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EPP0818

Moria or Mania? Manic symptoms as the clinical manifestation of glioblastoma recurrence: a case report

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Introduction: Up to 50% of patients with brain tumors experience psychiatric symptoms, and rates up to 80% have been reported in malignant neoplasms such as glioblastoma multiforme (GBM). Still, clinical presentation as mania-like syndromes is a rare phenomenon, mainly occurring when frontal structures are compromised.
We present the case of a 42-year-old woman who was admitted to our hospital due to manic symptoms coinciding with a recurrence of a bifrontal GBM, for which she underwent surgery 5 months prior.
Objectives: 1) To describe the clinical particularities of this case, focusing on the differential diagnosis.
2) To review the association between manic symptoms and frontal dysfunction caused by brain tumors, with special interest on GBM.
Methods: A review of the patient's clinical history and complementary tests performed was carried out. Likewise, we reviewed the available literature in relation to manic symptoms related to brain tumors.
Results: The patient's GBM recurrence presented with late onset symptoms of mania, including euphoric mood, increased spending, ideas of grandiosity and hyper-religiosity. She had no previous psychiatric history but, interestingly, she had an extensive affective burden in her family, with 4 consummated suicides. However, she also presented other clinical signs, such as disorientation, perseveration, mild memory impairment and stereotyped motor behaviors, that pointed to relevant frontal lobe dysfunction, suggesting Moria as a possible contribution for the symptoms described.
Manic symptoms in the context of brain tumors appear in 7-15% of patients with psychiatric symptoms, usually associated with right frontal dysfunction (75% of cases). Bifrontal affectation, such as this patient, is only described in 6% of cases. Although fast growing, malignant tumors have been associated with higher rates of psychiatric symptoms, no correlation has been described between these and brain tumor histology.
Conclusions: - The presence of atypical manic symptoms, such as those presented in this case, should raise clinical concern for secondary mania.
- Moria shares similarities with mania, including mood elevation, tendency to hilarity or hyper-sexuality, that may hinder diagnosis of patients with frontal dysfunction.
- This case outlines the difficulties in making a differential diagnosis in patient with both manic and neurological signs, and highlights the implication of frontal structures in the development of manic symptoms.

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EPP0819

Treating Trauma- Evaluation of a multi-disciplinary psychiatry service for patients post major trauma

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Introduction: Research has shown 30-40 % of people who have experienced traumatic injury are at risk of developing mental illness. Some injuries may be the result of mental ill-health, including self-inflicted injury. Furthermore, the development of psychopathology after injury appears to be a major determinant of long term disability. Early intervention can reduce symptom severity and prevent development of mental illness.
Ireland's National Trauma System Implementation Programme, announced in April 2021, highlights the need for screening for mental disorders.
The Mater Misericordiae University Hospital (MMUH) is designated as one of two national Major Trauma Centres in Ireland. Its trauma service will expand with an expectation of an additional 450- 500 major trauma patients over the next three years.
The Consultation Liaison Psychiatry Service (CLP) currently provides expert mental health input to medical and surgical teams, in managing a range of patients with mental illnesses or psychological difficulties, including those with experience of major trauma.
Objectives: To examine the current mental health service provision for trauma patients over a six-month period. We aimed to identify areas of need to inform future development of a psychiatry-led MDT service for trauma patients.
Methods: A review of all patients admitted on the MMUH trauma pathway between January 2021 and June 2021 was performed. The following data were recorded: demographics, mechanism of injury and information on referrals to the liaison psychiatry service.
Results: There were 105 trauma cases over the six-month period; 46 females and 59 males. The mean age was 58.4 years (SD 22.16). Twelve individuals were recorded as 'No Fixed Abode' or living in homeless accommodation(11.4%).
In terms of mechanism of injury; 20 were assaulted of which 8 were stabbing/ knife injuries. There were 65 falls and 12 road traffic accidents. In 3 cases (2.8%), the mechanism of injury was self-inflicted. Twenty patients were admitted to critical care (19%).
Of the 105 trauma patients, 19 (18%) were referred to CLP service; 2 (10.5%) were seen in the outpatient setting, the rest as inpatients

(89.5%). At least one repeat review was indicated in 10 of the 19 patients (52.6%).
Conclusions: Trauma patients have a high rate of comorbid mental illness. Nearly 1/5 are currently referred to the CLP service, which is likely an underestimation of the actual burden of mental health disorders and could be explained by the lack of dedicated services. The liaison psychiatry team provides valuable input into the multidisciplinary care of trauma patients and the demand for its services is likely to increase with the expansion under the Major Trauma Strategy for Ireland.

