

Dissociative disorders are associated with elevated levels of disability, impaired quality of life, high economic cost, and a significantly increased risk of suicide attempts.

Objectives: In this work we present the case of a 21-year-old man that was assisted in the Emergency Room with dissociative symptoms. We intend to do a non-systematic review on the subject of dissociation symptoms, the psychiatric disorders in which they are present, identified risk factors, how to access the psychopathology features and the recommended treatment to best address them.

Methods: For a comprehensive approach of this subject we proceeded to a non-systematic review in PubMed using the following keywords “dissociation”, “dissociative identity disorder” and “dissociative disorders”.

Results: In this work we present the case of a 21-year-old man assisted in the Emergency Room describing dissociative symptoms that were suggestive of Dissociative identity disorder. He referred out-of-body experiences and a sense that he was not controlling his actions while self-injuring himself and being aggressive towards his family. He described “three Selves”: the “Normal Self”, the “Suicidal Self” and the “Bad Self”.

Symptoms of dissociation are present in a variety of mental disorders namely depression, anxiety disorders, posttraumatic stress disorder, borderline personality disorder and eating disorders.

Dissociative disorders appear to be linked to trauma, interpersonal stress, and strongly associated with a history of chronic child abuse. An association with alexithymia, depression and suicidality were also found. Some studies found structural and functional abnormalities, particularly a reduction in grey matter volume in limbic system structures, a dysregulation of prefrontal–limbic circuitry and dysfunction of the hypothalamic–pituitary–adrenal axis.

Psychotherapy appears to be the cornerstone of treatment for dissociative disorders, namely Cognitive-Behavior therapy and Eye-movement desensitization and reprocessing.

Conclusions: Symptoms of dissociation are not only present in dissociative disorders, but they may be present in almost all mental disorders. The evaluation of possible dissociative symptoms should be a part of every psychopathological assessment. There is a need for further studies to better understand this diagnostic entity and improve the therapeutic intervention.

Disclosure of Interest: None Declared

EPV0718

Intranasal Esketamine administration in catatonia: a case report.

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Introduction: Catatonia is a complex psychomotor syndrome that often goes unrecognized and, consequently, untreated. Prompt and correct identification of catatonia allows for highly effective treatment and prevention of possible complications. Benzodiazepines and electroconvulsive therapy (ECT) are the most widely studied treatment methods. However, no uniform treatment method has yet been brought forward and no previous attempts to treat

catatonia on a patient suffering concomitant major depressive disorder (MDD) with NMDA receptor antagonists have been documented so far.

Objectives: To describe the unknown and novel management of catatonia and MDD with intranasal esketamine, a NMDA receptor antagonist.

Methods: A 55-year-old woman with a diagnosis of long-standing recurrent major depressive disorder who was admitted to the psychiatric inpatient unit of University Hospital Marqués de Valdecilla (Santander, Spain) suffering a complex catatonic, mutative state framed on a severe MDD. Different ineffective therapeutic interventions were deployed during the course of her illness. After failing to improve under conventional pharmacological treatment and ECT, and given the complexity of peripheral venous access on this patient (which disabled the option for iv ketamine use), we decided to initiate compassionate treatment with intranasal esketamine.

Results: Intranasal esketamine was effective in the resolution of patient’s complex catatonic state. Clinical response from catatonia was observed after 6 intranasal esketamine administrations (2-week follow-up), reaching full catatonia and MDD remission after 12 sessions in absence of significant adverse events

Conclusions: Esketamine showed promising effectiveness for the treatment of catatonia in the context of MDD, although further research on this topic is needed.

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EPV0719

Dimensions of role and identity in young informal workers in the tourism sector

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Introduction: Work is a *sine qua non* condition of “normal” life for most people, since it is the main source of income, feelings and social integration (Méda, 2007). It is an important factor of socialization, as well as an identity provider (Agulló, 1998). Identity was assumed as a constant construction process in which the person is positioned and recognized, and which has an important relationship with the dimensions of the role (Scheibe, 1995). All this in a context of insertion into the labor market for young people, which is usually framed in informality.

Objectives: Describe the dimensions of the role and identity of the young informal worker in the tourism sector of Santa Marta

Methods: This was a qualitative study, with a phenomenological design. The participants were selected for convenience, and the sample size was determined by the saturation criterion. A total of nine young informal workers participated. The semi-structured interview and the content analysis technique were used for data analysis.

Results: The dimensions of status, involvement and assessment allowed us to deduce that the role played by young people was central in the description and construction of their identity, as well as the implications and the place occupied by the tourist, the family and co-workers in the activity that they carry out. develop, because they are the ones who validate and motivate people to stay and

mobilize in that work context, expressing “So I tried when the tourist managed to capture my attention I started explaining about the...” (P4). That these dimensions are high indicates that there is a close relationship between role and identity.

