EPV0279

When magic happens. An interesting study of symptoms

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Introduction: Among the cases usually referred to Pain Clinics, the existence of cases of medically unexplained symptoms (MUS) is frequent, which are defined as those physical symptoms that present little or no basis that they respond to an underlying organic disease or that even when organic disease exists the symptoms are inconsistent or disproportionate to it.
Objectives: The main objective of this study is to know the proportion of patients who present MUS among those referred to a Pain Clinic. Secondarily, an attempt will be made to classify those patients with MUS in different diagnostic categories.
Methods: Observational study. All those patients referred to the Pain Unit of the Complejo Asistencial Universitario de León for 18 months were included in the study. All patients are evaluated in real clinical conditions, without any experimental control of variables, initially by a multidisciplinary team made up of Anesthesiologist, Psychiatrist and Rehabilitator and, in those who suspect a MUS condition, individually by part of psychiatry in order to confirm and characterize the syndrome.
Results: 462 patients were evaluated in a multidisciplinary way. 174 (37.7%) were male and 288 (62.3%) females. The mean age was 59.06 + 16.30 years. After the multidisciplinary assessment, two groups of patients were formed, one of 313 patients (67.75%) in whom there was no suspicion of MUS and the other of 149 patients (32.25%) in whom the existence of a MUS condition was suspected and who were referred for evaluation by psychiatric interview. After the psychiatric interview, it is observed that psychopathological and social factors explain the painful condition in 23.7% of the cases. The diagnoses found were Somatoform Disorders and Central Sensitization (N = 49, 10.6%), Malingering (N = 23, 5%), Factitious Disorders (N =21, 4.5%) and Other Diagnoses (N = 38, 8.2%).
Conclusions: The psychological and social factors are relevant to explain the condition of up to
23.7% of the patients referred to the pain unit.

Disclosure of Interest: None Declared

EPV0280

SEROTONIN SYNDROME AFTER HIGH DOSAGE QUETIAPINE INTAKE: CASE REPORT AND BRIEF LITERATURE REVIEW

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Introduction: Serotonin syndrome is a potentially life-threatening condition due to increased serotonergic activity in the CNS. Its most well-known causes are the ingestion of large amounts of serotonergic drugs or the inappropriate combination of two or more serotonergic antidepressants. Rarer causes of serotonin syndrome have been reported in the literature.
Objectives: The aim of this paper is to highlight, through case presentation, rarer causes of serotonin syndrome.
Methods: Case presentation (woman, 39 years old) who was hospitalized with clinical presentation of Serotonin syndrome, after pharmaceutical self-poisoning with a large amount of quetiapine (>20g). The search of the case data (clinical and paraclinical examination findings) was performed from the medical records and files of the 3rd Internal Medicine Clinic and the Liaison Psychiatry Department of our hospital. A literature search of similar cases (through PubMed) was performed.
Results: A patient with a history of mood disorders, under treatment with venlafaxine, lamotrigine, quetiapine and aripiprazole, was admitted to the hospital ICU due to a decreased level of consciousness (GCS 11/15). Ingestion of approximately 100 tablets of Quetiapine 200mg was reported. The patient developed upper and lower limb myoclonus, supraventricular tachycardia (130bpm), nystagmus, bilateral mydriasis with normal photomotor reflexes, increased tendon reflexes, excessive sweating, upper limb muscle rigidity and abdominal flatulence with the presence of loud bowel sounds. Gastric lavage was performed and admission to the Internal Medicine department followed. Intravenous diazepam was administered, 30mg on the 1st 24 hour period and 20mg on the 2nd, with gradual tapering. From the very 2nd 24 hour period of hospitalization, her clinical condition showed significant improvement, with complete remission of symptoms and recovery of a satisfactory level of consciousness.
Conclusions: Serotonin syndrome can be effectively treated if early recognition of symptoms is made. Clinicians should be particularly alert and suspect the possibility of serotonin syndrome in a patient with compatible symptoms by clinical examination, especially in case of overdose of a drug, with or without a serotonergic mechanism of action.

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EPV0281

Diabetes-related distress and its associated factors among patients with type 2 diabetes mellitus in Tunisia

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Introduction: Diabetes-related distress (DD) is one of the psychological disorders affecting patients with diabetes.
Objectives: The aim of this study was to assess the prevalence and level of DD and its associated factors among patients with type 2 diabetes.

