

Conclusions: Almost all adults with ADHD exhibit a lifelong pattern of frequent mood swings and irritability. Given that many mental health practitioners are unfamiliar with emotional lability in adult ADHD, a bipolar, or cluster B/C personality disorder is more likely to be considered as the cause of the mood swings (Fayyad, J. et al. *BJPsych* 2007; 190, 402–409). An accurate collection of clinical history can guide the diagnosis and help to address adequate treatment.

Disclosure of Interest: None Declared

EPV0256

Alcohol use in adult patients with autism spectrum disorder (ASD). Case report

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Introduction: Patients with autism spectrum disorder are characterized by high anxiety when facing social situations and dealing with interpersonal relationships on a daily basis. Although initially because of their rigid personality with the norm, and their tendency to social distancing, we do not have in mind this pathology as the most likely to develop a substance use disorder. However, it is observed in the literature a remarkable percentage of patients who resort to consumption, mainly alcohol, as an anxiolytic to be able to interact in society.

Objectives: To show the case of a 19-year-old adult with a diagnosis of ASD who resorts to alcohol consumption in her daily life as a strategy to manage anxiety in social situations.

Methods: Case report and literatura review

Results: This is a 19-year-old woman with a recent diagnosis of ASD. She is studying biotechnology and lives with her parents and 3 siblings. The patient reports difficulty in social relationships since early childhood, with experiences of school bullying. She expresses desire to relate with others, although she does it in an inadequate way, with difficulty in detecting nonverbal language, irony and anger when she does not understand a joke. The patient confesses that since she was 16 years old she has consumed alcohol to mitigate the anxiety caused by facing a group of people. She says that she feels that it relaxes her and facilitates interaction, making it more fluid and less tense. However, she recognizes that initially she used to drink 1 or 2 beers, but now she needs to drink up to 2 glasses of gin, recognizing this as something problematic.

Conclusions: The literature shows how patients with ASD can also present substance use disorder. It has been shown that about 10% of these patients have an abusive use of alcohol. Other samples show wider ranges (7-71%) of prevalence of alcohol consumption in patients with autism. In relation to cannabis, it is seen that around 3% of these patients consume it. These patients seek its anxiolytic effect and to reduce mental health symptoms. In addition, the purchase of alcohol does not involve high social interaction to obtain it, since it is a substance that can be purchased legally. It is important to explore alcohol consumption in consultation with

patients with ASD to help them develop more functional anxiety management strategies.

Reference: Prevalence of psychiatric disorders in adults with autism spectrum disorder: A systematic review and meta-analysis. Lugo-Marín J et al. 2019. *Research in Autism Spectrum Disorders* Volume 59, March 2019, Pages 22-33

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EPV0257

Infliximab induced severe depression and suicidal thoughts in patient with bipolar disorder

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Introduction: Infliximab is a tumor necrosis factor-alpha (TNF- α) inhibitor commonly used in the treatment of autoimmune disorders such as rheumatoid arthritis and ankylosing spondylitis. An increased risk of opportunistic infections, malignancy, and neurodegenerative diseases have been widely documented as adverse effects of IFX therapy. Few reports exist serving the notice of new-onset psychiatric symptoms linked to IFX treatment, such as suicidal behaviors in adults and elderly patients, as well as psychosis in an adolescent. Psychiatric side effects while under IFX treatment are reported to be rare.

Objectives: Here, we present a case of a female with bipolar disorder who developed a long-standing depressive episode with suicidal thoughts after her fourth infusion of infliximab for her ankylosing spondylitis

Methods: Retrospective life chart was created, including infliximab infusion.

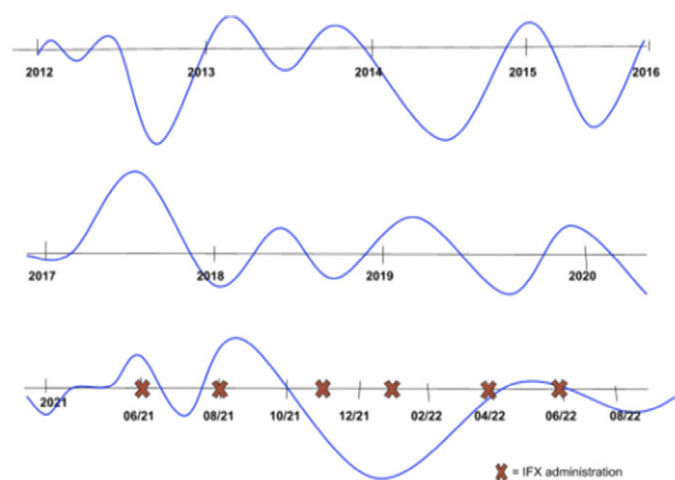
Montgomery Asberg Depression Scale was applied at time of hospitalisation and discharge.

