and is thought to follow a relapse-remitting course. During episodes of illness, a wide array of neuropsychiatric symptoms may present and a psychiatric diagnosis might be incorrectly made.
Objectives: We aim to review the literature on the clinical manifestations of KLS, as well as the current evidence regarding this disorder's management.
Methods: We performed an updated review in the PubMed database using the terms "Kleine-Levin Syndrome". The included articles were selected by title and abstract.
Results: KLS usually presents with recurrent episodes, lasting days to weeks, of severe hypersomnia, cognitive impairment, major apathy and derealization, among other neuropsychiatric symptoms. Although it was previously thought that complete normalization occurred between episodes, recent evidence suggests that around one third of patients have mild cognitive impairment and there are alterations in brain blood flow during the asymptomatic periods. During episodes of illness, management comprises environmental measures as well as drug therapy. Corticosteroids and amantadine have been successful in stopping episodes and lithium may be useful in a preventative role, however, there are no randomized controlled trials focusing on KLS treatment.
Conclusions: KLS remains an elusive entity since it is an extremely rare disorder with unclear etiology, course, and no consensual treatment. Further research is warranted in this area, namely randomized controlled trials. It is important for the practicing psychiatrist to be aware of this illness in order to recognize it and adequately manage it.

Keyword: Kleine-Levin Syndromept

EPP0252

Psychiatric manifestations of Wilson's disease

R. Mota Freitas[1]* and M.T. Valadas[2]

[1]Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal and [2]Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal

*Corresponding author.
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Introduction: Wilson's Disease is a rare, autosomal recessive disorder related to disturbances of copper metabolism. Its clinical picture includes hepatic, neurologic, psychiatric, and systemic manifestations. Psychiatric symptoms are frequent over the course of this disease and can be found in up to a quarter of patients at presentation. Successful treatment for Wilson's Disease can be achieved using anti-copper agents.
Objectives: We aim to review the literature regarding the psychiatric manifestations of Wilson's Disease. We also include brief considerations about their management.
Methods: We performed an updated review in the PubMed database using the terms "Wilson's Disease" and "Psychiatric manifestations". The included articles were selected by title and abstract.
Results: Psychiatric manifestations, including psychosis, mood disorders, personality disorders and cognitive impairment are common in Wilson's Disease and can be the initial symptoms of this condition. The diagnosis of Wilson's Disease in people presenting with psychiatric symptoms heralds special considerations in psychopharmacology since this population has a higher risk of hepatic impairment, epilepsy, and extrapyramidal side effects.
Conclusions: Psychiatric symptoms are common in Wilson's Disease and can be its presenting clinical features. Missing the diagnosis of Wilson's Disease can stall an efficient treatment and lead to inadequate patient management.

Keywords: neuropsychiatry; Wilson's Disease

EPP0253

Immunotherapy and psychosis: It there a risk?

D. Barbosa* and M. Mota

Psychiatry, Sao Joao Hospital and University Centre, Porto, Portugal
*Corresponding author.
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Introduction: Over the past decades, immunotherapy treatments have been a revolution to many chronic diseases with encouraging results in clinical outcomes and quality of life. The use of monoclonal antibodies has yielded a great variability in terms of clinical efficacy and tolerability although it's believed the incidence of psychotic symptoms is low (0,1-0,4%).
Objectives: To review the effects of monoclonal antibodies on psychosis.
Methods: Review of literature using PubMed database. A total of 16 studies were included.
Results: The targeted molecules by monoclonal antibodies may determine the risk of psychosis. While those who target TNF-alfa seem to have a reduced risk of psychosis (such as Infliximab, Adalimumab, Certolizumab and Golimumab), monoclonal antibodies who modulate lymphocytes may have a greater risk of psychosis namely Natalizumab, Belimumab, Basiliximab and Daclizumab, which seems to correlate to evidence of alterations in lymphocyte subsets in groups of patients with first psychotic episode and schizophrenia. Some seem to have positive correlation with psychosis namely monoclonal antibodies who have a supressing effect on the immune system, especially those who target adaptative immunity and those who are used in autoimmune diseases (vs oncologic conditions). It is unknown if delusions prevail over hallucinations or vice-versa. Despite the paucity of evidence, these findings corroborate the variability regarding the psychiatric effects of immunotherapy.
Conclusions: The available literature reports a low prevalence of psychotic symptoms associated with the use of monoclonal antibodies but it highlights the importance in knowing the immune mechanisms involved in psychotic disorders. Greater research is needed to correctly assess that risk.