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Eating Disorders 02

EPP0820

Stages of treatment of eating disorders in endogenous depressions

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Introduction: The problem of eating disorders has become increasingly important in recent years, due to the increase in the number of cases among children and adolescents, as well as the insufficient effectiveness of therapeutic measures. An important role in the course of eating disorders is occupied by the depressive syndrome associated with it, which complicates the process of treatment and rehabilitation in this pathology.
Objectives: Study of the stages of treatment of eating disorders in the structure of depressive states.
Methods: The sample consisted of 63 patients aged from 15 to 25 years old (all female, average age 16.2), who were on outpatient and inpatient observation in the clinic were studied.
Results: In the process of treatment, several stages of treatment of patients were carried out. The first stage was aimed at normalizing the body's vital functions and management of somatoendocrine impairments (the duration of the stage is about 14 days). The next stage was aimed at the psychotropic treatment of eating disorders and concomitant mental pathologies (the duration of the stage is 3-4 weeks). The final stage included rehabilitation, which consisted of working with a psychotherapist (the duration of the stage was 8 weeks or more). It should be noted that in the process of rehabilitation, patients continued to receive psychopharmacotherapy and underwent a comprehensive examination to assess the dynamics of their condition.
Conclusions: Eating disorders in the structure of endogenous depressions require an integrated approach to treatment, including both ensuring adequate vital activity of the organism and the selection of drug treatment depending on the nosological affiliation of the underlying syndrome. Rehabilitation work aimed at social adaptation and prevention of relapses of the disease also plays an important role.

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EPP0821

Anorexia Nervosa and Psychiatric Comorbidities – It's not all about food

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Introduction: Anorexia nervosa (AN) is a severe psychiatric disorder that usually begins during adolescence and is associated with a high risk of mortality and morbidity, its treatment is complex and often ineffective. Psychiatric comorbidity is common in patients with eating disorders (with the prevalence of 20–95%), namely 39% in AN.
Objectives: The purpose of the authors is to review the most common areas of psychiatric comorbidity in AN, how it affects the course of both diseases and the potential treatment approaches.
Methods: A brief non-systematized review is presented, using the literature available on PubMed and Google Scholar.
Results: The most common psychiatric comorbidities in AN are: Affective disorders in 24-38% (mainly unipolar depression which can appear in up to 75% of patients, compared to 11% in bipolar disorder); Anxiety disorders in 25.5% (11% with panic disorder, 20% social phobia/social anxiety disorder, 15% specific phobias, 10% generalized anxiety disorder, 13% post-traumatic stress disorder); Obsessive compulsive disorder in 12%; Substance use disorders at 17%; Personality disorders around 30%. Other pathologies occur less commonly but can have a significant impact on the patient, namely Autism spectrum disorder (predictive factor for unfavourable outcome) or Schizophrenia (there are reports of reciprocal relationships between the two pathologies).
Some of these comorbidities may increase mortality in AN, namely unipolar depression, personality disorders, alcohol and illicit drug use. The profound impact that starvation has on mood and cognition is well known. It can condition symptoms that are confused with other psychiatric diseases and change their clinical presentation. As such, the specific clinical characteristics and the therapeutic approach will be presented for each of the psychiatric comorbidities.
Conclusions: Early diagnosis and treatment of psychiatric comorbidities in AN are essential to improve the prognosis of this eating disorder. The additional treatment of these pathologies will increase complexity of the already challenging treatment of AN, with the additional symptomatology often being perpetuated by an uncontrolled eating disorder and a poor compliance to treatment. The limited evidence available for approaching these cases is based on the few studies available, most with insufficient samples.

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EPP0822

Intergenerational transmission of childhood maltreatment and eating disorder behaviors: Shedding light on the mother-daughter dyad and grandmother-mother-daughter triad

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