The Naranjo Adverse Drug Reaction Probability Scale was applied.

Results: A 55 year old female with ankylosing spondylitis and bipolar disorder was treated with IFX for 8 months. During this period, a total of 4 infusions were administered and AS symptoms were well responding to the treatment. Patient describes the onset of depressive symptoms such as anhedonia and insomnia after the infusion of third IFX infusion, gradually progressing to loss of function and suicidal thoughts and hospitalization in a psychiatry clinic.

The patient had a history of bipolar disorder for 10 years with recurrent manic and depressive episodes, 4 hospitalisations and 1 cure of ECT.

Patient was on sertraline, maprotiline and diazepam at the time of hospitalization. We started treatment with aripiprazole, quetiapine and valproate, followed for 4 weeks as an inpatient, consulted with rheumatology treatment options and neurology for demyelinating disorders, no pathology was discovered. Rheumatology suggested the continuation of IFX infusion under psychiatric control. Fifth dose of IFX infusion was administered and patient was discharged after euthymic mood was established and insomnia and suicidal thoughts were deteriorated. Upon follow up, depressive symptoms recurred and lamotrigine was added for augmentation.

Image:

Conclusions: Although there is very scarce evidence that IFX causes psychiatric symptoms, there are few clinical trials too, showing evidence that TNF-alpha inhibitors may improve depressive symptoms. While we need more information and evidence to support the ideas of TNF alpha inhibitors effects on human neuropsychology, it is of great importance for especially patients with psychiatric history to be closely watched while administering the product, at least to minimize unintended adverse events.

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EPV0258**Associations between polysubstance use and psychiatric comorbidities**

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Introduction: Polydrug use studies mention demographic and socioeconomic factors that may influence this problem. One of them is the existence of psychiatric comorbidity; Rentrop's study (Rentrop et al., 2014) finds in a sample of 50 patients that all patients had at least one axis I disorder, 90% at least one axis II disorder, which may compromise the outcome of detoxification and dehabitation treatments (Rentrop et al., 2014). Another study found that 44.9% of patients admitted to a psychiatric unit are polydrug users (Karam et al., 2002).

Objectives: To study the possible association of polydrug use with psychiatric comorbidity in patients admitted to a general hospital and presenting drug use.

Methods: We made a descriptive retrospective study through the use of electronic medical records. The drug use history was

obtained for all patients admitted to the inpatient service of a general hospital during a 3-year period.

Results: More cases of poly-consumption together with psychiatric comorbidity are found than expected in the χ^2 Test, with significant results ($\chi^2 = 27.2$; $p < 0.001$). The mean age of the patient with poly-consumption and psychiatric comorbidity is 34.9 years.

Psychiatric comorbidity	Polydrug use	No	Yes	Total
		No	Observed	296
	Expected	284	11.64	296
Yes	Observed	217	21	238
	Expected	229	9.36	238
Total	Observed	513	21	534
		513	21	534

Conclusions: Psychiatric comorbidity in patients with polydrug use may be overlooked (Kruckow et al. 2016). Identifying patients with dual diagnosis is important given that these patients suffer decreased treatment compliance and life expectancy compared with single-diagnosis patients (Kruckow et al., 2016).

References: Rentrop, M., Zilker, T., Lederle, A., Birkhofer, A., & Hörz, S. (2014). Psychiatric comorbidity and personality structure in patients with polyvalent addiction. *Psychopathology*, 47(2), 133–140. <https://doi.org/10.1159/000351784>

Kruckow, L., Linnert, K., & Banner, J. (2016). Psychiatric disorders are overlooked in patients with drug abuse. *Danish medical journal*, 63(3), A5207.

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EPV0259**Validation of the Thai version of the Neurological Disorders Depression Inventory for Epilepsy (NDDI-E): Screening for major depressive disorder in patients with epilepsy**

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Introduction: Depression has been recognized as a common comorbidity in patient with epilepsy and is associated with low quality of life. Regular screening for depression may aid in early detection and enhance quality of life.

Objectives: To validate the Thai version of the Neurological Disorders Depression Inventory for Epilepsy (NDDI-E).

Methods: The English version of NDDI-E was translated into Thai. Patients with epilepsy were enrolled at the outpatient neurology clinic from May 2019 to September 2019. Demographic data and clinical characteristics were collected. Participants underwent a psychiatric structured interview using the Mini-International Neuropsychiatric Interview (M.I.N.I.) as a gold standard for the