

EPV0253

Theory and Practice of Treatment of Concurrent Major Depressive and Alcohol Use Disorders

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Introduction: Both Major Depressive and Alcohol Use Disorders are highly prevalent. They also are the major contributors to disability and decreased quality of life and, as they are often comorbid with each other, the diagnosis and treatment of concurrent depression and alcohol use disorder represents a challenging task with multiple clinical questions requiring evidence-based recommendations.

Objectives: The goal of this presentation is to review the optimal strategies to treat concurrent alcohol use and major depressive disorders in the context of current research findings and clinical practice.

Methods: Narrative review, knowledge synthesis.

Results: The most up-to-date research findings in the areas of epidemiology of concurrent depression and alcohol use disorder, their differential diagnosis, and treatment approaches will be reviewed. This review will include the current evidence of effectiveness of various antidepressants in treatment of depression concurrent with alcohol use disorder and antidipsotropic agents use for alcohol use disorder in the context of depressive symptoms, as well as their combinations. We will discuss the timeline of initiation of both antidepressants and antidipsotropic agents, non-pharmacological treatment modalities as well as the clinical tools that can be used to properly monitor patients' progress and optimize the treatment process, and the integrative teamwork necessary to achieve optimal results.

Conclusions: Ultimately, the optimal diagnostic and treatment algorithm and the set of evidence-based treatment recommendations will be presented.

Disclosure: No significant relationships.

Keywords: Alcohol use disorder; Concurrent Disorders; major depressive disorder; integrated care

EPV0252

Epidemiological profile of patients with epilepsy attended in an emergency in a psychiatric hospital in 2020

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Introduction: According to the Global Burden of Disease study (WHO, 2010), epilepsy is ranked as the second most impacting neurological disorder worldwide, in terms of disability-adjusted life years, and is often associated with psychiatric comorbidities, stigma and high economic costs. This frequent association between epilepsy and mental disorders is a fact, however, they are often underdiagnosed and undertreated in patients with epilepsy, which further reduces the quality of life of this population and induces the demand for psychiatric emergency care.

Objectives: To give the comorbid relevance between epilepsy and mental disorders, this study aims to identify the main psychiatric illnesses associated with patients with epilepsy treated at the emergency of a psychiatric hospital in 2020. In addition to establishing the clinical and epidemiological factors related to this association.

Methods: All patients diagnosed with epilepsy (G40), according to the International Classification of Diseases, who underwent emergency care at the HABM, São José do Rio Preto, São Paulo, in 2020. Epidemiological and clinical data were collected.

Results: There were 7258 consultations, with only 27 as cid G40. 71.4% were male, 55% single and age between 42-49 years old. 47.6% indicated psychiatric comorbidities (cid F06). 23.8% patients with both disorders were attended by psychiatrist.

Conclusions: The concomitant occurrence of psychiatric disorders and epilepsy has significant relevance. However, it is known that the diagnosis of psychiatric disorders in epileptic patients is sometimes late, poorly conducted or even underdiagnosed. Therefore, knowing the profile of patients with epilepsy allows us to identify the factors associated with the concomitant of psychiatric disorders.

Disclosure: No significant relationships.

Keywords: emergency psychiatric; comorbid; Epidemiology; epilepsy

EPV0253

Myasthenia and bipolar disorder: a case report and review of literatureB. Emna^{1*}, R. Kammoun¹, M. Kroui¹ and F. Ellouz²¹Razi hospital, Psychiatry G, manouba, Tunisia and ²Razi hospital, Psychiatry G, denden, Tunisia

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Introduction: The association between somatic diseases and bipolar disorder (BD) have been described especially for auto-immune diseases.

Objectives: Through a case study and a review of literature we are going to describe a comorbidity of BD and myasthenia.

Methods: Starting from a case report, we conducted a literature review on "PubMed", using a key word "myasthenia and bipolar disorder"

Results: The patient AJ, 57 years old, married, mother of 5 children; 4 sons and 1 daughter who also has BD. She is illiterate and a full-time mother. she has high blood pressure, a congestive gastropathy and hemorrhoids. She has been diagnosed with BD in 1987 (at 21 years old) and mainly had depressive episodes. She was put on Amitriptyline, carbamazepine, long-acting neuroleptics and benzodiazepines. Since 2006 the patient has been reporting persisting myasthenia even when she was euthymic. In 2009, she was hospitalized for persistent headaches, pain and a decrease in visual acuity in the right eye. An ophthalmoscopy, a cranial CT-scan and an MRI were performed with no anomalies. Then a fluctuant ptosis and an intense fatigability appeared. She then was hospitalized in a neurology ward where she was diagnosed with myasthenia. Changes in her treatment had to be made. Carbamazepine was switched to valproic acid, amitriptyline was switched to fluoxetine. And benzodiazepines were stopped.

