

protagonist in the well-being process. This could also lead to more effective management and greater adherence to the therapeutic process.

Disclosure of Interest: None Declared

EPV0268

When nausea invades your life (Psychosomatic): a case report

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Introduction: Nausea is a very common symptom related to multiple physical illnesses. In the same way, nausea and other gastrointestinal symptoms are frequently associated with the symptomatology presented at the onset of anxiety or depression. These symptoms can significantly affect the patient's functionality, reduce school or work attendance and lead to consultation with multiple medical specialties. Therefore, it is important that in addition to a good organic screening, psychiatric pathology should be considered in the differential diagnosis. We will present the case of a 22-year-old male with nausea as the main symptom referred to Psychiatry after having seen several specialists and having undergone multiple diagnostic tests without significant findings.

Objectives: To review the association of psychosomatic symptoms with anxiety disorders and/or depression, as well as their management.

Methods: Presentation of a case and review of the available literature on the presence of psychosomatic symptoms, specifically nausea, in patients with anxiety and/or depression.

Results: In patients in whom anxiety and depression were assessed by the Hospital Anxiety and Depression Scale (HADS), 48% reported gastrointestinal symptomatology during the previous year, of whom 12% reported nausea. It has been observed that anxiety had a higher risk for the presence of nausea (OR 3.42) than depression, although the latter also increased the risk of nausea (OR 1.47). The literature shows that interventions such as cognitive-behavioral therapy or pharmacological treatment with selective serotonin reuptake inhibitor (SSRI) drugs independently or in combination are strategies that have demonstrated therapeutic success.

Conclusions: The multidimensional nature of symptomatology such as nausea and other types of psychosomatic symptoms forces us to take a broad view of the symptom. The association of gastrointestinal symptoms and pathologies such as anxiety and/or depression has been demonstrated, so that, after a correct organic screening, mental health professionals should be considered to evaluate the possible management of symptoms that can become so disabling in the life of these patients.

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EPV0269

Analysis of the implementation of the collaboration programme between the headache unit and the liaison psychiatry programme

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Introduction: Headache is associated with a wide spectrum of comorbid, statistically and biologically related pathological processes. A person with headache is more likely to have a psychological disorder than the rest of the general population, even more so if the headache is chronic. Psychiatric comorbidity has been shown to act as a risk factor in the chronification of headache and may contribute to increased disability. Anxiety and mood disorders are the psychiatric comorbidities that most influence aspects of the disease such as prognosis, response to treatment and even quality of life.

Objectives: To analyse the results of the implementation of a joint consultation between the headache unit and the liaison psychiatry programme.

To evaluate the efficacy of interdisciplinary intervention in patients diagnosed with resistant headache.

Methods: We performed a descriptive analysis of the database of patients included in the headache programme including data on neurological diagnosis, psychiatric diagnosis, type of intervention, referral to psychiatric consultation and number of subsequent revisions.

Results: Diagnoses related to anxious and depressive symptomatology are the most common diagnoses in patients diagnosed with treatment-resistant headache.

In most of the patients analysed in the database a single joint intervention was necessary.

Referral to mental health consultations from the programme did not lead to an increase in urgent demands with a clinical correlation in terms of diagnostic orientation

Conclusions: Joint intervention in the management of these patients has been found to be beneficial in the reinterpretation of symptoms and progressive desensitisation to fear of chronic illness. Training in symptom detection at the psychopathological level is important for professionals from other areas as well as training in interviewing skills.

More studies are needed to analyse the outcome of joint interventions in patients with difficult-to-manage chronic diseases and their comorbidities.

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EPV0270

ATYPICAL DEBUT OF BIPOLAR DISORDER IN AN ADOLESCENT: POST-COVID SYNDROME, PARANEOPlastic SYNDROME, OR SOMETHING ELSE?

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Introduction: Paraneoplastic syndromes (PNS) can be expressed with a wide variety of neurological and psychiatric symptoms: alterations in consciousness, cognition, behaviour, mood or perception. Testicular tumours have been related to different expressions of PNS, but, to date, no relationship with bipolar disorder has been described.

On the other hand, the relationship between SARS-CoV2 infection and subsequent affective conditions has also been recently described. Between 30-40% of people affected by the infection present symptoms of depression in the following months.

Objectives: To describe a case of a 17-year-old patient with an atypical onset of bipolar disorder a few months after a SARS-CoV2 infection and a few months before a testicular germ cell tumour was detected.

