EPV0332

Long-acting Paliperidone Palmitate treatment in an Ekbom's Syndrome secondary to Lewy Body Dementia: A case report

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Introduction: Ekbom Syndrome (ES) is a condition characterized by the fixed, delusional belief that one's body is infested by parasites or other vermin, in absence of supporting clinical evidence. Literature suggests antipsychotic treatment for the management of behavioural and psychotic symptomatology, long-acting-injectable (LAI) antipsychotics for poor compliance.
Objectives: A case report of a 70-year-old woman with an ES diagnosis treated with LAI palmitate paliperidone was followed-up for an 8-months period, resulting in a confirmed diagnosis of secondary ES to Lewy Body Dementia (LBD).
Methods: Patient was admitted to the local psychiatry ward presenting with new-onset visual and tactile hallucinations and social withdrawal. She was diagnosed with ES in a context of executive functions impairment. She was initially treated with risperidone, then switched to LAI Paliperidone due to poor compliance. Subsequently she was monitored monthly for 8 months by administering PANSS, MOCA, GAF, BPRS, PSP, complete neurocognitive assessment and neuroimaging studies
Results: After 8 months a progressive cognitive deterioration and worsening of motor impairment confirmed a secondary ES to a LBD. Meanwhile, a significant reduction of psychotic symptomatology (delusions and somatic hallucinations) was observed at BPRS and PANSS positive scale, even after treatment discontinuation due to the onset of extrapyramidal symptoms of the underlying condition.
Conclusions: LAI Paliperidone treatment induced a complete remission of psychotic symptoms, with no relapse even after discontinuation of treatment. Moreover, close observation during follow-up allowed early diagnosis of LBD, which has been associated with a more favorable course.

Disclosure: No significant relationships.
Keywords: Ekbom delusion paliperidone Lewy

EPV0331

Pediatric complex regional pain syndrome: a review

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Introduction: Complex regional pain syndrome (CRPS) is a chronic localized pain condition that can have a significant impact on the quality of life. It affects children and adolescents as well as adults, but is more common among adolescent girls.
Objectives: To present up-to-date clinical information regarding CRPS in pediatric population.
Methods: A review of recent literature.
Results: In contrast to adults, CRPS appears after an initial event that is typically a minor trauma and occurs more frequently in the lower extremity than in the upper extremity. This syndrome is characterized by spontaneous or stimuli-induced pain, which is disproportionate to the actual incident trauma/stimulus, in the presence of a wide variety of autonomic and motor disturbances. The exact mechanism of CRPS is unknown, although several different mechanisms have been suggested. In many cases, CRPS follows a relatively minor trauma, in some cases, no previous injury was recalled and there are psychological factors implicated. It has been found a high prevalence of anxiety and depression in patients with CRPS and it is considered stress has an important role in inducing or perpetuating CRPS. Standard care consists of a multidisciplinary approach with the implementation of intensive physical therapy in conjunction with psychological counseling; in some patients, pharmacological treatments may help to reduce pain.
Conclusions: A multidisciplinary approach with psychological and psychiatric counseling are needed for effective management of CRPS. Further research in targeting specific mechanisms involved in the pathophysiology of CRPS should lead to prevention of this condition.

Disclosure: No significant relationships.
Keywords: PAIN; COMPLEX; REGIONAL; PSYCHOLOGICAL

EPV0332

Functional Neurologic Symptom Disorders: Bridging the Chasm between the Psychoanalytic and Neuroscientific Understandings

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Introduction: Since before the time of "Anna O", the functional neurologic symptom disorder (FNSD) has captivated psychiatry. While the definitive psychopathological mechanism for this phenomenon remains elusive, it is nevertheless of great value for patients and clinicians alike to develop a more nuanced understanding of FNSD. It is necessary to make an enquiry into the mechanism by bridging the psychoanalytic and neurobiological theories.
Objectives: 1.Elucidate psychoanalytic concepts to FNSD 2.Elucidate neuroscientific aspects of FNSD 3.Reconcile the chasm between the two concepts
Methods: Comprehensive review of literature at the interface of psychoanalytic and neuroscientific theories of FNSD
Results: Emerging evidence have found putative explanations to account for FNSD. Orbitofrontal cortex, anterior cingulate gyrus, dorsolateral prefrontal cortex and striatothalamocortical circuits have been implicated. Number of total studies remain small with each study having few participants. This necessitates a degree of caution in interpreting results. Thus far, mechanisms such as signal rerouting or hypoactivation of specific frontal regions appears to play a material role in FNSD. Neuroscience may be approaching to