Keywords: Immunotherapy; psychosis; Monoclonal antibodies; adverse events

EPP0254

Alexithymia among patients with unexplained physical symptoms

A. Rady[1]*, R. Alamrawy[1], I. Ramadan[2] and M. Elmissiry[2]

[1]Psychiatry, Alexandria University school of Medicine, Alexandria, Egypt and [2]Neurology, Alexandria University school of Medicine, alexandria, Egypt

*Corresponding author.
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Introduction: Some research suggests that mental health problems can be brought on by the stress of having unexplained symptom. In non-western cultures especially, psychological distress is often

communicated through multiple somatic complaints. The biopsychosocial model takes into consideration all factors affecting health and disease, supporting the integration of biological, psychological and social factors in the assessment and treatment.
Objectives: In our study we assess prevalence of alexithymia as a potential psychopathological attribute manifesting as unexplained somatic symptoms
Methods: 196 patients aged 18 to 60 with unexplained physical symptoms for at least three months, after collection of demographic data, medical and psychiatric history, were subject to Arabic version of the following scales : patient health questionnaire PHQ-15 to assess severity of somatic symptoms, patient health questionnaire PHQ-9 to assess depressive symptoms, generalized anaxiety disorder GAD-7 to assess general anxiety disorder symptoms and Toronto Alexithymia scale TAS to assess alexithymia
Results: 90% of ours ample were female patients, 49,5% showed alexithymia, 27,6% were borderline alexithymic and 23% had no alexithymia. Patients with unexplained physical symptoms showed moderate to high depressive symptoms in 81,1% of the sample, moderate to severe anxiety symptoms in 73,5%. Severity of somatic symptoms as assessed by PHQ-15 were significantly highly correlated to scores for Alexithymia (TAS), depressive symptoms (PHQ-9) and anxiety symptoms (GAD-7) p<0,001
Conclusions: Alexithymia is prevalent among patients with unexplained physical symptoms. This later population has high prevalence of depressive and anxiety symptoms that go with the severity of somatic manifestations

Keywords: Toronto Alexithymia Scale TAS; psychosomatic; somatization; alexithymia

EPP0255

The challenge of neuropsychiatric manifestations in parkinson's disease. A case report

A. Cerame Del Campo*, P. Coucheiro Limeres and A. Franco Soler
Centro De Salud Mental, Instituto Psiquiátrico José Germain, Leganes, Spain
*Corresponding author.
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Introduction: We present the case of an 82-year-old patient who was treated by our liaison psychiatry unit after a suicide attempt through prescription-drug overdose. The patient had been diagnosed with Parkinson's disease (PD) ten years prior to his admittance and was being treated with carbidopa/levodopa and non-ergot dopamine agonists.
Objectives: Impulse control disorders and depression are the most prevalent neuropsychiatric manifestation of PD. According to several sources, this symptomatology is underdiagnosed and undertreated, causing helplessness and distress to patients and their caregivers. Likewise, the accumulated evidence suggests that certain drugs can contribute to the appearance of the aforementioned symptoms.
Methods: A case report is presented alongside a review of the relevant literature regarding the neuropsychiatric manifestations in the context of PD and the diagnosis and treatment of these symptoms.
Results: During his treatment, ropinirole was removed while quetiapine was progressively administered (up to 150mg/day). Carbidopa/levodopa regime was increased causing visual hallucinations and delusional jealousy. A careful balance between antiparkinsonian and antipsychotic medication needed to be achieved before discharge.
Conclusions: Neuropsychiatric manifestations in the context of PD are more prevalent than what was thought in the past. Certain medications, particularly non-ergot dopamine agonists could potentially contribute to the onset of these symptoms. Moreover, these manifestations can be underdiagnosed due to the stigma or social burden imposed upon family and / or caregivers. It is important that recent advances in the understanding of non-motor symptomatology of PD could permeate clinical practice to achieve an adequate identification and treatment of these symptoms.

Keywords: parkinson's disease; management; neuropsychiatric manifestations

EPP0256

"This is not a doctors thing, it is witchcraft" - A case report of acute psychosis concomitant to primary hyperparathyroidism

L. Lopes*, B. Moura and S. Pereira
Department Of Psychiatry And Mental Health, Centro Hospitalar de Vila Nova de Gaia e Espinho, Vila Nova de Gaia, Portugal
*Corresponding author.
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Introduction: Primary hyperparathyroidism (PHPT), usually caused by a parathyroid adenoma, is characterized by a pathologically high secretion of parathyroid hormone and consequent hypercalcemia. PHPT has a high prevalence among elderly patients and might be responsible for neuropsychiatric symptoms.
Objectives: We aim to report the rare manifestation of acute psychosis accompanying a PHPT diagnosis, and to discuss the neurobiological relationship between hyperparathyroidism, hypercalcaemia and neuropsychiatric symptoms.
Methods: We present a clinical case based on patient's history and clinical data, along with a literature review on PHPT neuropsychiatric symptons.
Results: We present the case of a 68-year-old man diagnosed with PHPT in November 2019. He was brought up to psychiatric evaluation for the first time in May 2020 upon behavioral changes (aggressiveness and bizarre rituals). The patient described the sensation of burns scattered throughout the body since January 2020, felling anxious and frightened, sleeping poorly and progressive social isolation. He presented delusional ideas of mystical and paranoid content. No significant cognitive impairments were found. The patient's psychosis was partially responsive to atypical antipsychotics. He's waiting for surgery. Hypercalcaemia might manifest as mood disorders, cognitive changes and rarely as acute psychosis. Although there is not yet a clear mechanism to explain it, high calcium levels seem to cause neurotoxicity and neurotransmission dysfunction. Restoration of normal calcium levels tend to resolve neuropsychiatric symptoms, but in PHPT parathyroidectomy is usually recommended.
Conclusions: Neuropsychiatric symptoms are responsible for great disability, and demand an organic in-depth investigation. A multidisciplinary team approach must always be considered in the management of such conditions.

Keywords: hypercalcemia; hyperparathyroidism; old age; psychosis