psychiatric symptoms, and the eventual revelation of an underlying neurological disorder, Huntington's Disease. We aimed to emphasize the importance of a multidisciplinary approach to such complex cases.
Methods: The patient's clinical course was closely monitored, and the Positive and Negative Syndrome Scale (PANSS) was used to assess the severity of symptoms upon admission. The patient's severe psychotic state led to involuntary hospitalization. Clinical observations pointing to an underlying neurological disorder prompted a neurology consultation and further investigations, including brain CT and MRI scans, but also genetic testing.
Results: The CT scan revealed potential Huntington's Disease evolution, while genetic testing confirmed the presence of the specific HTT mutation. Brain MRI with contrast substance highlighted characteristic Huntington's Disease changes, such as cortical atrophy, necrosis, and substantial loss of brain tissue, particularly in the basal ganglia, cortical regions, and thalamic nuclei. The patient was hospitalized for nearly seven weeks, during which various psychiatric medications were trialed with limited success. However, a gradual increase of Trihexyphenidyl dosage, as well as a wash-up with saline solution and vitamin supplements (B1, B6, and C), was initiated. Subsequently, the introduction of oral haloperidol in gradually increasing doses led to significant improvements in psychiatric symptoms, dyskinesia, and overall functionality.
Conclusions: This complex case underscores the paramount importance of a multidisciplinary approach in diagnosing and managing patients with Huntington's Disease and concurrent psychiatric symptoms. The revelation of a confirmed Huntington's Disease diagnosis also necessitated genetic testing for the patient's two adult children, with the son testing positive. This case illustrates the challenges of adapting treatment strategies continuously in such multifaceted scenarios and highlights the compelling need for a collaborative and integrative approach.

Disclosure of Interest: None Declared

EPV0257

Implementing policies and predictive stochastic models to restrict borderline personality disorder's access to restricted medications: comorbidity with factitious disorder, functional neurological disorder and medically unexplained symptoms

C. G. Lazzari

Community Mental Health, UK NHS, BRIGHTON, United Kingdom
doi: 10.1192/j.eurpsy.2024.1004

Introduction: We are facing increased access to hospital beds and increased use of restricted medications by people with borderline personality disorder (BPD). Our former research shows BPD comorbidity with factitious conditions, functional neurological disorder and medically unexplained symptoms. We also registered that persons with BPD might craft or exaggerate symptoms to access restricted medications. In the worst cases, they might share these medications (benzodiazepines, hypnotics, and anxiolytics) with street values for profit or other recreational purposes.
Objectives: To generate forecasting models and preventive policies to deal with BPD factitious disorders and improve the effectiveness of the UK National Healthcare Service (NHS) in reducing unnecessary admissions to general and psychiatric hospitals. More selective policies will capture and discourage BPD's feigning and exaggerating symptoms for accessing restricted medications.
Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. We identify four major model components to be introduced in the model: BPD (A), factious disorders (B), prescribing restricted medications (C), antisocial behaviours (D), and access to hospital beds (E).
Results: The Boolean expression becomes [A then B then C then D then E], or $[A \Rightarrow (B \Rightarrow (C \Rightarrow (D \Rightarrow E))]$ with a truth density of 96.875% (Figure 1).
Conclusions: BPD should alert healthcare of the risks of symptom exaggeration and factitious mental diseases. These conditions are used to access often restricted medications, such as benzodiazepines, sleep tablets, and anxiolytics, for personal and communal use. Street sharing of these last increases local criminality. In worst cases, a hospital bed is granted without preventive triage. The risk is the indoor access to these medications. We advocate policies for the discontinuation of community prescription of these drugs.

Disclosure of Interest: None Declared

EPV0258

Prevalence of psychiatric disorders in patients with craniofacial malformations - a statistical analysis

G. Pereira Bernd[1], V. Dall Agnol Bouvier[1], T. Brusa da Costa Linn[1], I. Cho de Almeida[1], B. de Oliveira de Marchi[1], L. Guinter Muccillo[2*], C. G. Menezes Chaves Barcellos[2], C. Paz Portinho[1] and M. V. Martins Collares[1]

[1]Universidade Federal do Rio Grande do Sul, Porto Alegre and [2]Feevale, Novo Hamburgo, Brazil
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1005

Introduction: Craniofacial malformations have long been associated with a heightened risk of psychiatric disorders. Understanding this link is crucial, as it can inform early intervention and support for affected individuals, enhancing their overall well-being. Research in this area aims to shed light on the prevalence and nature of these disorders within the craniofacial population, ultimately improving healthcare and quality of life for affected individuals.
Objectives: This study aims to establish a comprehensive understanding of the relationship between craniofacial malformations and psychiatric disorders. Specifically, our objectives include: assessing prevalence, identifying risk factors, evaluating impact and informing clinical practice. This research aims to improve the holistic care and mental well-being of individuals with craniofacial malformations, contributing to a more comprehensive approach in the field of psychiatry.