Conclusions: If identity is read from the social positions that are recognized by others (Scheibe, 1999), particularly the findings of this research showed that characters such as family, tourists, co-workers and friends intervene significantly in the recognition of the roles assumed, which makes the young person stay in this activity and market, as well as find satisfaction in it. Through the dimensions of the role, it was evidenced that at work it is possible to configure the identity of young people. For Lucena et al. (2018) when a person who does part of this type of work and refers to it, is talking about himself.

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EPV0720

A rare case of trauma related dissociative identity disorder

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Introduction: Dissociative identity disorder (DID) is a debilitating and controversial psychiatric disorder with a lifetime prevalence estimated around 1,5%. It remains underdiagnosed despite recognition in international classification of mental disorders. In fact, based on the DSM-5 criteria, DID is characterised by two or more distinct personality states that coincide, with fluctuating consciousness and changing access to autobiographical memory. The aetiology of DID has long been debated with recent neuroimaging evidence supporting the trauma model of this condition.

Objectives: The aim of this presentation is to describe the case of a young female diagnosed with DID related to childhood trauma.

Methods: We also conducted a literature review in order to discuss the aetiology of the disorder. The following keywords were searched through the pubmed website: dissociative identity disorder, trauma, aetiology.

Results: We report the case of a 20 years old female with no past medical, nor psychiatric history. However, she had a family history of an uncle and an aunt with chronic psychosis. Her father died when she was 8, thus she lived with her mother and her brother and two sisters. She was a brilliant student and started engineering studies. She has no particular personality trait. She was raised within a strict religious family with little time dedicated to leisure activities. Importantly, since the age of 10, she was exposed to her mother's religious extremist and threatening discourses, related to death and “grave's torture” and comprising many cultural beliefs. She seeks for psychiatric care complaining of “soliloquy” that became remarkable by her relatives. On psychiatric evaluation she presented daily fluctuating consciousness during at least one hour, in which she switches identity toward the daughter of a famous singer. This alter was having pleasant activity with her mother and was singing and hanging out most of the time. No particular triggers were identified. The trouble started by the age of

14 then worsened gradually and became an involuntary phenomenon with significant distress. She had no depressive nor psychotic nor anxiety or obsessive symptoms. Her sleep and appetite were not disturbed. She met DSM-5 diagnostic criteria for DID and was referred to a trained psychiatrist for adequate psychotherapy management.

Conclusions: We exposed a rare case of a young student complaining of soliloquy since the age of 14 that was diagnosed with DID subsequent to a particular childhood trauma which consisted in exposure to threatening religious and cultural beliefs about life after death told by her mother. This unique case emphasises the trauma model of DID, where the nature of the trauma influences the clinical expression of DID. Given the recent neuroimaging evidence, DID can be framed as a chronic psychiatric disorder based on neurobiological, cognitive, and interpersonal non-integration as a response to unbearable stress.

Disclosure of Interest: None Declared

EPV0721

Cognitive impairments in Moroccan man with a frontal anaplastic oligodendroglioma : Case study

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Introduction: Oligodendroglioma is a rare form of glioma developing in oligodendrocytes which are glial cells. Oligodendrogliomas are divided into two types; benign oligodendrogliomas and anaplastic oligodendrogliomas; the malignant form.

Objectives: The aim of our study is to detect the cognitive troubles caused by a frontal anaplastic oligodendroglioma in a man admitted to the neurosurgery department at the Specialties Hospital, Rabat, Morocco.

Methods: A case study was realized among a man aged of 46 years, suffering from frontal right anaplastic oligodendroglioma, with no medical and surgical history and who presented since two months headaches and forgetfulness, and presented two hours ago a fortuitous epileptic seizure followed by notion of amnesia for 5 min. At the admission, the patient was conscious, the glasgow score was of 15 and did not present a motor deficit. Cognitively, the patient was confused. We decided then to make him pass the MOCA test to evaluate his cognitive state as soon as he was admitted to our service and before the surgical act.

Results: After passing the MOCA Test, our patient had a score of 4/30. The results in detail gave 0/5 in the visuospatial/executive part, 3/3 in the naming part, 0/6 in the attention part, 1/3 in the language part, 0/2 in the abstraction part, 0/5 in the memory part and 0/6 in the orientation part. The score of 4/30 is less than 10/30 and shows a severe cognitive impairment.

According to his wife, his cognitive state was normal before the epileptic seizure and had a normal life.

Conclusions: The frontal anaplastic oligodendroglioma in this patient case deteriorated his cognitive state rapidly. 13 days after surgery and excision of this tumor, the patient's cognitive state improved, the Moca score became 12/30, which is in the area of