disability with histrionic personality, respectively. Familial history of psychiatric disorders was found 2 patients and of epilepsy in one.
Conclusions: Epilepsy and psychosis have a complex and bidirectional relation. Not only are patients with epilepsy at a greater risk of developing a psychotic disorder, but patients with a primary psychotic disorder are also at greater risk of developing epilepsy. The fact that the association between these pathologies is more frequent than expected should prompt more in-depth studies concerning the underlying etiopathogenic mechanisms to improve their management.

Disclosure of Interest: None Declared

EPV0240

Depression, Ulcers and Confusion – A Clinical Case of Behçet's Disease with Psychiatric Presentation

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Introduction: Behçet's disease, a rare autoimmune disorder, can present a challenging diagnostic puzzle, particularly when neuropsychiatric symptoms take the forefront. In this case study, we delve into the diagnostic process of a 43-year-old patient without prior psychiatric history, who initially presented with depressive and catatonic symptoms. The trajectory from psychiatric admission to a final diagnosis of Behçet's disease with neuropsychiatric involvement underscores the importance of interdisciplinary collaboration and the consideration of rare diseases in psychiatric assessment. Clinical remission was achieved with immunosuppressive therapy.
Objectives: Presentation of a clinical case of Behçet's disease with neuropsychiatric manifestations.
Methods: Review of the patient's clinical data in SOARIAN platform and research on UptoDate and Pubmed using the terms "Catatonia," "Behçet disease," "Neuro-Behçet," and "Psychiatry."
Results: We present a clinical case of a 43-year-old patient, originally from India, not fluent in Portuguese or English, with no prior psychiatric history, who presented to the emergency department exhibiting mutism and was admitted to the psychiatry department with the diagnostic hypothesis of depressive episode with psychotic and catatonic symptoms. During hospitalization, severe vitamin deficiencies, gastrointestinal symptoms (vomiting, abdominal pain, and hematochezia), and gynecological symptoms (dyspareunia and vaginal discharge) were observed. From a psychiatric perspective, in addition to depressive and psychotic symptoms, atypical symptomatology incongruent with the initial diagnosis was identified, raising suspicion of an "organic" disease. There was an atypical fluctuation in symptoms, with periods of severe behavioral disorganization interspersed with periods of apathy and psychomotor retardation, significant alterations in attention and memory, and executive deficits. Additionally, there was a poor response to psychiatric medication and electroconvulsive therapy. A colonoscopy revealed ulcers at the ileocecal valve, and gynecological lesions suggestive of a vasculitic process were observed. Autoimmunity testing showed positivity for HLA B51/52. Given the neuropsychiatric, gastrointestinal, and gynecological manifestations, along with suggestive autoimmunity, the diagnosis of Behçet's Disease with neurological involvement was established. Clinical remission was achieved only with immunosuppressive therapy. The case is enriched by the complex diagnostic journey, multiple complications encountered (including valproic acid-induced encephalopathy), and the challenges faced in treating neuropsychiatric manifestations.
Conclusions: This clinical case exemplifies the challenges in diagnosing a systemic disease with primary psychiatric presentation, as well as the therapeutic success resulting from multidisciplinary collaboration in a public hospital.

Disclosure of Interest: None Declared

EPV0241

Comorbidity of mental disorders in synthetic cannabinoids abuse: clinical dynamics, behavior, adaptation

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Introduction: The study of the phenomenon of deformation of mental disorders, clinical dynamics, behaviors, and adaptations in case of abuse of synthetic cannabinoids is of relevance.
Objectives: To study the phenomenon of deformation of mental disorders, clinical dynamics, behaviors, and adaptations in case of abuse of synthetic cannabinoids
Methods: Catamnestic, clinical-psychopathological methods (PANS, SANS, CGI, MMPI, CGI, STAI, LSI, TPA, ICD-10), statistical (Python 3.11.0).
Results: 291 men (age from 18 to 35 years) were examined: 240 - F12.2xx, of which 98 - F60.xx-F62.xx, 142 - F20.xx and 51 - F20.xx without substance abuse. The study took place from 2018 to 2023 based on psychiatric institutions of the Russia, Tomsk region, St. Petersburg, Noyabrsk and Nizhnevartovsk.
Conclusions: The phenomenon of abuse of synthetic cannabinoids is a factor in the deformation of mental disorders. Persistent exogenous visual and delusional disorders contribute to the symptoms of exacerbations of schizophrenia; schizophrenic symptoms are included in psychotic episodes in personality disorders. In remission of schizophrenia, there is a quasi-adaptation from socio-professional environments, mostly addictive and criminalized, a pronounced smoothing of emotional impoverishment, a stigmatizing symptom is mainly a volitional defect, as well as frequent rehospitalizations not indirectly related to drugs. In remissions of drug use in patients with personality disorder, persistent schizophrenia of behavior. In patients with schizophrenia and patients with personality disorders, there is a distortion of behavior with a predominance in patterns of inclinations to delict, nonconformity, isolation in an addictive environment, suspiciousness. Drug abuse may initiate auto-aggression predominantly in

individuals with personality disorders and to a lesser extent in patients with schizophrenia. True suicides in drug users include only episodes with depressive symptoms.