Methods: Description of a clinical case, its differential diagnosis and the literature review associated.

Results: This is a 17-year-old adolescent with no previous psychiatric history, who is referred to a day centre after committing a suicide attempt. The patient presented an average premorbid functioning. Stands out, a SARS-CoV2 infection 3 months before the onset of symptoms. He presents repeated and self-limited episodes (maximum 3 weeks) of major depressive symptoms: autolytic ideation, hypothyria, asthenia, clinophilia, isolation, anhedonia, mutism, psychomotor retardation, lack of hygiene, hyporexia, hypersomnia; that alternates with periods of stability and with others of symptoms of hypomania (sudden improvement in mood, increased activity and plans), also lasting a few days. Paradoxical response to treatment with antidepressants, presenting irritability and exacerbation of suicide ideas. Good tolerance and response to treatment with low doses of aripiprazole and quetiapine. The patient was diagnosed as type II bipolar disorder with rapid cycling. A few days after definitive diagnosis, a testicular germ cell tumour was detected, for which he had to undergo surgical intervention and chemotherapy treatment. At this point, it is suggested that the symptoms could be included in a paraneoplastic condition prior to the tumour. Months after the remission of the cancer, the patient does not present symptoms of relapse or metastasis, but mood swings persist, of lesser intensity, every few weeks. Treatment with lamotrigine was started at increasing doses, with good response and tolerance from the start.

Conclusions: The onset of mental health disorders in adolescents can be complicated by the non-specific or atypical early or prodromal symptoms. This degree of complexity increases when somatic pathologies coexist and even more if those pathologies have yet to be fully understood and studied, such as paraneoplastic syndromes or SARS-CoV2 infections. It is necessary to continue investigating the interrelationship between somatic and psychiatric conditions in order to provide more specific and rapid clinical responses.

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EPV0271

Organizing Pneumonia as a side-effect of Na-valproate- a case report

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Introduction: Organizing pneumonia (OP) is a clinical, radiological and histological entity that is classified as an Interstitial Lung Disease. It can be either cryptogenic (of unknown cause) or secondary to a lung injury such as infection, drug toxicity, inhalation of a pathogen or toxic gas, gastroesophageal reflux, collagenosis, organ transplant, or radiotherapy (B.J. Robertson, D.M. Hansell. Organizing pneumonia: a kaleidoscope of concepts and morphologies. *Eur Radiol*, 21 (2011), pp. 2244-2254). We were called for a psychiatric consultation for a 50 years old male patient who presented to Emergency service of our hospital with symptoms of acute respiratory failure and bilateral pneumonia. This was his fourth hospital admission within two months with the same symptoms. In previous stays, he was given four different antibiotics.

Objectives: The objective of our psychiatric consult was to determine whether the clinical presentation of bilateral pneumonia could in fact be a side effect of one of the psychiatric drugs he was taking.

Methods: We reviewed the patients prescribed medication and their side-effect profile. Additionally, the patient underwent a series of diagnostic tests, with the most important one being histology analysis of the biopsy samples.

Results: Upon reviewing the available medical sources, we were able to find a few articles that link organizing pneumonia and use of Na-valproate (Nanau RM, Neuman MG. Adverse drug reactions induced by valproic acid. *Clin Biochem*. 2013;46:1323-1338). The said medication was discontinued and the patient started receiving corticosteroids. After only a few days, his condition improved drastically and was discharged to home care.

Conclusions: The mutual cooperation between internal medicine specialists and liaison psychiatrists is vital in cases like this when there is a psychiatric patient presenting with unspecific somatic symptoms or is responding poorly to standard treatment. We must sensitize the staff to the specifics of care for a psychiatric patient and at the same time provide him with adequate medical assistance.

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EPV0272

Fahr's Disease: a case report of a patient with neuropsychiatric symptoms

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Introduction: Fahr's disease (FD) is a rare disorder consisting of bilateral and symmetrical calcium deposits in basal ganglia and cerebral cortex. These lesions are associated with neurological and psychiatric symptoms such as a rigid hypokinetic syndrome, mood disorders and memory and concentration abnormalities. It can be idiopathic or secondary to endocrine disorders, infectious diseases or mitochondrial myopathies.

Objectives: To highlight the importance of considering organic causes when evaluating patients presenting atypical psychiatric symptoms and claim the role of neuroimaging.