

gum. The patient applied to the psychiatry polyclinic with the complaint of decreased taste sensation that in the 3rd month of his complaints.

Methods: CASE REPORT

Results: CASE REPORT

Conclusions: Chemosensory side effects due to drugs are frequently seen in the elderly and in polypharmacy. It is usually accompanied by a decrease in salivary secretion. It resolves shortly after the causative drug(s) are stopped. It is important that our patient is middle-aged, does not have additional medical diseases and does not use drugs, and his complaints continue for 3 months after the stopped of Trazodone.

Disclosure: No significant relationships.

Keywords: trazodone; hypospousia; side effect; oral cavite

EPV1170

Dopamine dysregulation syndrome after prescription of dopamine agonists: a case report.

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Introduction: We present the case of a 65-year-old woman with multiple and chronic psychosomatic symptoms. Due to motor impairments she was diagnosed in 2009 with Parkinson's Disease (PD) by the neurology department and empirical treatment with levodopa was prescribed. However, the patient increased her levodopa intake by three times the recommended dose. The patient presented many adverse effects, including psychotic symptoms, that were interrupted after the levodopa intake was ended during a two month internament in a psychiatric unit. Dopamine dysregulation syndrome (DDS) is a condition in which patients with PD increase their levodopa intake without an objective worsening of motor symptoms. Higher-than-prescribed doses are taken by patients who develop tolerance and dependence to dopaminergic agonists.

Objectives: To analyse the prevalence of DDS, its diagnosis and treatment as well as the identification of risk factors.

Methods: A case report is presented alongside a review of the relevant literature regarding DDS.

Results: The available evidence suggests that the main risk factors for DDS are a history of mood disorders and behavioural disorders, but more studies are needed. Given that DDS is considered a rare adverse effect, physicians usually overlook voluntary dose increase by patients.

Conclusions: DDS, even though uncommon, has severe adverse effects such as dependence and acute psychosis. Before prescription of dopamine agonists, individual risk factors (such as psychiatric comorbidities or history of substance abuse) should be assessed. Also, patients and families should be informed and trained in alarm signs detection. Further studies would be justified to determine DDS prevalence, early diagnosis and treatment.

Disclosure: No significant relationships.

Keywords: dopamine dysregulation syndrome; prevention of mental disorders; psychostimulants; addictive disorders

EPV1171

Management of Emotional Dysregulation in Adult ADHD

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by impairing symptoms of inattention and/or hyperactivity/impulsivity. Although Emotional Dysregulation (ED) is not current criteria for ADHD, several clinical, imaging and genetic studies have been suggesting its inclusion. ED seems to impair social and occupational capacities, leading to poor quality life. In this regard, managing this situation is fundamental.

Objectives: ED in ADHD review and its management, including pharmacological and nonpharmacological approaches.

Methods: Non-systematic review through literature using databases as Pubmed and UpToDate. Keywords used: Attention-Deficit/Hyperactivity Disorder, Emotional Dysregulation, management, pharmacotherapy.

Results: Literature refers to ADHD drugs, such as psychostimulants and atomoxetine, as the first line managing ED. However, some studies demonstrated that ADHD drugs have lower efficacy while treating emotional symptoms, when compared to attention or hyperactivity/impulsivity symptom control. Other medications, such as antidepressants or mood stabilizers, are not considered due to low efficacy and side effects (such as irritability or suicidality behaviour worsening). Regarding non pharmacological approaches, there have been results with cognitive behavioral treatment, and management techniques for anger, frustration and communication skills.

Conclusions: Although the majority of studies demonstrate psychostimulants and atomoxetine role, there is an important lack of information regarding management of ADHD emotional dysregulation. It is a multifactorial condition, and, as such, non pharmacological and pharmacological management are needed to address this issue. More research is necessary, in order to improve patients' quality of life.

Disclosure: No significant relationships.

Keywords: management; emotional dysregulation; Pharmacotherapy; attention-deficit/hyperactivity disorder

EPV1172

What if Cannabis has a medical relevance in psychiatric disorders?

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Introduction: Cannabis was used as a medicinal plant in Asia before the Christian era. Nowadays, after 40years of a "war on