Conclusions: It's important to pay close attention to somatic diseases in our patients in order to insure appropriate medical care.

Also, the association between somatic disorders and BD can be an interesting lead in elucidating the etiopathogenesis of BD.

Disclosure: No significant relationships.

Keywords: bipolar disorder; comorbidity in bipolar disorder; myasthenia; auto-immune disorder

EPV0254

The Wabanaki Approach to Treating Opiate Use Disorder among Indigenous North Americans

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Introduction: Addictions are prominent among indigenous people in North America in relation to historical and contemporary trauma.

Objectives: We describe the approach emerging in our services for the five indigenous tribes of Maine (the Wabanaki Confederacy) for culturally sensitive treatment of opiate use disorder.

Methods: In our auto-ethnographic approach, we introduce or re-introduce participants to cultural beliefs, values, and methods for treating addictions, inclusive of narrative methods (storytelling) which receive greater acceptance by indigenous and marginalized peoples. Indigenous philosophy states that we see the world using the stories that we have absorbed or constructed to explain our perceptions. Using substances is a story that is connected to poverty and adverse childhood events. We create new stories to develop a sense of agency, the sense that one's actions can make a difference in one's life.

Results: We present the lessons learned and the results of our using this approach with a tribal population in Maine. Some key concepts include (1) reframing the person's self-story about being addicted within a threat-power-meaning network, (2) working with stories about the spirit of the addiction and the consequences of ingesting spirit-laden substances without knowing their songs and protocols, (3) constructing future-self-narratives that explore right relationships and meaningful conduct, (4) constructing stories about the intergenerational transmission of addictions and exploring the question of "whom will be the recipient of your addiction?"

Conclusions: We come to understand that the client sets their goals and defines what recovery means for them, which is the heart of a harm reduction approach.

Disclosure: No significant relationships.

Keywords: Indigenous people; cultural healing; opiate use disorder; harm reduction

EPV0255

Lateralized disorder and its association with an axial hypotonia and body spatial integration impairments may involve slowness and attention disorder: A case series of patients

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Introduction: Lateralization is a complex process that evolves during the development of the child leading to the organization of the functional dominance with a body side. However, laterality is poorly examined.

Objectives: The aim of this study was to explore the features of patients with a laterality disorder evidenced by a non-dominance affirmed of the handedness.

Methods: A retrospective review of 25 cases of patients (15 children of 8-9 years and 10 adults of 26-42 years old) presenting a laterality disorder. All patients were assessed with the standardized assessment of neuropsychomotor functions battery (NP-MOT).It enables physical assessment of muscular tone of limbs and axial tone (trunk), laterality (tonic, spontaneous gestural, psychosocial handedness, and usual with objects for hand, foot, and eye), body spatial integration (in relation to self, imitation, objects and map), auditory attention, and others motor functions.

Results: The study findings revealed poor level of the dominant laterality for all the patients (< 2DS) regarding the proximal tonic laterality (elbows) and the psychosocial subtests of mimed gestures (tending to ambidexterity). In addition, it was found a hypotonic trunk and difficulties in body spatial integration and in asymmetrical bimanual tasks with slowness and failures, similar dexterity performance right/left.Strong correlations between all these features and the personal history match the difficulties to focus a long time an attention holding posture without to move, and associated to a fatigability.

Conclusions: A deep standardized examination of the laterality and tone may explain some components of the behavior in relation with hemispheric dominance impairment.

Disclosure: No significant relationships.

Keywords: attention disorder; Laterality dominance; trunk hypotonia; body spatial integration impairments

EPV0256

Cannabis use and cognitive impairment in schizophrenia

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Introduction: Neurocognitive deficits amongst patients with schizophrenia are considered one of schizophrenia's central features. These deficits appear to be present from the first episode of psychosis (FEP) and certain cognitive impairments could be components of a genetic vulnerability to schizophrenia. Regarding research on cannabis and cognition in schizophrenia, different studies have assessed neurocognitive functions: memory, attention/vigilance, processing speed, verbal learning, executive functions, and verbal fluency.