

Graves' disease is an autoimmune disorder that is the most common cause of hyperthyroidism. Some of the symptoms associated with the disease are goiter, ophthalmopathy and psychiatric manifestations such as mood and anxiety disorders.

It is known that different psychosocial factors such as traumatic events, relevant life events, daily stressors, lack of social support, or different personality traits may correlate with Graves' disease.

**Objectives:** The case of an 18-year-old boy diagnosed with Mixed Adaptive Disorder and Graves' Disease is presented.

**Methods:** Clinical case presentation and non-systematic narrative review in PubMed.

**Results:** Clinical case: 18-year-old male patient presenting with nervousness, obsessive thoughts, insomnia, decreased anorexia with marked weight loss, tachycardia, involuntary periorbital muscle movements, trichotillomania and wounds in the oral cavity secondary to bites in the context of serious problems with his family and with the law. Anxiolytic and antidepressant treatment is started but the patient does not take regularly. Admission to Subacute Unit for clinical stabilization and containment of the situation at the social area. Through blood analysis, a diagnosis of Graves' disease is made and antithyroid treatment is started, presenting significant clinical improvement. Later, with the adequate intake of the psychopharmacological treatment, aims a complete resolution of symptoms.

**Review:** 1)The association between anxious depressive symptoms and thyroid function is significant. 2) The psychiatric symptoms of Graves' disease do not follow a specific pattern and are similar to those of an anxiety disorder or a primary anxiety-depressive disorder. 3)They have observed changes in psychopathological aspects in patients with subclinical hyperthyroidism. 4)In various studies it is shown that neuropsychiatric symptoms persist for a later time than thyroid function is normal and in some cases the complete resolution of these symptoms is not resolved. 5)Recent studies conclude that stress can be related to the debut and the evolution of Graves' disorder despite the difficulty in quantifying it objectively.

**Conclusions:** 1) Routine screenings for thyroid disorders are important in patients with mood and anxiety disorders. 2) When neuropsychiatric symptoms persist despite normalization of thyroid function it should be considered the coexistence of a primary psychiatric disorder as well as the existence of psychosocial factors. 3) It is of interest to carry out research based on a biopsychosocial model to expand the study of the impact of stress on Graves' Disease.

**Disclosure of Interest:** None Declared

## EPV0252

### The association between Darier's disease and schizophrenia : a case report

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**Introduction:** Darier's disease, also known as Darier-White disease or keratosis follicularis, is a rare autosomal dominant

genodermatosis. Clinical experience has long suggested an association between neuropsychiatric abnormalities and Darier's disease. Moreover, associations with mental retardation, schizophrenia, mood disorders and suicide have been reported.

**Objectives:** We studied the association between Darier's disease and schizophrenia.

**Methods:** We illustrate a case of schizophrenia and Darier's disease comorbidity with a small review of the literature that summarizes the characteristics of such an association.

**Results:** Mrs SD, 48 years old, with a prior history of schizophrenia, moderate intellectual disability and several hospitalizations in psychiatry.

She was hospitalized in our department of psychiatry "A" of the Hedi Chaker university hospital after she was brought by the police for odd and disorganized behavior, environmental violence and refusal of treatment.

On somatic examination, the presence of crusty maculopapular skin lesions, non-pruritic, yellowish brown in color and a few millimeters in diameter, located on the back of both hands and feet, face and neck was noted. The patient reported that her brother has similar skin lesions. A dermatological consultation was sought for assessment of her skin condition and a skin biopsy confirmed the diagnosis of Darier's disease.

**Conclusions:** Schizophrenia and intellectual disabilities are frequently associated with Darier's disease. Physicians should be aware of this association in order to allow a rapid diagnosis and early management of psychiatric disorders associated with this genodermatosis.

**Disclosure of Interest:** None Declared

## EPV0253

### THE COMPLEXITY OF DUAL PATHOLOGY: REGARDING A CASE REPORT OF SEIZURES

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**Introduction:** Wernicke's encephalopathy (WE) is a potentially reversible neuropsychiatric emergency caused by thiamine deficiency, whose classical triad consists of acute onset of confusion, gait ataxia, and oculomotor dysfunction. The diagnosis is missed in 75-80% of cases and approximately 80% of untreated patients develop Korsakoff Syndrome, which is characterized by memory impairment associated with confabulation. Early recognition of nutritional deficiency or any portion of the triad is critical and should prompt treatment, since WE is readily reversible if treated with adequate doses of parenteral thiamine.

**Objectives:** Starting from a case report of suspected WE, we intend to discuss the differential diagnosis of seizures in dual pathology.

**Methods:** Non-systematic review of the literature was performed in PubMed database using the keywords "Wernicke's Encephalopathy", "Seizures", "Alcohol" and "Benzodiazepines". The articles were selected according to their relevance. A patient's clinical record was reviewed and presented.

