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MURDEROUS MYTHOMANIA: Psychopathology of lying – Apropos a Clinical Case

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Introduction: The capacity for lying is a common human phenomenon with evolutionary explanations, in which one seeks to deceive usually to avoid harmful or undesired consequences. The spectrum of lies is vast and varies from the content to the motivation. Pathological lying has the potential to affect mental evaluations thus motivating an important discussion regarding this behaviour.

Objectives: The authors aim to explore the psychopathological concept and spectrum of pathological lies, from their underlying motives to their implications and challenges in psychiatric diagnosis with recourse to a clinical case example.

Methods: A review of pertinent literature on the topic with focus on that which is most relevant to the theme was included. The authors present the clinical case of a middle-aged female who presented with mythomania which included the fabrication of having attempted murder.

Results: The literature demonstrates a relationship between compulsive lying and personality disorders. Head trauma and other central nervous system issues may also play a role. Some traits may facilitate the detection of deception, such as dramatic and unmotivated constructs with a positive self-portrayal. The clinical case description correlates the personality factors associated with mythomania, namely antisocial personality disorder, differing from the typical presentation as her fabrications portrayed her negatively.

Conclusions: The implication of pathological lying is that it may interfere with mental assessment thus altering, by way of deception, the psychiatric evaluation as lies may be difficult to detect upon a first evaluation. The psychiatrist should be alerted to the possibility of fabrication when dealing with a patient with predisposing factors.

Disclosure: No significant relationships.

Keywords: mythomania; personality; Psychopathology; lying

Psychopharmacology and Pharmacoeconomics

EPV1140

Ischemic colitis induced by psychotropics drugs: a case report

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Introduction: Ischemic colitis (IC) is a rare condition due to hypoperfusion in the large intestine. Usually the etiology is unidentified, but many drugs are known to induce it because of their anticholinergic effects. We present the case of a 63-year-old woman, with the diagnosis of histrionic personality disorder, in treatment with quetiapine and venlafaxine. She attended the hospital due to diffuse abdominal pain, diarrhea and hematochezia in the last two days. An abdominal CT scan

is made, showing parietal thickening and submucosal edema in the colon, without any tumoral findings, suggesting IC.

Objectives: To point up the correlation between IC and the intake of psychotropic drugs.

Methods: We conducted a narrative review of the literature through the presentation of a case. Articles were selected based on their clinical relevance.

Results: There are reported cases of IC related to antipsychotics, but any drug with anticholinergic effects can potentially cause it. Anticholinergics reduce intestinal motility, leading to colonic ileus and dilatation. Both quetiapine and venlafaxine, taken by the patient, have these effects. Common obstructive and non-obstructive processes are excluded due to the absence of any other pathological signs. For these reasons, the diagnosis of IC secondary to treatment with quetiapine and venlafaxine is made.

Conclusions: Many psychotropic drugs can produce IC owing to their anticholinergic effects, being this chance increased when taken simultaneously with other drugs with same effects. IC is a rare but fatal side effect, which makes it important to consider it in the differential diagnosis in patients in treatment with psychotropics who suffer from gastrointestinal symptoms.

Disclosure: No significant relationships.

Keywords: Ischemic colitis; side effect; anticholinergic; psychopharmaceuticals

EPV1141

Malignant catatonia due to clozapine withdrawal: A case report and a brief review of the literature.

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Introduction: Withdrawal symptoms are common upon discontinuation of many psychotropic drugs. Catatonia, a neuropsychiatric condition characterized by a number of motor, behavioral, emotional, and autonomic abnormalities, has been described as a withdrawal syndrome in a growing number of case reports, but it is not well recognized. Treatment of catatonia usually includes benzodiazepines and electroconvulsive therapy. Standard consensus states that the use of neuroleptics should be avoided, as they are thought to worsen catatonia.

Objectives: With this case report, we attempt to contribute to the finding in literature that the withdrawal of clozapine may be associated with catatonia, and how reintroduction of clozapine could be indicated for its treatment.

Methods: A clinical case is presented of a 37-year-old female with a history of schizophrenia, presenting with altered mental status and new onset of catatonic signs and symptoms in the setting of a 7-day emetic syndrome. The possibility that vomiting prevented proper absorption of clozapine is postulated, causing the patient to present clinical features compatible with malignant catatonia.

Results: The patient required treatment with benzodiazepines, electroconvulsive therapy and clozapine re-initiation, leading to improvement of catatonic symptoms within a few days.

