

Results: The results suggest that the coexistence of epilepsy and psychiatric diseases may be affected by neuroinflammation, abnormalities in neurotransmitters, and shared genetic factors. In addition, the implementation of integrated therapy techniques that include both neurological and psychological components has demonstrated encouraging findings in enhancing patient outcomes.

Conclusions: The identification and proficient management of psychiatric comorbidities in individuals with epilepsy are of utmost significance. The establishment of interdisciplinary collaboration between neurologists and psychiatrists, supported by continuous research, is necessary in order to provide comprehensive treatment and enhance the overall well-being of individuals affected by these conditions.

Disclosure of Interest: None Declared

EPV0234

Impact of addictive comorbidity on bipolar disorder type I

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Introduction: Among all mental pathologies, bipolar disorder (BD) is the one in which addictive comorbidity is most frequent. Recent studies suggest that this comorbidity has harmful consequences, threatening patients' quality of life.

Objectives: Describe addictive comorbidity and determine its prevalence in a population of patients with BD I.

Study the impact of addictive comorbidity on the evolution of BD I.

Methods: A cross-sectional, comparative study was conducted over a six-month period in the after-care unit of psychiatric wards at Razi Hospital, including patients treated for BD I according to DSM 5 criteria and stable on treatment.

The study included two phases: first, sociodemographic, clinical and therapeutic characteristics were collected using a pre-established form. The CAGE, DUDIT and MARS scales, validated in Arabic, were then administered.

Results: We included 100 patients (60 men and 40 women) with a mean age of 43.55 years.

Substance use disorder (SUD) was reported in 31% of our population; 22 alcohol users with a mean CAGE score of 1.23 (0-3), while psychoactive substance use was reported in 19 patients with a mean DUDIT score of 13.37 (0-28).

Forensic history was higher in the group of patients with comorbid SUD ($p < 0.001$). Poor compliance with treatment and irregular follow-up were also significantly more associated with addictive behavior, respectively $p = 0.008$ and $p = 0.048$.

We found no association between SUD and suicidal behavior or evolutionary symptoms of the disorder.

Conclusions: SUD are generally factors in the poor prognosis of BD. It is important to identify the determinants of this comorbidity, so that these risk factors can be appropriately targeted through appropriate therapeutic interventions and thus limit these negative consequences.

Disclosure of Interest: None Declared

EPV0235

The impact of the severity of Obstructive Sleep Apnea syndrome on quality of life

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Introduction: The negative impact of obstructive sleep apnea syndrome (OSA) on the quality of life of affected individuals is one of the serious consequences of this pathology. Consideration of this quality of life as one of the therapeutic objectives is essential.

Objectives: to evaluate the impact of the severity of OSA on quality of life in affected patients

Methods: We conducted a cross-sectional study involving 40 patients diagnosed with OSA by polysomnography in the Sleep unit, department of Neurophysiology at Sahloul university hospital in Sousse, Tunisia. This study was based on a generic questionnaire (SF-12) to assess the quality of life.

Results: The mean age was 49.7 ± 7.87 years with a sex ratio of 1.10. The mean apnea-hypopnea index (AHI) was 29.72. OSA was mild, moderate and severe in 40%, 22.5% and 37.5% of cases respectively. The majority of our patients had an impaired quality of life with an average score of 42.78. There was a positive linear relationship between physical and mental components of the SF-12 and AHI ($p = 0.026$ and $p = 0.019$ respectively). Mental component of the SF-12 was significantly associated with treatment with CPAP (continuous positive airway pressure) ($p = 0.014$).

Conclusions: Our study has shown that the severity of OSA has an impact on different domains of quality of life. The management of this disease should not be limited to controlling the disease but should aim for overall patient satisfaction.

Disclosure of Interest: None Declared

EPV0236

Thyroid dysfunction: an unlikely culprit behind psychotic symptoms

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Introduction: A number of studies have demonstrated that hyperthyroidism increases the prevalence of psychiatric disorders and the likelihood of depressive symptoms, anxiety and hypomania. Apathetic hyperthyroidism is a syndrome, which presents with symptoms of depression, apathy, somnolence or pseudodementia in the absence of the usual symptoms and signs of hyperthyroidism. This condition is more common in the elderly although it has also been described in young adults and adolescents.

In the majority of cases, treatment of hyperthyroidism results in an improvement in neuropsychiatric manifestations in parallel with