

Introduction: The relevance of this research is determined by the fact that an important scientific task of the modern clinical classification of mental disorders is the productive combination of the most valuable for the practical use of categorial and dimensional (in terms of the weight and depth of each dimensia) of the characteristics in a particular clinical picture of a disease.

Objectives: The goal of the research is to validate the new categorial-dimensional criteria necessary for the verification of schizotypal disorder.

Methods: The information base of the research included medical data on 150 patients with schizotypal disorder. Categorial characteristic used according to the systematics of schizotypal disorder (Kotsiubinskii A.P., 2018) published in the National Guide «Psychiatry», which includes the following syndromes: obsessive-phobic, dysmorphophobic, non-delusional hypochondria, heboid, histrionophobic, impulsive-dysfunctional, schizoaffective, dissociative-disintegrative, autistic, dismotivative, amotivative. Our systematics was used with following demensia: positive, affective, negative, cognitive, disordered behavior, dissociative and coenesthesipatic. Guided by the principle of five-level representation of each dimensia (from «0» to «4») in accordance with DSM-V and the informative systematics of dimensia was developed with each of dimensia also has rate from «0» to «4».

Results: This diagnostic approach made it possible to correlate the categorial and dimensional characteristics, both to each other and to the criteria of the condition of the patients' state with the prototype of schizotypal disorder (in the range of «1» to «5»).

Conclusions: This has made it possible to more accurately diagnose non-psychotic forms of mental illness, in particular: differentiate schizotypal disorder «sui generis» and schizotypal personality disorder.

Disclosure: No significant relationships.

Keywords: Categorial; dimensional; approach; schizotypal disorder

EPV0100

Pain and gain of auditory intrusions with video game content: Game transfer phenomena in clinical cases

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Introduction: Studies about Game Transfer Phenomena (GTP) have demonstrated lingering effects of playing video games manifesting as sensory, cognitive, and motoric intrusions (e.g., seeing images or hearing voices from the game after playing), transient changes in perception and self-agency. GTP are common among non-clinical players, though those with mental disorders are more susceptible. Gamers tend to appraise GTP as pleasant. Distress has been reported when GTP are experienced frequently and with specific content.

Objectives: To show the interplay between GTP and patients' symptomatology and the benefits of using the GTP framework in clinical contexts.

Methods: GTP were assessed via clinical interviews and with a validated GTP scale (three cases, males, 10-16 years old, playing time 6-10 h/day).

Results: The cases were characterised by i) incorporation of video-game content into hallucinations and delusions, ii) identification with a videogame character and subsequent distress provoked by hearing the character's voice and iii) self-induced GTP as self-soothing behaviour when reducing playing time. Main GTP manifestations were in the auditory modality as sounds or voices. The primary clinical diagnoses were gaming disorder, depressive disorder, and psychosis.

Conclusions: On one hand, GTP can be pleasurable and a way to cope with withdrawal symptoms from gaming disorder, though it can lead to compulsive behaviours and dissociation. On the other hand, GTP can be interpreted negatively and fulfil delusions that provoke distress and compromise mental stability. The cases reveal that the GTP framework can be an effective psycho-pedagogic method and support differential diagnosis.

Disclosure: No significant relationships.

Keywords: Game Transfer Phenomena; Gaming disorder; Hallucinations; differential diagnosis

Comorbidity/dual pathologies

EPV0101

Acute pancreatitis induced by valproic acid

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Introduction: Valproic acid (VPA) is a commonly prescribed medication for epilepsy, migraine and especially bipolar disorder therapy. Although the common adverse effect associated with VPA are typically benign, less common adverse effects can occur; these include acute pancreatitis.

Objectives: Describe the clinical and therapeutic characteristics of a case of acute pancreatitis induced by VPA with a review of the literature.

Methods: We report the case of a patient who presented an acute pancreatitis induced by VPA. The data was collected from the patient's medical file. A review of the literature was performed by selecting articles from the PubMed search engine using 'acute pancreatitis and valproic acid' and 'drug induced acute pancreatitis' as key words.

Results: This is a 51-year-old male patient with a history of type 2 diabetes, dyslipidaemia and psychiatric follow-up for bipolar disorder type I on lithium. He was admitted for a resistant depressive episode. We opted for the combination of two mood stabilizers (VPA and lithium). On the third day of treatment, the patient reported epigastric pain with incoercible vomiting. Laboratory tests showed increased levels of pancreatic enzymes and a biological inflammatory syndrome. The diagnosis of acute stage A pancreatitis was made. VPA was discontinued and the patient was put on symptomatic treatment with favourable outcome after one week. The etiological investigation ruled out other causes of acute pancreatitis. As a result, iatrogenic origin was retained.

