alcohol use disorders were the most prevalent SUD, followed by cannabis use disorders. Any SUD comorbidity, and particularly multiple drug use and alcohol use, were associated with 50% to 100% increases in hospitalization and mortality compared to individuals without SUD. Elevated mortality risks were observed especially for deaths due to suicide and other external causes. All results were similar across countries.

Conclusions: Co-occurring SUD, and particularly alcohol and multiple drug use, are associated with high rates of hospitalization and mortality in patients with schizophrenia. Preventive interventions should prioritize detection and tailored treatments for these co-morbidities, which often remain underdiagnosed and untreated.

Conflict of interest: ML: Genomi Solutions Ltd, Nursie Health Ltd, Sunovion, Orion Pharma, Janssen-Cilag, Finnish Medical Foundation, Emil Aaltonen Foundation. HT, EMR, AT: Eli Lilly, Janssen–Cilag. JT: Eli Lilly, Janssen-Cilag, Lundbeck, Otsuka.

Keywords: schizophrénia; substance abuse disorders; epidemiology; dual diagnosis

EPP0213

Psychiatric symptoms in neurofibromatosis type 2

S. Khouadja[*], R. Melki, S. Younes and L. Zarrouk

Psychiatry, University Hospital Of Mahdia, Mahdia, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.637

Introduction: Neurofibromatosis type 2 (NF2) is a rare disorder associated with significant morbidity such as hearing loss that can lead to many psychiatric disorders.

Objectives: Describe the psychiatric symptoms associated to NF2.

Methods: We report the case of a patient admitted to the locked unit of the psychiatric ward for agitation and persecutory delusion and diagnosed with NF2. The data was collected from the patient's medical file. A review of the literature was performed by selecting articles from PubMed using 'Psychosis acoustic neuromas' and 'Psychosis neurofibromatosis 2' as key words.

Results: This is the case of a 21-year-old patient who was admitted for behavioral disorders. Our patient had a medical history of a one-sided deafness treated with a hearing prosthesis. He was also followed irregularly by a free-lance psychiatrist. The start of trouble dated back to 3 years marked by behavioral disorders such as fugue, agitation, irritability and sleep disorder. The symptoms worsen in the last 3 months with appearance of hostility and delusion of persecution towards his mother. The patient declines to eat the food that his mother cooked for him and threatened her with a knife. The clinical overview includes delirium, clastic agitation strikes, emotional lability, cerebral ataxia and conjunctival hyperemia. Brain scanner showed an association of bilateral acoustic neuromas, cavernous and intraventricular meningioma. These clinical and radiological signs met the diagnosis for NF2 according to the consensus conference of the National Institute of Health in Bethesda (USA 1988).

Conclusions: The psychiatric symptoms reported in acoustic neuroma patients are usually described as transient.

Keywords: psychiatry; Neurofibromatosis; psychosis; acoustic neuroma

EPP0215

Neurobiological correlation between attention-deficit/hyperactivity disorder and obesity

A.M. Romão Franco[*], I. Cruz Da Fonseca, N. Ribeiro, V. Vila Nova and A. Gamito

Psiquiatria E Saúde Mental, Centro Hospitalar de Setúbal, Setubal, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.638

Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) and Obesity are frequently comorbid. The prevalence of ADHD rises from around 2.8% in the general population (adults) to about 27% among those with obesity. Although neurobiological mechanisms explaining the strong association between ADHD and obesity are still unclear, several hypotheses have been proposed to explain the high comorbidity, including common genes, dopaminergic neurotransmission, deficits in executive functions (planning, adherence to weight loss programs or protocols after bariatric surgery) and circadian rhythm dysregulation.

Objectives: Review on the relationship between ADHD and Obesity, focusing on possible biological mechanisms driving their high comorbidity.

Methods: We conducted a search in PubMed and ClinicalKey with the terms: "Attention-Deficit/Hyperactivity Disorder", "Obesity", "Dopamine".

Results: Altered reward processing and impaired inhibitory control are key features of ADHD and are also related to obesity. The ability to resist the impulse to eat and an appropriate reward response require normal function of these dopamine circuits. Both ADHD and obesity are usually associated with reduced volume of putamen, known to be a fundamental player in inhibitory control functioning. Human and animal studies have also demonstrated that obese individuals have decreased dopamine D2 receptor availability in the striatum. Recently genetic analyses implicated specifically Dopamine-DARPP32 Feedback in cAMP Signaling in both ADHD and Obesity.

Conclusions: ADHD and obesity are often comorbid. Dysregulated dopaminergic neurotransmission seems to be a fundamental factor underlying the overlap between ADHD and obesity, probably involving DARPP-32 signaling and possibly through neurobiological features of putamen, namely inhibitory control. Further studies are necessary to explain the neurobiological correlation between these entities.

Keywords: Dopamine; Neurobiology; ADHD; obesity

EPP0216

Depression and anxiety among older people in central africa: Epidemca population-based study.

A. Gbessemehlan[1][*], M. Guerchet[1], C. Adou[1], J.-P. Clément[1], B. Ndamba-Bandzouzi[2], P. Mbelesso[3], D. Houinato[1] and P.-M. Preux[1]

[1]Inserm, Chu Limoges, Ird, U1094 Tropical Neuroepidemiology, Institute Of Epidemiology And Tropical Neurology, Geist, University of Limoges, Limoges, France; [2]Department Of Neurology, Brazzaville University Hospital, Brazzaville, Congo, Republic of and [3]Department Of Neurology, Amitié Hospital, Bangui, Central African Republic
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.639

Introduction: The burden of depression and anxiety is poorly documented in Central African populations.

