cascais, Portugal
∗ Corresponding author.

Introduction Untreated patients for H.I.V can present various types of neuropsychiatric syndromes (NPS): subclinical cognitive symptoms, behavioral changes, agitation, personality changes, dementia complex associated with H.I.V and delirium, depressive disorder, bipolar affective disorder or manic episode. However, it is controversial whether antiretroviral induce NPS, or on the contrary, when there are patients will evolve into an AIDS stage for therapeutic resistance or noncompliance.

Aims Describe qualitatively and quantify the epidemiological point of the main subclinical and NPS symptoms in patients untreated and treated with antiretroviral drugs and their frequencies. Propose pharmacological treatments for each of the specified conditions.

Methods Search in PubMed with the words “Neuropsychiatric and antiretroviral therapy” by applying the limits: full and free texts, past 10 years, Human, English language and adults; research liaison psychiatry textbooks.

Results Results yielded 381 articles with the criteria selecting 102, the most relevant for the purposes of work. They chose four most relevant chapters in the literature.

Conclusions The most effective treatment of NPS in unmedicated patients is to start antiretroviral therapy; only if it does not improve them should be introduced psychiatric drugs as if they were functional. 50% of treated with efavirenz patients will develop NPS in the early days with gradual decrease. The dropout rate associated with these adverse events varies from 2.6–16%. Treatment of these NPS a challenge by the existence of numerous drug interactions, it is essential to know to deal with these entities to improve the quality of life of people with this chronic disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.604

EV0275

Confusion between symptom and disease. Parkinson vs meningioma

M.J. Gordillo Montaño 1,∗, S. Ramos Perdigues 1, C. Merino del Villar 1, L. Latorre 1, M. Guisado Rico 1, A. Bravo Romero 1, S.V. Boned Torres 1, M. de Amuedo Rincon 1, Hospital Can Misses, psychiatry, Eivissa, Spain
∗ Corresponding author.

Introduction Parkinson’s disease is caused by decreased dopaminergic neurons of the substantia nigra. Psychosis occurs between 20 and 40% of patients with Parkinson’s disease. Dopaminergic drugs act as aggravating or precipitating factor. Before the introduction of levodopa patients had described visual hallucinations but the frequency was below 5%.

Objective Illustrated importance of treatment, reassessment after its introduction and refractoriness to answer; as well as the importance of a differential diagnosis at the onset of psychotic symptoms later in life.

Method Clinical case: female patient 75 years tracking Neurology by parkinsonism in relation to possible early Parkinson disease. She was prescribed rasagiline treatment. Begins to present visual and auditory hallucinations, delusional self-referential and injury. She had no previous psychiatric history. She went on several occasions to the emergency room, where the anti-Parkinson treatment is decreased to the withdrawal point and scheduled antipsychotics did not answer. Doses of antipsychotics are increased despite which psychotic symptoms persist and even increase psychotic symptoms. In this situation it is agreed to extend the study. Subsequently an NMR of the skull where the image is suggestive of a right occipital meningioma appears.

Results/conclusions With the emergence of psychotic symptoms later in life it will be important to ask a broad differential diagnosis, since in a large number of cases will be secondary to somatic or to drug therapies. Parkinsonism can be a symptom of occipital meningioma, presenting in the psychotic clinic. Refractoriness, on one hand to the suspension of treatment for Parkinson’s disease, such as poor response to antipsychotics, did extend the study, which ultimately gave us the diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.605