

## EPV0253

**Theory and Practice of Treatment of Concurrent Major Depressive and Alcohol Use Disorders**

A. Samokhvalov

Homewood Health Centre, Asu/cpc, Guelph, Canada

doi: 10.1192/j.eurpsy.2022.1153

**Introduction:** Both Major Depressive and Alcohol Use Disorders are highly prevalent. They also are the major contributors to disability and decreased quality of life and, as they are often comorbid with each other, the diagnosis and treatment of concurrent depression and alcohol use disorder represents a challenging task with multiple clinical questions requiring evidence-based recommendations.

**Objectives:** The goal of this presentation is to review the optimal strategies to treat concurrent alcohol use and major depressive disorders in the context of current research findings and clinical practice.

**Methods:** Narrative review, knowledge synthesis.

**Results:** The most up-to-date research findings in the areas of epidemiology of concurrent depression and alcohol use disorder, their differential diagnosis, and treatment approaches will be reviewed. This review will include the current evidence of effectiveness of various antidepressants in treatment of depression concurrent with alcohol use disorder and antidipsotropic agents use for alcohol use disorder in the context of depressive symptoms, as well as their combinations. We will discuss the timeline of initiation of both antidepressants and antidipsotropic agents, non-pharmacological treatment modalities as well as the clinical tools that can be used to properly monitor patients' progress and optimize the treatment process, and the integrative teamwork necessary to achieve optimal results.

**Conclusions:** Ultimately, the optimal diagnostic and treatment algorithm and the set of evidence-based treatment recommendations will be presented.

**Disclosure:** No significant relationships.

**Keywords:** Alcohol use disorder; Concurrent Disorders; major depressive disorder; integrated care

## EPV0252

**Epidemiological profile of patients with epilepsy attended in an emergency in a psychiatric hospital in 2020**

F. Faria\*, B. Tarifa, B. Maritan, L. Antonio, M. Ricci and G. Filho

FAMERP, Department Of Mental Health, São José do Rio Preto, Brazil

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1154

**Introduction:** According to the Global Burden of Disease study (WHO, 2010), epilepsy is ranked as the second most impacting neurological disorder worldwide, in terms of disability-adjusted life years, and is often associated with psychiatric comorbidities, stigma and high economic costs. This frequent association between epilepsy and mental disorders is a fact, however, they are often underdiagnosed and undertreated in patients with epilepsy, which further reduces the quality of life of this population and induces the demand for psychiatric emergency care.

**Objectives:** To give the comorbid relevance between epilepsy and mental disorders, this study aims to identify the main psychiatric illnesses associated with patients with epilepsy treated at the emergency of a psychiatric hospital in 2020. In addition to establishing the clinical and epidemiological factors related to this association.

**Methods:** All patients diagnosed with epilepsy (G40), according to the International Classification of Diseases, who underwent emergency care at the HABM, São José do Rio Preto, São Paulo, in 2020. Epidemiological and clinical data were collected.

**Results:** There were 7258 consultations, with only 27 as cid G40. 71.4% were male, 55% single and age between 42-49 years old. 47.6% indicated psychiatric comorbidities (cid F06). 23.8% patients with both disorders were attended by psychiatrist.

**Conclusions:** The concomitant occurrence of psychiatric disorders and epilepsy has significant relevance. However, it is known that the diagnosis of psychiatric disorders in epileptic patients is sometimes late, poorly conducted or even underdiagnosed. Therefore, knowing the profile of patients with epilepsy allows us to identify the factors associated with the concomitant of psychiatric disorders.

**Disclosure:** No significant relationships.

**Keywords:** emergency psychiatric; comorbid; Epidemiology; epilepsy

## EPV0253

**Myasthenia and bipolar disorder: a case report and review of literature**B. Emna<sup>1\*</sup>, R. Kammoun<sup>1</sup>, M. Kroui<sup>1</sup> and F. Ellouz<sup>2</sup><sup>1</sup>Razi hospital, Psychiatry G, manouba, Tunisia and <sup>2</sup>Razi hospital, Psychiatry G, denden, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1155

**Introduction:** The association between somatic diseases and bipolar disorder (BD) have been described especially for auto-immune diseases.

**Objectives:** Through a case study and a review of literature we are going to describe a comorbidity of BD and myasthenia.

**Methods:** Starting from a case report, we conducted a literature review on "PubMed", using a key word "myasthenia and bipolar disorder"

**Results:** The patient AJ, 57 years old, married, mother of 5 children; 4 sons and 1 daughter who also has BD. She is illiterate and a full-time mother. she has high blood pressure, a congestive gastropathy and hemorrhoids. She has been diagnosed with BD in 1987 (at 21 years old) and mainly had depressive episodes. She was put on Amitriptyline, carbamazepine, long-acting neuroleptics and benzodiazepines. Since 2006 the patient has been reporting persisting myasthenia even when she was euthymic. In 2009, she was hospitalized for persistent headaches, pain and a decrease in visual acuity in the right eye. An ophthalmoscopy, a cranial CT-scan and an MRI were performed with no anomalies. Then a fluctuant ptosis and an intense fatigability appeared. She then was hospitalized in a neurology ward where she was diagnosed with myasthenia. Changes in her treatment had to be made. Carbamazepine was switched to valproic acid, amitriptyline was switched to fluoxetine. And benzodiazepines were stopped.

**Conclusions:** It's important to pay close attention to somatic diseases in our patients in order to insure appropriate medical care.