Conclusions: This case serves as a reminder to consider alternative diagnostic hypotheses in cases of catatonic syndrome unresponsive

to standard treatments. When the clinical suspicion of drug withdrawal is high, restarting the discontinued medication, even an antipsychotic agent, may be indicated.

Disclosure: No significant relationships.

Keywords: Catatonia; clozapine; withdrawal

EPV1142

Lithium-Renal and brain induced toxicity

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Introduction: Lithium can induce renal and neurotoxic effects, particularly if it is combined with a neuroleptic or if there is an intercurrent condition. The neurological sequelae may be irreversible.

Objectives: To show the renal and neurotoxic effects of lithium and the risk of its association with haloperidol.

Methods: A case of irreversible lithium neurotoxicity with renal sequelae.

Results: This case report is about a 57-year-old patient with a bipolar disorder type 1. She was well stabilized on lithium. On December 2020, the patient had an increased level of creatinine, therefore her medication was stopped. She developed a manic episode then she was switched on Haldol 25mg and lithium. After 4 days, she had a neuroleptic malignant syndrome with renal and neurological sequelae. She was referred to us after her discharge from intensive care. The patient was agitated, anxious, sad with a superficial contact and a well-structured speech. She had delusional ideas of prejudice about her husband. On physical examination, she had a parkinsonian syndrome, moderate organic renal failure with a clearance of 45.93 ml/min. On the cerebral MRI, she had a diffuse cortico-subcortical atrophy with bilateral frontal predominance and vascular leukopathy. The most probable cause was the iatrogenic effects of the association of lithium and haloperidol. We decided to stop all medications and the patient got better.

Conclusions: Recognizing the neurotoxic effect of lithium and making an early diagnosis is a crucial determinant in the evolution of the disease and its irreversibility. Polypharmacy and comorbidities appear to be important precipitating factors for lithium toxicity.

Disclosure: No significant relationships.

Keywords: Polypharmacy-lithium toxicity; renal toxicity; neurotoxic effect

EPV1143

Misdiagnosis and therapeutic impasse in psychiatry

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Introduction: We frequently receive patients with atypical psychiatric symptoms admitted in our department after consulting other psychiatrists and trying several treatments.

Objectives: To highlight the factors of misdiagnosis in patients of our department.

Methods: We recruited 70 patients during their appointment or during their hospital admission in our department between March and April 2021. We collected the patients' socio-demographic and clinical data using a pre-designed questionnaire.

Results: Patients were aged between 17 and 68 years with a sex ratio (M/F) of 1. Mood disorders accounted for 24.6% of disorders (N=17) whereas schizophrenia 66.7% (N=46). Patients resided in urban areas in 88.6% of cases (N=69). The average number of hospitalizations was 2.7 with extremes ranging from 0 to 14. The average time between the onset of the symptoms and the first consultation was 1 year. The mean time from onset to hospitalization was 4.37 years. The rate of consulting a psychiatrist prior to admission was 42.8%. The diagnosis was corrected during the follow-up of the patients in 24.3% of cases. Conventional neuroleptics were prescribed as first-line treatment in 42.85% of cases. Due to poor tolerance or ineffectiveness of the treatment, 31.42% of patients had to change treatment.

Conclusions: Patients, who were desperate to find an adequate treatment for their disorders, put a lot of hope in the Razi psychiatric hospital. But after several years of evolution of their disease, we are faced with a therapeutic impasse. Raising awareness of mental illnesses is necessary for an early and adequate treatment.

Disclosure: No significant relationships.

Keywords: factors of misdiagnosis; therapeutic impasse

EPV1144

Patterns of clozapine use, misuse and disuse in a mental health area in southern Spain.

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Introduction: Evidence supports clozapine as the best treatment in terms of efficacy, effectiveness and well-being, and as the gold standard in treatment-resistant psychotic disorders. Clozapine remains still underused, suffering initiation delays from 1.1 to 9.7 years. Furthermore, there is a scarcity of data about patterns of use, showing high variability worldwide (0.6-189.2/100.000 inhabitants).

Objectives: The main objective of this work is to carry out an analysis of the use of clozapine in our mental health catchment area. Thus, off-label use, the percentage of patients with clozapine depending on diagnosis, age and sex, and its use in mono and polytherapy are established. Besides, dosage and time between the first contact and the start of treatment with clozapine are recorded.

Methods: A descriptive study has been developed on the patients with clozapine who consulted in the catchment area of the Jerez Mental Health Service between 2018 and 2019. Data were extracted from medical records.

Results: From our population of 456.752 inhabitants, 449 patients received clozapine. 278 (61.9%) had a schizophrenia diagnosis;