Methods: This was descriptive and analytical cross-sectional study, carried out with patients followed for type 2 diabetes at the endocrinology consultation.
The participant's sociodemographic and clinical information was obtained through face-to-face interviews and medical records.
DD was assessed using the Arabic version of diabetes distress scale (DDS-17). The DDS contains 17 items, each rated on a 6-point Likert scale. The scale yields a total diabetes distress score, and scores for four subscales: emotional burden, regimen distress, physician distress and interpersonal distress.
Results: There were 103 subjects. The mean age was 59.31 ±10.83 years with a sex ratio (M/F) = 1.19.
Median duration of diabetes was 7 years **(IQR 3 ; 12** years). Among our patients, 31.1% of patients had properly controlled diabetes (HbA1c < 7%) and 41% had at least one diabetes complication.
The prevalence of diabetes related distress was 70.90% in which emotional distress was the most prevalent (78.60%) domain.
Low socio-economic level (p=0.001), married status (p=0.034) having diabetes complications (p=0.008) younger age at onset of diabetes (p=0.001) were associated with diabetes related distress. Poor HbA1c control (HbA1c≥7%) was significantly correlated with DD (p≤0,001).
Conclusions: Our study suggests that diabetes related distress was highly prevalent in type 2 diabetes patients in Tunisia. Active screening for DD should be an integral part of diabetes care.

Disclosure of Interest: None Declared

EPV0282

A case of Pathological Laughter in a patient with recurrent stroke

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Introduction: Stroke survivors frequently deal with neuropsychiatric sequelae - depression, anxiety and apathy being the most common ones. Pathological laughing and crying (PLC) is a post stroke condition characterized by brief, intense uncontrollable crying and/or laughing due to a neurological disorder. Prevalence of PLC post stroke has been reported to be 15-20%. Pathological laughter (PL) is commonly associated with bilateral or diffuse cerebral lesions. Ischemic injury involving the internal capsule and basal ganglia seems to be associated with emotional disorders.
Objectives: To discuss an uncommon case of pathological laughter developing after recurrent infarct.
Methods: A 32-year-old male patient presented to the medical emergency for complaints of slurring of speech since 7 hours. On examination, patient was alert, oriented, with blood pressure 150/90 mmHg. He had a history of similar stroke 2 years prior to current complaints and was on treatment for hypertension since then.
Baseline investigations were done. MRI brain revealed *acute lacunar infarcts in bilateral ganglio-capsular region*, chronic small vessel ischaemic changes in B/L periventricular white matter (Fazeka grade 2) and micro-haemorrhages in various brain regions. Patient was managed conservatively (antiplatelets, statins, antihypertensives).
Patient was then referred to Psychiatry department for uncontrollable laughing spells, which started few hours after onset of above complaints. These occurred without any provocation, every 1-2 hours, lasting for several seconds to a minute, and relieved spontaneously. Patient was aware of episodes and found them embarrassing socially. Mental status examination revealed no mood features or other abnormalities.
Patient was prescribed Escitalopram, but shifted to homeopathic medicine and was lost to follow up. Telephonic interview one year later revealed that while other complaints have remitted, patient still has laughing spells of similar quality and frequency.
Results: Discussion: In post stroke PLC, pathological crying represents about 80% cases, while Pure Pathological Laughing, as in the present case, is uncommon. It is generally seen in diffuse CNS pathologies (eg. multiple sclerosis) or bilateral – ischaemic or degenerative.
In case of strokes, PL may herald symptom onset, or may immediately follow focal deficits. The aetiology of PLC is unknown; monoaminergic neurotransmission may be altered in post stroke PLC. SSRIs are regarded as first choice treatment agents, given their greater tolerability overall.
Conclusions: Pathological laughter is a comparatively uncommon but recognisable and treatable post stroke sequela, more commonly seen in bilateral lesions. Patients often describe PL as distressing and socially disabling, but awareness about this condition and available treatments is lacking.

Disclosure of Interest: None Declared

EPV0283

Juvenile fibromyalgia, a frequently missed disorder: a case report and literature review

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Introduction: The clinical features of juvenile fibromyalgia were first described by Yunus & Masi in 1985. In the US, it is estimated that about 6% of adolescents between 15 and 19 years of age suffer from juvenile fibromyalgia. However, this entity remains "a poorly defined disorder", being excluded from the main diagnostic classification systems.
Objectives: The goal of our work is to present and discuss a case-based review of juvenile fibromyalgia.