

Results: The patient is a 54-year-old male with no psychiatric history and reported past medical history of Huntington's Disease, diagnosed one month ago. He was brought to the Psychiatric ED due to agitation and disorganized behavior at home. On admission, he demonstrated disorganized behavior, grandiose delusions, neurocognitive deficits, and reported auditory hallucinations. With the initiation of tetrabenazine and risperidone his psychiatric symptoms improved and he was able to be discharged to a long-term care facility.

Conclusions: Literature is scarce regarding treatment of psychiatric manifestations of HD. We catered our approach towards safe and effective symptoms management in a multidisciplinary manner. Further research is required to reach an evidence-based consensus as well as develop specific guidelines for managing psychiatric conditions related to HD.

Disclosure: No significant relationships.

Keywords: Neuropsychiatry; Huntington's disease; Psychosis

EPV0326

QT Prolongation-induced Seizures Masquerading as Depression with Mixed Features

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Introduction: Severe mental disorders experience premature mortality mostly from physical causes. When a patient with a history of bipolar disorder is admitted to the emergency room (ER) for psychiatric symptoms, these are routinely interpreted as a psychiatric disturbance. However, a careful history should be performed to correctly interpret key clinical information to rule out somatic etiology and establish adequate diagnosis.

Objectives: To describe a patient whose presenting symptoms were misdiagnosed as psychiatric relapse, rather than serious somatic comorbidity debut.

Methods: A 70-year-old man, with a history of type I bipolar disorder and multiple cardiovascular conditions, was admitted to the ER for self-referred nervousness, depressed mood, insomnia, and suicidal thoughts. Symptoms had greatly worsened the previous week to his consultation with paroxysmal episodes of severe anxiety, feelings of strangeness, and sensations of unpleasant odors.

Results: During observation, the patient was found lying down with loss of consciousness, urinary incontinence, and amnesia of the event. Generalized tonic-clonic seizures were observed by neurologists while mental status examination was being performed. After symptoms were oriented as having a neurological etiology, the patient suffered cardiac arrest and defibrillation was required. After admittance to the intensive care unit and inpatient cardiology care, the patient was discharged from the hospital with the diagnosis of ventricular fibrillation due to drug-induced QT prolongation.

There was no evidence of mixed depression or seizures once the cardiac dysfunction was identified and treated.

Conclusions: The psychiatric symptoms were the clinical manifestation of a generalized seizure-like activities that were attributed to transient cerebral hypoperfusion secondary to ventricular fibrillation.

Disclosure: No significant relationships.

Keywords: Emergency psychiatry; bipolar disorders; psychosomatics

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Emotional experiences of elderly patients with Chronic Obstructive Pulmonary Disease using extended home oxygen therapy: A qualitative study on reports at a university specialized outpatient clinic in Brazil

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Introduction: What do patients talk during a clinic evaluation? What do they report besides referring physical complaints? It is crucial to value 'hidden' symbolic issues under a conversation between patient and his/her doctors and nurses. Elderly people are at increased risk of developing Chronic Obstructive Pulmonary Disease (COPD) that requires the management of associated emotions. In advanced stages, they need to use Long-term Home Oxygen Therapy (LTOT) as part of treatment. Patients perceive difficulties with its use, generating anguish.

Objectives: To explore meanings of emotional experiences as reported by patients regarding LTOT, seen in a public university outpatient service.

Methods: Qualitative design. Semi-directed interviews with open-ended questions were carried out with seven elderly patients at Pulmonology Outpatient Clinic at General Hospital at University of Campinas, diagnosed with COPD and using LTOT in period 2019 to 2020. Data were analyzed using Content Analysis with the support of Webqda software. COREQ checklist was used.

Results: Three categories emerged from interviews: (1) Changes of self-image perception with great dissatisfaction in not recognizing their selves physically. (2) Sadness with social isolation and feelings of awkwardness regarding themselves. (3) Affective aspects bringing the need to re-mean old family supports.

Conclusions: Simply listening to reports of emotional complaints implies only a description of a clinical condition of the psychic sphere. Elderly patients with COPD bring psychological representations of their clinical condition that call for a symbolic interpretation. If such patients become aware of hidden meanings, they can better manage their fears and other uncomfortable feelings.

Disclosure: No significant relationships.

Keywords: Chronic Obstructive Pulmonary Disease; Qualitative research; Long-term Home Oxygen Therapy; nursing care