

87.5%, primary: 68.4%, secondary: 35% and university: 46.7%). Similarly, having a family history of chronic disease (OR=3.3;  $p=0.02$ ), suffering from severe fatigue (OR=36,  $p<0.01$ ), having associated depression (HAD score  $\geq 11$ ) (OR=19.5;  $p<0.001$ ) and having poor quality of life [Ankylosing spondylitis quality of life questionnaire (Asqol) Score  $\geq 13$ ] (OR=15.8;  $p<0.001$ ) were statistically associated with higher prevalence of confirmed anxiety symptoms.

**Conclusions:** It was found that patients treated for AS frequently suffer from psychological co-morbidities, particularly anxiety, which can lead to a further deterioration in their quality of life and even their withdrawal from active life. Thus, anxiety should not be ignored when treating these patients.

**Disclosure of Interest:** None Declared

## EPV0267

### Postictal psychosis : Case Report and Literature Review

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**Introduction:** The prevalence of psychosis in patients with epilepsy is estimated approximately 7.8%. However, postictal psychosis appears to be much less common, with a prevalence of 2% in epilepsy. Postictal psychosis is defined as psychotic episodes starting within less than one week after an epileptic seizure.

**Objectives:** Our aim was to study the clinical characteristics and the therapeutic options through a case report and a review of the literature.

**Methods:** Case report and unsystematic literature review were obtained by searching the Pubmed.gov database. Thirty-six articles were identified through searches of this database and thirty-five articles were included in the selection of in-text articles integral

**Results:** A 32-year-old men patient, without a personal or family history of psychiatric illness, was admitted to a psychiatric unit for a psychotic episode which has started three days before, mystical delusions, irritability, disorganized behavior, and aggressiveness, that had emerged shortly after a cluster of generalized tonic-clonic GTC seizures. Additionally, divided attention and memory deficits were noticed during psychiatric hospitalization.

Past medical history was relevant for epilepsy since he was 20 years olds. He did not regularly attend follow-up neurology appointments and had poor adherence to antiepileptic treatment. Last tomography images, a day before the hospitalization in psychiatry, had documented hypodense lesions in the periventricular white matter and subcortical semi-oval center distributed bilaterally and symmetrically suggestive of leukopathy. During the hospitalization, biochemical screening, renal and thyroid function were normal, serologies for B and C hepatitis were negative.

Psychotic symptoms subsided in the first 36 hours after admission upon treatment with Risperidone 4 mg/day, carbamazepine 600 mg/day, and 150 mg phenobarbital.

**Conclusions:** From our research, we can deduce that although these syndromes are widely recognized, standard diagnostic manuals fail to acknowledge them, resulting in a noticeable lack of

attention in the literature. Therefore, it is crucial for physicians to carefully examine patients with known risk factors for the symptoms of postictal psychosis.

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## EPV0268

### Post-Ictal Mania: A Case Report with Literature Review

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**Introduction:** While postictal mania is a well-recognized clinical condition, it has received less research attention compared to other postictal manifestations.

**Objectives:** Drawing upon an analysis of a case report that underscores the clinical and therapeutic challenges associated with comorbid epilepsy and mania, a literature review was carried out to investigate the connection between these two disorders.

**Methods:** We illustrate a case of comorbidity between mania and epilepsy and provide a concise review of the literature summarizing the key characteristics of this association.

**Results:** This case pertains to Mr. M, a 44-year-old male with a history of frontal epilepsy characterized by secondary partial generalization, which was partially controlled with sodium valproate. He was admitted to our service due to acute agitation following a loss of consciousness lasting a few minutes.

Upon admission, the patient exhibited symptoms of mental confusion. A neurological examination did not uncover any abnormalities. Brain computed tomography revealed mild frontal atrophy. Video electroencephalography conducted during the interictal period and outside the episodes of confusion did not reveal any abnormalities. The patient was restarted on sodium valproate (20 mg/kg/day) and clonazepam (2 mg/day). Following a lucid interval of ten days, the patient started to manifest psychiatric symptoms, which included irritability, hostility towards his spouse, increased talkativeness, thought pressure, and an unusual sense of familiarity, raising suspicion of post-ictal mania.

**Conclusions:** Based on this clinical case and the existing scientific literature, post-ictal mania occupies a distinct position among the mental disorders observed in the post-ictal period. Therefore, clinicians must be aware of these conditions to facilitate accurate diagnosis and appropriate management.

**Disclosure of Interest:** None Declared

## EPV0269

### Association between G6PD deficiency and schizophrenia A case report

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