EPV0244

Symptomatic generalised joint hypermobility and autism spectrum disorder are associated in adults

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Introduction: Intriguingly, autism spectrum disorders (ASD) and symptomatic generalised joint hypermobility (S-GJH) (e.-g. hypermobility spectrum disorders and Ehlers Danlos Syndrome) share several clinical manifestations including motor difficulties, sensory hypersensitivity and autonomic dysfunction. Moreover, many syndromic forms of ASD manifest a hypermobile phenotype. Despite the increased interest in the area, few systematic studies are available.
Objectives: This large cross-sectional comparative study aimed to examine the association between S-GJH and ASD in adults.
Methods: We assessed GJH by physical examination using the Beighton Scoring System (BSS) and collected data on musculoskeletal symptoms and skin abnormalities amongst 156 adult patients with ASD and 413 adult community controls. A proxy for S-GJH was created by combining a positive BSS with at least one additional musculoskeletal symptom or skin abnormality.
Results: The prevalence of S-GJH was significantly higher amongst patients with ASD than amongst controls (16.7% vs 4.8%, p< .001). A logistic regression model, adjusting for candidate covariates of GJH (age, sex, race), revealed a significant influence of ASD on S-GJH with adjusted odds ratio of 5.4 (95% CI 2.8-10.5, p< .001).
Conclusions: ASD and S-GJH are associated in adults. If recognised, musculoskeletal complications related to S-GJH can be relieved by physiotherapy. Clinicians should be familiar with that symptoms frequently occurring in GJH such as pain, fatigue and orthostatic intolerance may mimic or aggravate psychiatric symptoms (e.g. depression, anxiety). Knowledge about comorbidities may provide clues to underlying aethiopathological factors. Future research to clarify the mechanisms behind this association and to evaluate how comorbid S-GJH affects ASD outcome is warranted.

Disclosure: No significant relationships.
Keywords: biomarkers; comordbidity; hypermobility; Autism Spectrum Disorder

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Post-ictal psychosis syndrome : A case report

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Introduction: Psychiatric comorbidity is prevalent among patients with epilepsy. Post-ictal psychosis syndrome (PIP) is a recent entity important to know. It belongs to the group of epileptic psychoses. The clinical presentation is often atypical, and symptoms are usually related to seizures.
Objectives: This work aimed to study the particularities of PIP.
Methods: It is a case report of PIP, involving a patient hospitalized in psychiatry department.
Results: We report the case of a 45-year-old woman, with medical history of generalized epilepsy which was stabilized under antiepileptic treatment (phenobarbital 150 mg/day). The patient was hospitalized for psychomotor instability and inconsistent speech after having experienced a generalized tonic-clonic seizure in the context of discontinuation of treatment. Psychiatric assessment revealed a hostility, a reluctance , a persecution delirium and auditory and visual hallucinations. A series of examinations have been carried out ; Neurological examination revealed no anomaly , a computed Tomography Scan of the Brain was normal. A lombar puncture was normal. A covid-19 infection was eliminated. The usual antiepileptic medication was reintroduced to the patient (Phenobarbital 150 mg/day),in association to benzodiazepines (clonazepam 4 mg/day). After 72 hours of treatment, psychiatric symptoms improved. The patient returned to its baseline condition after 7 days. A similar episode was reported two months earlier in the same circumstances with a similar symptomatology and a spontaneous resolution within 7 days.
Conclusions: PPI syndrome, regardless of its good short-term prognosis, can potentially evolve into other psychiatric disorders of less good prognosis. Thus, this syndrome should be managed in collaboration with neurology and psychiatry.

Disclosure: No significant relationships.
Keywords: Psychosis; post-ictal; epilepsy

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Affective disorder associated with post-traumatic epilepsy, misdiagnosis and under treatment: A case report

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Introduction: A history of traumatic brain injury (TBI) is often associated with acquired epilepsy, which is associated with psychiatric co-morbidity, that when undetected might lead to misdiagnosis and mistreatment.
Objectives: The objective is to present the case of a 47-years-old male with a history of TBI and undetected acquired epilepsy, with a subsequent treatment resident mood disorder that was lead to a full clinical remission once epileptic activity was controlled using anti-seizure monotherapy.
Methods: After compulsory admittion to our inpatient psychiatric unit because of suicidal ideation and persistent aggressive behavior with volatile mood swings, the patient was fully evaluated and his psychiatric and medical histories were recorded. A brain CT scan and EEG were performed. Laboratory tests excluded other medical co-morbidity.
Results: The patient had a previous history of TBI and subsequent multiple episodes of mood disorders that failed to reach full remission even if treated with antidepressives and antipsychotics for adequate time and dosage according to current quidelines. EEG was positive for epileptiform activity with sporadic slow theta waves