

Introduction: Learning from a case of a 13 year old patient with auditory hallucinations for 2 months, admitted to the hospital due to suicidal ideation. Her mother had been diagnosed with Lupus and OCD. Her mood had been low for several months, probable mild intellectual disability.

Objectives: Learn how to assess auditory hallucinations and possible new onset psychotic symptoms in teenagers. Learn about different levels of care involved. Discuss differential diagnosis and future directions and treatment.

Methods: Description of the case. Differential diagnosis: Obsessive compulsive disorder, Major depressive disorder with Psychotic features, schizophrenia spectrum disorder, epilepsy or other neurologic disease, autoimmune disease, post-traumatic stress disorder... Tests and consults conducted by Neurology team Psychopharmacology description.

Results: Differential diagnosis: Obsessive compulsive disorder, Major depressive disorder with Psychotic features, schizophrenia spectrum disorder, epilepsy, autoimmune diseases like Lupus, post-traumatic stress disorder etc. Video EEG: normal. Brain MRI: normal Blood work unremarkable with positive ANA (titer 1:80). Work up, including lumbar puncture with autoimmune encephalitis and MS panels was negative. Psychopharmacology: Fluoxetine up to 40mg, and Aripiprazol up to 20mg without a good response. Possible sexual trauma was disclosed in a second hospitalization, months later.

Conclusions: Recommendation of assessing new onset of psychotic symptoms in detail to get a good diagnosis. Psychotic symptoms in young teenagers may occur as part of different presentations and it is important to provide a good follow up of the patient in order to provide the most accurate treatment.

Conflict of interest: Alicia Kopolowitz Foundation

Keywords: Hallucinations; Teenagers

EPP0195

Personality disorder not otherwise specified heterogeneity and its implication in psychiatric residential treatment.

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Introduction: Villa Ratti is a therapeutic community dedicated to the treatment of Personality Disorder with a particular focus on Borderline Personality Disorder (BPD), but this diagnosis may manifest in very different clinical conditions (Bayer & Parker, 2017; Scott, 2017).

Objectives: Since the second most common diagnosis we encounter from referring psychiatrists is Personality Disorder Not Otherwise Specified (PDNOS) (26,4%) and this diagnosis serves sometimes as a skeleton key for complex or unclear diagnostic scenarios (Verheul & Widiger, 2004), our main goal is to investigate how the variability within this category is reflected in terms of diagnostic accuracy, different development of the therapeutic and rehabilitative course, and of different outcomes at the end of the treatment.

Methods: To reach this goal, we collected data on all patients referred with a PDNOS diagnosis and compared their treatment program. scenarios.

Results: Our data showed how a PDNOS diagnosis hid in most cases complex personality disorders and comorbidities that reflected different specific difficulties and interventions during their treatment and, consequently, resulted in different outcomes.

Conclusions: Our experience led us to give additional attention to referred PDNOS diagnosis and to observe how much a clear diagnostic picture of a patient is crucial to correctly plan a treatment program and adapt local service interventions both for personality disorder and comorbidity

Keywords: PDNOS; Therapeutic Community; Diagnostic agreement

Comorbidity/dual pathologies

EPP0196

Therapeutic management of major depression and psoriasis dual diagnosis

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Introduction: Psoriasis and major depressive disorder (MDD) have a high degree of overlap, and inflammatory cytokines like tumor necrosis factor alpha, interleukins 1, 2, 6 and 10, and C-reactive protein have been involved in their common pathogenesis. The prevalence of MDD in patients with psoriasis has been reported to range between 28% to 67%.

Objectives: To monitor the core symptoms evolution in patients diagnosed with psoriasis and MDD during antidepressant treatment. **Methods:** Four patients diagnosed with psoriasis and MDD (according to the DSM-5 criteria) were monitored during 6 months using Physician Static Global Assessment (PSGA), Hamilton Depression Rating Scale (HDRS)-17 items, and Global Assessment of Functioning (GAF). All patients underwent specific psoriasis and antidepressant treatment (with flexible dose of sertraline 100-200 mg daily, n=2, or escitalopram 10-20 mg/day, n=2).

Results: All patients significantly improved their depressive symptoms during sertraline or escitalopram treatment (-8.7 points on HAMD at week 24, p<0.001), while their global functioning increased (+24.7 on GAF, p<0.001). The PSGA score decreased and reached a level of significance at week 24 (-1.2, P<0.01). The duration of active periods of psoriasis was less longer during the 6 months of monitoring than in the 6 months previous to the antidepressant initiation (by self-report, -10.5 days). No treatment discontinuation due to low tolerability was reported.