Objectives: To present the epidemiology of depressive and anxiety disorders among older people in two Central African countries.

Methods: A cross-sectional population-based study was carried out in Republic of Congo (ROC) and Central African Republic (CAR) between 2011 - 2012 among people aged $\geq$ 65 years (EPIDEMCA study). Data were collected using a standardized questionnaire and participants underwent a brief physical examination. Depression and anxiety symptoms were ascertained using a community version of the Geriatric Mental State (GMS-B3). Probable cases were defined as having a GMS-AGECAT score $\geq$ 3. Logistic regression models were used to investigate the association between potential risk factors collected and presence of at least one of both symptoms.

Results: Overall 2002 participants were included in the EPIDEMCA study. Median age of the participants was 72 years [interquartile range: 68 – 78 years] and 61.8% were females. Prevalence was 38.1% (95% Confidence Interval: 35.9% - 40.2%) for depression, 7.7% (95% CI: 6.5% - 8.9%) for anxiety. In total 40.1% had least one of both symptoms. In multivariable models, the following factors were associated with the presence of at least one of both symptoms: female sex, residence area, frailty, cognitive disorders, a high happiness score (protective) and hypertension (adjusted Odds Ratios from 1.3 to 1.7; p<0.01).

Conclusions: In light of the high prevalence of both psychiatric symptoms among Central African older people, evidence on their epidemiology is important for better management and policy planning.

Keywords: Depression; African Older people; Anxiety; EPIDEMCA

EPP0217

Bipolar disorder and multiple sclerosis

A. Maamri[1,2], H. Ghabi[3*] and H. Zalila[1]

[1]Faculty Of Medincine Of Tunis, RAZI HOSPITAL, TUNIS, Tunisia; [2]Psychiatry, Outpatient Service, Razi Hospital, Manouba, Tunisia and [3]Outpatients Ward Of Psychiatry, Razi hospital, Manouba, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.640

Introduction: Multiple sclerosis (MS) is an inflammatory demyelinating illness characterized not only by severe neurological symptoms and somatic signs but also by psychiatric symptoms. Psychiatric comorbidity is common in MS. However, the incidence of psychiatric comorbidity remains understudied.

Objectives: To discuss the relationship of psychiatric disorder to neurologic dysfunction in MS through a clinical case.

Methods: Presentation of a clinical case of bipolar disorder in a 45-year-old woman with MS, followed by a literature review.

Results: We reported a case of a 45-year-old woman, who was followed in neurology for MS since the age of twenty-five. She was stable under monthly treatment. She was referred by her neurologist for psychomotor excitement, insomnia, feeling of well being, and sexual disinhibition. The symptoms were present for three weeks. At the interview, she was euphoric, disinhibited, she had logorrhea and did not verbalize delirium. An attack of multiple sclerosis was ruled out. The patient did not report any history of psychiatric illness, epilepsy, head trauma, or use of psychoactive substances. We retained the diagnosis of bipolar disorder (manic episode). Divalproex sodium and olanzapine were prescribed with significant improvement of symptoms.

Conclusions: This reported case is interesting since it highlights the possible association between multiple sclerosis and bipolar disorder. Further investigations are needed to identify potential shared risk factors between these pathologies to improve patients' outcomes.

Keywords: bipolar disorder; Multiple sclerosis

EPP0218

Somatic disorders in psychiatric inpatients : Prevalence and associated factors

M. Turki, W. Abid*, O. Bouzid, S. Ellouze, R. Ouali, N. Halouani and J. Aloulou

Psychiatry (b), Hedi Chaker University hospital, sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.641

Introduction: Elevated prevalence of somatic disorders (SD) in patients with mental diseases is well recognized and studied since latest years. However, their detection remains too late, which darken the prognosis of both diseases, and complicate the therapeutic management.

Objectives: We aimed to determine the prevalence of SD in psychiatric inpatients, and to assess relationships between the two diseases.

Methods: We analyzed retrospectively the medical records of 94 male patients hospitalized for the first time in psychiatry "B" department, Hedi Chaker hospital (Sfax, Tunisia), in the period from January 1st until December 31st, 2019.

Results: The mean age of patients was 36.88 years. Among them, 22.3% used cannabis and 37.2% consumed alcohol. Schizophrenia (41,5%) and bipolar disorders (20.2%) were the most common psychiatric diagnoses. During their hospitalization, at list one SD was noted in 53.2%: cardiovascular diseases 21.3% (electrocardiographic anomalies 19,1%); infections 9.6% and hepatic pathologies 8.5 %. The SD was comorbid with psychiatric disease in 90%, and represented a side effect of psychotropics in 10% of patients with SD. Older Patients were more likely to present SD during hospitalization, without a significant association. Patients with schizophrenia were significantly more likely to present infections (p=0.031). Repolarization disorders are more common in patients with cannabis use (p = 0.006).

Conclusions: Our study pointed the high prevalence of SD in patients with mental illnesses, especially in those with schizophrenia and cannabis use. Thus, the somatic assessment should be a systematic practice to identify patients at risk for somatic complications and ensure timely their transfer to a specialized setting.

Keywords: comorbidity; somatic disorder; psychiatric disorder

EPP0219

Bayesian models to explain autistic traits in psychiatric population

M. Benassi[1*], S. Garofalo[1], L. Vitali[1], M. Orsoni[1], R. Sant'Angelo[2], R. Raggini[2] and G. Piraccini[2]

[1]Department Of Psychology, University of Bologna, Cesena, Italy and [2]Mental Health Department, AUSL ROMAGNA, Cesena, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.642