**Results:** We present a case of a 44-year-old Ukrainian man with suspected background of chronic alcohol abuse and psychiatric history of schizoaffective disorder, who presented with acute onset of confusion, psychomotor agitation, gait ataxia and nystagmus. Anamnesis was hampered by the language barrier and absence of past medical history and patient's alcoholic habits remained unclear. After suspicion of WE it was introduced thiamine and diazepam, with significant improvement. After discontinuation of diazepam, the patient presented with several episodes of tonic-clonic seizures. He was medicated for seizures with clinical stabilization. At time of discharge the diagnostic discussion prevailed. Seizures are a common presentation of various conditions associated with alcohol use, whose differential diagnosis is difficult, especially in patients with dubious alcohol consumption. Alcohol abuse is a major precipitant of status epilepticus as seizure threshold is raised by alcohol drinking. Seizures may also occur during alcohol withdrawal, for which treatment with benzodiazepines is recommended, however carefully, since both abrupt cessation and high-dose use are critical for the appearance of seizures. Although very rare, WE may also present with seizures, whereby overdiagnosis and overtreatment are preferred to prevent persistent neurocognitive impairments.

**Conclusions:** This case illustrates the complexity of neuropsychiatric diagnoses in dual pathology. It requires a longitudinal assessment for a better understanding of clinical conditions and establishment of the best therapeutic approach.

**Disclosure of Interest:** None Declared

## EPV0254

### An auditory Charles Bonnet Syndrome managed with psychological intervention: A case report

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**Introduction:** Charles Bonnet Syndrome (CBS) is an age-related disorder characterized by complex visual hallucinations in older persons with vision loss and underlying ocular pathology. The management of these symptoms is imprecise and combines psychological measures with psychotropic drugs.

**Objectives:** to discuss the non-pharmacological management of Bonnet syndrome through a case report.

**Methods:** We report a case of atypical CBS in a 76-year-old male patient presenting with visual and auditory hallucinations that were improved by reassurance.

**Results:** The past medical history was significant for diabetic retinopathy, difficulty hearing due to bilateral sensorineural hearing loss. He recognized these visions as unreal and felt distressed by them. No cognitive impairment was observed on several neuropsychological tests. He was reassured of the false nature of the visual experiences after explanations that he had no mental illness and that the problem could disappear. He was taught how to keep the images away by closing his eyes for sometimes and repeated

blinking. After six weeks of psychological intervention, the visual experiences had disappeared without using any drug

**Conclusions:** In the management of CBS drug treatments remain partially satisfactory. Nonpharmacological interventions focus on the reduction of the visual pathway deprivation. This therapeutic alternative seems to provide positive benefits.

**Disclosure of Interest:** None Declared

## EPV0255

### HOW NOT TREATING ADHD IN ADULTS CAN GENERATE CLINICAL PICTURES THAT ARE DIFFICULT TO INTERPRET: A CASE REPORT

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**Introduction:** ADHD is a neurodevelopmental disorder that occurs in childhood and can persist in adulthood in a percentage of cases ranging from 15% to 70% (Cheung, C. H. et al. *J. Psychiatr. Res.* 2005; 62, 92–100). In these cases, if not treated, ADHD symptoms can cause severe dysfunction (Biederman, J., et al. *Am. J. Psychiatry* 2000; 157(5), 816–818) often leading to misdiagnosis.

**Objectives:** The aim of this case report is to describe the clinical picture of a 26-year-old boy with ADHD and the consequences deriving from the missed diagnosis of the disorder during childhood.

**Methods:** We report a case of undiagnosed and untreated ADHD and the ensuing consequences.

**Results:** G.V. is a boy who came to our attention complaining about a vague depressive symptomatology. After psychopathological examination we detected mood instability, with the alternance of phases characterized by deep despair and melancholy and phases of agitation with internal tension and generalized anxiety. He reported a tendency to act on an impulsive basis and an occasional abuse of cocaine together with a daily abuse of high doses of Alprazolam. During the past years the boy had been visited by several psychiatrists who made various diagnoses (borderline or avoidant personality disorder, cyclothymic disorder) and prescribed various drugs but none of these were able to stabilize the psychopathological condition. The clinical history revealed the presence of a pervasive picture of inattention and hyperactivity since childhood which had heavily conditioned the patient's functioning over time. The inattentive pattern has persisted unchanged over the years, while the hyperactive one has improved leaving room for a stable sense of internal tension and generalized anxiety on which mood fluctuations are cyclically inscribed. A diagnosis of ADHD, combined presentation type, was made by using the DIVA-5. The patient was first prescribed lithium, which was subsequently replaced with valproic acid. After mood stabilization and the reduction of anxious symptoms prolonged-release methylphenidate was added to therapy, obtaining resolution of the clinical picture.