Conclusions: Antidepressant treatment with selective serotonin reuptake inhibitors is efficient and well tolerated in patients with MDD and psoriasis. The duration of active symptoms of psoriasis tends to be less longer than previous to the antidepressant initiation.

Keywords: dual diagnosis. psoriasis; major depressive disorder

EPP0198

Why do mentally ill, homeless people use substances?

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Introduction: In the Danish social welfare system, few people are homeless solely for economic reasons. In fact, 38% of homeless people suffer from both substance use and a psychiatric disorder, making diagnostic assessment and treatment difficult. This patient group, with dual diagnoses, often fail to receive effective treatment, and the consequences are far reaching and detrimental. A more comprehensive grasp of the history and patterns of substance use in these patients may contribute to improve their treatment.

Objectives: To identify the role and patterns of substance use in mentally ill, homeless people.

Methods: 50 homeless, mentally ill patients are examined in comprehensive interviews, exploring the relationship between substance use, homelessness, and suffering from a mental disorder. The data are analyzed quantitatively as well as qualitatively using thematic analysis.

Results: Preliminary results indicate that substance use in mentally ill homeless patients is a complex phenomenon. On the one hand, substance use seems to contribute to keep the patient homeless and makes it difficult for the patient to get the necessary psychiatric help. On the other hand, substance use also appear to play an important part in coping with life on the streets by offering some kind of social contact and some relief from a desperate situation.

Conclusions: It seems that the triad of substance use, mental illness, and homelessness somehow reinforce each other and simultaneously locks the situation. New approaches for disentangling this locked situation and avoiding this 'Bermuda triangle' is needed.

Keywords: Homelessness; dual diagnosis; Substance use

EPP0199

A cup of coffee, what else?

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Introduction: Caffeine is the worldwide most frequently consumed psychostimulant. Its availability is nearly unlimited and in Europe it is not subject to state regulation. In the DSM-5 "caffeine use disorder" is categorized as a possible future disorder that currently needs further study.

Objectives: To describe clinical evaluation, diagnosis, treatment and evolution of a 24 years old female patient.

Methods: A 24-year-old woman admitted to the Dual Pathology Unit with a diagnosis of: unspecified psychotic disorder, mild intellectual disability and borderline disorder. In week 17 of admission, she decided to suspend the medication, with significant

improvement. Therapeutic permits increase and Wais-III is repeated, resulting in having a limited intellectual capacity. Two months after being discharged, she was readmitted with manic symptoms. The nursing staff discover that she was drinking a large amount of caffeine (up to 4 liters / day). After gradually stopping caffeine intake, she was discharged without psychopharmacological treatment, being able to lead a normalized life, even studying a medium degree. No more incomes were needed.

Results: Caffeine produces psychomotor-activating, reinforcing, and arousing effects.

Conclusions: The pattern of caffeine use of patients should be considered in the medical practice. The psychostimulant properties of caffeine are reviewed and compared with those of prototypical psychostimulants able to cause substance use disorders.

Keywords: caffeine; dual pathology; Addiction

EPP0203

Forced normalization and psychosis

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Introduction: Epilepsy is associated with a wide range of psychiatric manifestations. Forced normalization occurs when the establishment of improved seizure control in a patient with previous uncontrolled epilepsy leads to the emergence of psychiatric symptoms, which include, among others, psychotic phenomena.

Objectives: We aim to review the literature regarding the phenomenon of forced normalization and its association with psychosis.

Methods: We performed an updated review in the PubMed database using the terms "forced normalization" and "psychosis". The included articles were selected by title and abstract.

Results: Psychosis is the most common behavioural disturbance in forced normalization, usually manifested as delusions and hallucinations. Forced normalization is more frequent in young female patients with drug-resistant focal epilepsy. Antiepileptic drug treatment and epilepsy surgery are the most common triggers. Institution of antipsychotics and management of antiepileptic drugs are part of the treatment. Prognosis seems to be better in women, children and patients with generalized epilepsy, among other factors.

Conclusions: Forced normalization is an overlooked entity, the pathophysiology of which remains largely uncertain. The recognition of forced normalization by psychiatrists is crucial for adequate patient treatment including pharmacological management and consultation with a neurologist

Keywords: psychosis; Epilepsy

EPP0204

The impact of treatment with antidepressants on HBA1c- and LDL levels in type 2 diabetes: A real-world within-subject study

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