

Tamoxifen. The Psychiatric team concluded that the clinical deterioration with dysarthria was related to anxiety, associated with Autistic patients. The movement disorder was deemed secondary to antipsychotics exacerbated by stress and anxiety.

The patient's discharge planning was complex. She was declined by numerous care homes. At time of writing, she remains an inpatient.

**Conclusions:** The management of patients with a triad of Learning Disability, Schizophrenia and Autism is extremely difficult, particularly within an acute medical setting. Physical deterioration could be related to medication adverse effects or change in environment. Anxiety and stress are linked to these conditions. The challenging behaviour that these patients often have will make discharge planning very difficult as specialised care homes to accommodate these unique patients are very limited.

**Disclosure of Interest:** None Declared

## EPP0105

### Clozapine-induced pyoderma gangrenosum. A case report

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**Introduction:** Clozapine is an atypical antipsychotic medication which is mainly used in cases of treatment-resistant schizophrenia. Although it has several advantages over other typical and atypical antipsychotic medication, such as fewer relapses and lowering the risk of tardive dyskinesia and suicide it also has a range of adverse effects which makes compliance an issue for many patients.

Pyoderma gangrenosum (PG) is a rare neutrophilic dermatosis clinically characterized by painful pustules or nodules that rapidly evolve in ulcers with violaceous, undermined borders and raised periphery. The etiopathogenesis of the disease remains unclear, however PG is usually manifested in the setting of an underlying immune-mediated disease, more commonly inflammatory bowel disease, rheumatoid arthritis and haematological malignancies.

**Objectives:** Nevertheless, in the literature there are scarce reports of drug-induced PG.

**Methods:** We present the case of a 56-year-old woman with a diagnosis of refractory schizophrenia on clozapine treatment for 4 months, who was admitted to the emergency department for a skin eruption localized on the trunk, genital area and extremities. The clinical examination revealed numerous, discrete erythematous macules, papules and plaques with central necrosis, and multiple, sharply marginated ulcers with undermined, red to purple border. Further physical examination disclosed no systemic findings and laboratory analyses and skin biopsy were performed.

**Results:** On work-up, white blood cell count and C-reactive protein (CRP) were elevated, while blood and pustule cultures were negative. Histologic examination revealed dermal necrosis and inflammation, features consistent with the diagnosis of PG. The pathology test was positive.

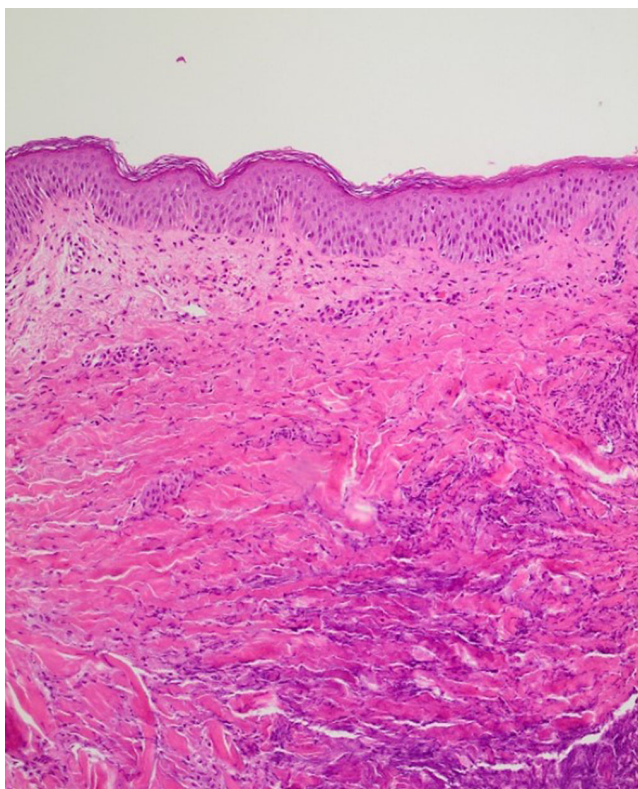
**Image:**



**Image 2:**



Image 3:



**Conclusions:** Pyoderma gangrenosum is a rare autoinflammatory skin disorder of unknown etiology. The pathogenesis of the disease is not well understood, but drug-induced PG is considered to result from neutrophil dysfunction and dysregulation of the inflammatory response. Cases of drug-induced PG are rare and attributed to certain drugs. Clozapine is an antipsychotic medication for the treatment of refractory schizophrenia. It is suggested that clozapine alters plasma TNF- $\alpha$  levels and thus can modulate the inflammatory response. To date, a variety of adverse skin reactions (Stevens-Johnson syndrome, DRESS syndrome etc) have been previously described in the literature. However, to the best of our knowledge, this is the first case which strongly indicates the likely association between clozapine and drug-induced PG.

**Disclosure of Interest:** None Declared

### EPP0106

#### New ways in delivering services for people with dual diagnosis

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**Introduction:** People with severe mental health disorders and concurrent addiction problems are one of the most challenges

patients to treat within mental health and addiction. They often find themselves fallen between different chairs within mental health and addiction services and between specialist and primary care. There is a need for new ways of delivering services for this group.

**Objectives:** The objective of this presentation is to present how Flexible assertive outreach teams (FACT) are delivered in a densely populated country and the results on changes in use of specialist services and detention. We will also present the results of changes in quality of life before and after entering FACT and which factors that might be associated with life quality.

**Methods:** The establishing of FACT in Norway has been extensively evaluated both in the form of official reports to the health authorities and academic research papers. We will do a scoping review of the Norwegian research on the effect of FACT teams with a specific attention to the results obtained in densely populated areas. The review will cover the years from 2018 up to today.

**Results:** The results so far indicate that it is possible to deliver FACT services in densely populated areas and that there is an increase in quality of life before and after entering a FACT team. The use of hospitalization days are reduced with about 50% and the same applies for days in detention.

**Conclusions:** FACT teams seem to be a viable way of delivering mental health care services to one of the most vulnerable groups in our society.

**Disclosure of Interest:** None Declared

### EPP0107

#### Options for the recovery of mental activity in children after acute brain damage

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**Introduction:** Children with acute brain damage make up a large group of patients who require multi-stage rehabilitation. Rehabilitation requires the creation of special conditions for psychiatric care and psychological and pedagogical correction of the consequences of severe damage to the nervous system. A differentiated approach to rehabilitation will help restore mental activity with greater efficiency, and subsequently adapt the child to the familiar environment.

**Objectives:** The aim of the study is to identify the options for mental activity during the restoration of the level of consciousness in children after acute severe brain damage.

**Methods:** 210 children under the age of 18 with severe brain damage (traumatic brain injury, hypoxia, hydrocephalus), admitted for treatment and rehabilitation. Clinical-psychopathological, pedagogical methods were used; additionally - diagnostic scales, questionnaires.

**Results:** Depending on the level of consciousness, mental activity, 4 groups were formed:

1st group - 37 (18%) patients had manifestations of mental activity with physical, cognitive and social capabilities in the minimal