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MURDEROUS MYTHOMANIA: Psychopathology of lying – Apropos a Clinical Case

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Introduction: The capacity for lying is a common human phenomenon with evolutionary explanations, in which one seeks to deceive usually to avoid harmful or undesired consequences. The spectrum of lies is vast and varies from the content to the motivation. Pathological lying has the potential to affect mental evaluations thus motivating an important discussion regarding this behaviour.

Objectives: The authors aim to explore the psychopathological concept and spectrum of pathological lies, from their underlying motives to their implications and challenges in psychiatric diagnosis with recourse to a clinical case example.

Methods: A review of pertinent literature on the topic with focus on that which is most relevant to the theme was included. The authors present the clinical case of a middle-aged female who presented with mythomania which included the fabrication of having attempted murder.

Results: The literature demonstrates a relationship between compulsive lying and personality disorders. Head trauma and other central nervous system issues may also play a role. Some traits may facilitate the detection of deception, such as dramatic and unmotivated constructs with a positive self-portrayal. The clinical case description correlates the personality factors associated with mythomania, namely antisocial personality disorder, differing from the typical presentation as her fabrications portrayed her negatively.

Conclusions: The implication of pathological lying is that it may interfere with mental assessment thus altering, by way of deception, the psychiatric evaluation as lies may be difficult to detect upon a first evaluation. The psychiatrist should be alerted to the possibility of fabrication when dealing with a patient with predisposing factors.

Disclosure: No significant relationships.

Keywords: mythomania; personality; Psychopathology; lying

Psychopharmacology and Pharmacoeconomics

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Ischemic colitis induced by psychotropics drugs: a case report

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Introduction: Ischemic colitis (IC) is a rare condition due to hypoperfusion in the large intestine. Usually the etiology is unidentified, but many drugs are known to induce it because of their anticholinergic effects. We present the case of a 63-year-old woman, with the diagnosis of histrionic personality disorder, in treatment with quetiapine and venlafaxine. She attended the hospital due to diffuse abdominal pain, diarrhea and hematochezia in the last two days. An abdominal CT scan

is made, showing parietal thickening and submucosal edema in the colon, without any tumoral findings, suggesting IC.

Objectives: To point up the correlation between IC and the intake of psychotropic drugs.

Methods: We conducted a narrative review of the literature through the presentation of a case. Articles were selected based on their clinical relevance.

Results: There are reported cases of IC related to antipsychotics, but any drug with anticholinergic effects can potentially cause it. Anticholinergics reduce intestinal motility, leading to colonic ileus and dilatation. Both quetiapine and venlafaxine, taken by the patient, have these effects. Common obstructive and non-obstructive processes are excluded due to the absence of any other pathological signs. For these reasons, the diagnosis of IC secondary to treatment with quetiapine and venlafaxine is made.

Conclusions: Many psychotropic drugs can produce IC owing to their anticholinergic effects, being this chance increased when taken simultaneously with other drugs with same effects. IC is a rare but fatal side effect, which makes it important to consider it in the differential diagnosis in patients in treatment with psychotropics who suffer from gastrointestinal symptoms.

Disclosure: No significant relationships.

Keywords: Ischemic colitis; side effect; anticholinergic; psychopharmaceuticals

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Malignant catatonia due to clozapine withdrawal: A case report and a brief review of the literature.

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Introduction: Withdrawal symptoms are common upon discontinuation of many psychotropic drugs. Catatonia, a neuropsychiatric condition characterized by a number of motor, behavioral, emotional, and autonomic abnormalities, has been described as a withdrawal syndrome in a growing number of case reports, but it is not well recognized. Treatment of catatonia usually includes benzodiazepines and electroconvulsive therapy. Standard consensus states that the use of neuroleptics should be avoided, as they are thought to worsen catatonia.

Objectives: With this case report, we attempt to contribute to the finding in literature that the withdrawal of clozapine may be associated with catatonia, and how reintroduction of clozapine could be indicated for its treatment.

Methods: A clinical case is presented of a 37-year-old female with a history of schizophrenia, presenting with altered mental status and new onset of catatonic signs and symptoms in the setting of a 7-day emetic syndrome. The possibility that vomiting prevented proper absorption of clozapine is postulated, causing the patient to present clinical features compatible with malignant catatonia.

Results: The patient required treatment with benzodiazepines, electroconvulsive therapy and clozapine re-initiation, leading to improvement of catatonic symptoms within a few days.

Conclusions: This case serves as a reminder to consider alternative diagnostic hypotheses in cases of catatonic syndrome unresponsive