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EPV0242

Anxiety disorder and depressive disorders in teens

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Introduction: Anxiety and mood disorders are frequent causes of consultation in child psychiatry. In pediatrics, they can be the cause of life-threatening or psychological complications, such as suicidal ideation, anxiety attacks, scarification or suicide attempts.
Objectives: Discuss the clinical and therapeutic features of anxiety-depressive syndromes.
Methods: We shed light on anxiety-depressive syndromes through the study of complex clinical cases encountered in child psychiatric hospitalization.
Results: We report a case series of 10 patients, the majority of whom were female. The age range was 12 to 17 years. Clinical features included emotional manifestations such as sadness, tantrums and anxiety, as well as cognitive symptoms such as memory and concentration problems, with dark or suicidal ideation, and occasional endangerment behaviors such as scarification or suicide attempts.
Treatments range from psychosocial interventions, including therapeutic mediation, psychotherapy and social support, to pharmacological treatment with antidepressants, hypnotics, neuroleptics and, rarely, mood regulators.
Conclusions: The frequency and severity of anxiety-depressive syndromes in the absence of adequate care underlines the importance of screening, early diagnosis and treatment of children with these disorders.

Disclosure of Interest: None Declared

EPV0244

Adult Attention-Deficit/Hyperactivity Disorder and Borderline Personality Disorder: diagnostic and management challenges

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Introduction: Borderline Personality Disorder (BPD) and Attention-Deficit/Hyperactivity Disorder (ADHD), relatively common psychiatric pathologies (5% and 1-2% respectively), share several characteristics, specially impulsivity and emotional dysregulation. With different therapeutic approaches, it is therefore important to distinguish the entities for a correct approach to the patient. Clinical evidence has also demonstrated high comorbidity between two entities, and therefore this recognition is of equal relevance.
Objectives: Analyze the clinical evidence, in order to better understand the dynamics between the two pathologies as comorbid or differential diagnosis, for an appropriate approach to the patient.
Methods: Authors used the Medline database through the Pubmed search engine, with the keywords: "PBP", "PHDA".
Results: These two pathologies share impulsive and spontaneous actions with poor thinking about the consequences; nonetheless, ADHD individuals tend to show this impulsivity by being more impatiente when they have to wait, talking over other people, interrupting others; on the contrary, in BPD impulsivity can be showed more as self-harm behaviors.
As for the emotional dysregulation, that both entities share, in the comorbid case it is known that it is the most severe form. This characteristic is part of the central characteristics of BPD where these individuals experience intense and unstable emotions. They have difficulty regulating their emotions which can lead to rapid changes in mood, and they report feelings of emotional emptiness and difficulty in establishing stable relationships. As for ADHD individuals, despite present, it's not a core symptom, as they have more control over their emotions, and have more adaptative cognitive strategies.
Attention deficit can be a core symptom of a subtype of ADHD and has not yet been reported in patients with PBP, except in comorbid situations. According to studies, 30-60% of patients with PBP report and score on attention deficit scales. Truth is both entities have intelectual disfunctionalities.
Results of genetic studies are very inconsistent, however epigenetic research and reseach focusing on hypothetized vulnerability genes or sites have been promising.
Conclusions: A complete clinical history is particularly important in these cases and sometimes difficult, as so, clinicians should be aware to prevent misdiagnosis and provide the best care for both disorders and the comorbidity. Given that treatment differs between both pathologies, psychotherapy in BPD, and the multimodal approach in ADHD, it is imperative to distinguish the two entities. In comorbid cases, a combination of the two therapies has demonstrated effectiveness but much more studies are needed.

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EPV0245

"Unraveling the Diagnostic Dilemma: Unusual Presentation of Huntington's Disease with Predominant Psychiatric Symptoms and Late-Onset Motor Manifestations"

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Introduction: Huntington's Disease is a neurodegenerative disease inherited in an autosomal dominant fashion.The underlying genetic defect is unstable CAG trinucleotide repeat expansion with a repeat length longer than 36 resulting in pathological aggregation of abnormal protein causing cell death.
The clinical symptoms encompass 3 main domains-motor,cognitive and psychiatric.The psychiatric symptoms often in atypical form appear decades before other symptoms causing significant impact on patient's functioning and quality of life.