Conclusions: This case supports the idea that acute pancreatitis may be induced by VPA, it has no predictable factors.

Disclosure: No significant relationships.

Keywords: pancreatitis; psychiatry; bipolar disorder; valproic acid

EPV0102

Post-ictal psychosis: A case report

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Introduction: People suffering from chronic diseases, especially epilepsy, are more likely to suffer from neurobehavioral disorders, like psychotic states. Postictal psychosis (PIP) is one of these potentially serious complications, that classically follows exacerbations of seizures.

Objectives: The present paper aimed to study the clinical and therapeutic aspects of PIP.

Methods: We report a case of PIP, which involved a patient hospitalized in psychiatry department, and discuss it in light of the relevant literature.

Results: We report the case of a 27-year-old man, with medical history of generalized epilepsy which was well stabilized under treatment (carbamazepine 600 mg/day). The patient was hospitalized for dangerous behaviors after having experienced 2 episodes of seizure activity in context of poor therapeutic adherence. Psychiatric assessment revealed a psychomotor instability, a pressured speech and hallucinatory behavior. There were no delirium symptoms. Neurological examination showed no localization signs, and cerebral imaging was normal. The patient was treated with benzodiazepines (Diazepam), associated to antipsychotics (Haloperidol). His antiepileptic drug was quickly reintroduced. After 48 hours of treatment, psychiatric symptoms improved. The patient returned to its baseline condition after 7 days.

Conclusions: The short-term prognosis of PPI is often favorable, compared to other psychotic disorders. However, more severe psychiatric disorders can potentially develop in the long-term, raising diagnostic and therapeutic difficulties. Thus, a good collaboration between psychiatrists and neurologists is highly desirable in order to better adapt the treatment.

Disclosure: No significant relationships.

Keywords: post-ictal psychosis; Epilepsy

EPV0104

Cocaine bugs: A brief case report of cocaine-induced delusion of parasitosis

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Introduction: Delusional parasitosis (DP), also known as Ekbom syndrome and in some cases as Morgellons, was first described in the late 17th century in France. It is an obsessive phobic state in which the patient believes that they are infested by parasites. In the hallucinatory state, they frequently remove parts of the skin,

identifying them as parasites. The cause of DP is unknown. Evidence supporting the dopamine theory defends that the inhibition of dopamine reuptake (for example cocaine and amphetamines) induce symptoms such as formication.

Objectives: Through the description of the following clinical case, we emphasize its clinical features and complexities.

Methods: Review of DP in light of a clinical case

Results: A 48-year-old woman was brought to the psychiatric emergency due to psychotic symptoms following cocaine use. She had a history of drug abuse. She was apparently asymptomatic until October 2019, when, in the background of vague sensation of something crawling under his skin, she developed a sudden onset belief that she had been infested by insects that crawled under his skin. Previous medical observation found no reason for a skin infection or infestation. Skin examination revealed itch marks and skin excoriations in the abdomen. Mental status examination revealed anxious and depressive affect, delusion of parasitosis, tactile hallucination and impaired insight. Routine hemogram and urinalysis was unremarkable, except for the detection of cocaine.

Conclusions: Delusional parasitosis often presents to nonpsychiatric medical professionals. An awareness of such illness, with an early recognition and timely referral are management cornerstones in order to successfully diagnose and treat patients.

Disclosure: No significant relationships.

Keywords: Ekbom; Delusional parasitosis

EPV0105

Gilles de la tourette's syndrome and psychosis: A family case study

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Introduction: Tourette's syndrome (ST) is a neuropsychiatric disorder that presents with combination of motor and vocal tics for at least one year time. Only few cases of comorbidity with psychotic disorder has been described.

Objectives: We present a case report of a patient with ST, obsessive compulsive disorder, posttraumatic stress disorder that resulted in chronic schizophrenia-like psychosis, and family history of tics and psychosis.

Methods: A case – based family study, literature review and statistic data analysis.

Results: The patient (male, born in 1997 otherwise healthy) presented at the age of 6 with spitting. He subsequently progressed with severe motor tics, vocalizations, coprolalia, impulsivity, destructiveness, repetitive motor rituals. No treatment showed to be efficacious and safe. He dropped out of the school, the family has to move to the rural area; his social withdrawal was intensified by psychotrauma (assaulted by police officer due to seemingly disorderly conduct). At the age of late adolescence he started to make fantastic statements. Later on he admitted having visual and auditory hallucinations and responding to them; the Kandinsky-Clérambault syndrome was detected. Symptoms and excitement are partially controlled by diazepam and clozapine; the patient needs assistance in all routines of self – care. The patient's mother has a mild form of motor tics; her