

EPV0294

Psychiatric disorder in prolonged post-concussive syndrom : clinical assessment, physiopathology and management review of the literature

I. Bouguerra*, A. Touiti, A. Hajri, A. Maamri and H. Zalila

Outpatient and Emergency Psychiatric Department, Razi Hospital, Manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1030

Introduction: According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), post concussive syndrome (PCS) is given a diagnosis of either major or mild neurocognitive disorder (NCD) due to traumatic brain injury TBI. However Persistent post-concussion symptoms (PPCS) are more complex, and typically involve multidisciplinary assessment and management. The symptoms are varied, non-specific and the therapeutic process is defiant for psychiatrist.

Objectives: To investigate the semiology of persistent post-concussion syndrome (PPCS) and the therapeutic challenges it poses.

Methods: A literature review was made on Pubmed, Google Scholar and Cochrane library using keywords: "post-concussive syndrome", "psychiatric disorder", "depression", "post-traumatic stress disorder", "treatment", "physiopathology".

Results: The physiopathology of persistent PCS is controversy. The Symptoms are due to the Concept of "Symptom Generators" which results from the alterations in neurophysiology and neuropathology secondary to the injury, and pre- or post-injury psychological factors physiological concussion. The Global cerebral metabolic disturbance, the autonomic nervous system dysfunction and the cerebral blood flow dysregulation induce biochemical cascade, excitotoxic reaction and immunotoxicity.

Clinical diagnoses associated with PPCS are: Major depressive disorder, Post traumatic stress disorder, Anxiety disorder, Substance abuse disorder, Psychotic disorder and Antisocial personality disorder. For the non pharmacological management: A systematically early information and a graded physical exercise in addition to other treatment are essential.

Antidepressant, benzodiazepine and mood-stabilizer are the most recommended treatments for psychiatric symptoms. Atypical neuroleptics are indicated in delirant disorder, behavior disorder and antisocial personality disorder. Some studies suggest the methylphenidate and biperiden to treat several cognitive impairment and severe behavior disorder.

Conclusions: (PPCS) is far from being a subjective complaint by patients. It is a complex clinical entity that groups symptoms that overlap with other psychiatric diagnoses, such as depression, post-traumatic stress disorder, and mood disorders. Early neuropsychiatric assessment and personalized pharmacological and psychotherapeutic treatment are essential factors in the prognosis of the disease.

Disclosure of Interest: None Declared

EPV0295

Late-onset mania as a manifestation of neurosyphilis: A Case Report

A. Labyadh*, S. Omri, W. Haouari, I. Gassara, R. Feki, N. Smaoui, L. Zouari, J. Ben thabet, M. Maalej, N. Charfi and M. Maalej Bouali

psychiatry C department, hedi cheker hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1031

Introduction: The evaluation of manic behavior with later onset is crucial, as various organic factors such as medications, infections, metabolic disturbances, tumors, and epilepsy can serve as potential etiological causes. While not universally observed, most studies indicate a connection between late-onset mania and neurological disorders like neurosyphilis.

Objectives: Our study aims to investigate the relationship between late-onset mania and neurosyphilis.

Methods: In this paper, we present a case of neurosyphilis presenting exclusively with symptoms of mania.

Results: A 72-year-old Tunisian woman with no prior medical or psychiatric history was referred to the psychiatric emergency room due to alterations in her mental state and behavior over the past ten days. During the psychiatric assessment, she displayed increased motor activity, fluctuating emotions, and rapid flow of ideas. The general physical examination yielded no notable findings. The serum Venereal Disease Research Laboratory (VDRL) test returned a strongly positive result (+++), and the TPHA examination confirmed a positive result at a titer of 1/60. In the serologic analysis of cerebrospinal fluid, VDRL was also positive, thereby confirming the diagnosis of neurosyphilis (NS). The diagnosis of mania secondary to a medical condition was established. The patient was treated with ceftriaxone and antimanic medications, resulting in a significant improvement in her psychiatric symptoms within a few days.

Conclusions: This case underscores the importance of conducting serologic testing for syphilis in patients who present with manic symptoms, experience a late-onset mental disorder, and have no prior history or family history of affective disorders.

Disclosure of Interest: None Declared

EPV0296

Psychological meanings reported by patients with Graves' Disease in hyperthyroidism but without ophthalmopathy about their quotidian life: A qualitative study conducted in a Brazilian university specialized outpatient service

L. S. Valladão*, F. S. Silva, C. F. Casagrande, L. M. Guerra, D. E. Zantut-Wittmann and E. R. Turato

Lab of Clinical-Qualitative Research, State University of Campinas, Campinas, Brazil

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1032

Introduction: To handle well clinical treatments, it is crucial to know the expectations of patients who seek help. We need to ask ourselves: how do patients interpret subjectively their diagnosis,