providing evidence that psychological defenses may have neurobiological correlates that can be measured in certain conditions. However, a definitive answer remains elusive.
Conclusions: The expanding narrative of a relatively nascent dialogue between neuroscience and psychoanalysis remains not only clinically relevant, but also promotes a holistic view of patients with psychiatric illnesses. Through our discussion, psychoanalytic theory is woven into the current neurobiological framework for FNSD, which we believe will assist clinicians provide empathic care and help patients develop a more adaptive and meaningful explanatory paradigm of their lived experience.

Disclosure: No significant relationships.
Keywords: Conversion Disorder; functional neurologic symptom disorder; Psychoanalytic theory

EPV0333

Somatic comorbidity and physical frailty in elderly with medically unexplained symptoms

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Introduction: Reported prevalence rates of medically unexplained symptoms (MUS) in people aged ≥65 years range between 1.5 and 18%. People with MUS often describe a low quality of life and frequently suffer from co-morbid anxiety and depressive disorders. In our pilot study on older patients with MUS, the level of somatic comorbidity as well as frailty parameters were significantly higher among patients with MUS which was partially explained by a somatic origin compared to patients with MUS for which no explanation at all was found.
Objectives: The objective of this study was to examine the level of frailty and somatic comorbidity in older patients with medically unexplained symptoms (MUS) and compare this to patients with medically explained symptoms (MES).
Methods: Frailty was assessed according to Fried's criteria (gait speed, handgrip strength, unintentional weight loss, exhaustion, and low physical activity), somatic comorbidity according to the self-report Charlson Comorbidity Index and the number of prescribed medications.
Results: Although MUS-patients had less physical comorbidity compared to MES-patients, they were prescribed the same number of medications. Moreover, MUS-patients were more often frail compared to MES-patients. Among MUS-patients, physical frailty was associated with the severity of unexplained symptoms, the level of hypochondriacal beliefs, and the level of somatisation.
Conclusions: Despite a lower prevalence of overt somatic diseases, MUS-patients are more frail compared to older MES-patients. These results suggest that at least in some patients age-related phenomena might be erroneously classified as MUS, which may affect treatment strategy.

Disclosure: No significant relationships.
Keywords: Frailty; Somatic; MUS; comorbidity

EPV0336

Secondary Gerstmann syndrome, a case report

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Introduction: Gerstmann syndrome is a rare neurological disorder that consist primarily of 4 neuropsychological signs that include acalculia (impairment in performing calcultaions), digital agnosia (dificulty discriminating their own fingers), agraphia (impairment or dificulty to write by hand); and left-right disorientation (impairment of distinguishing left from right.
Objectives: Presentation of a case report of a patient with Gertsmann syndrome secondary to breast cancer metastasis.
Methods: We analyze the case of a 79 years-old female with a history of breast cancer in remission, with a severe depressive episode of 8 months of evolution, dysphoria, apathy, decrease in the ability to carry out basic activities of daily life, acute personality changes and sleep disruption. 15 days previous to the first examination the patient suffers gait disturbances, falling from her own height, memory impairment, suicide ideation and nomination aphasia.
Results: At the examination we encounter digital agnosia, acalculia, agraphia, right-left disorientation, right hemiparesis. MRI are taken founding 3 tumor lesions in the left and right frontal lobe, 2 solid lesions with a necrotic appearance in the right parietal lobe, one of them in the angular gyrus of the parietal cortex. CT scan found a solid tumor-like lesion in the left pulmonary apex. CA-125 antigen 429.5 U/mL. She was sent to continue her treatment with oncology, receiving radiotherapy.
Conclusions: The psychiatric abnormalities secondary to Gerstmann syndrome make the relatives of this patient seek psychiatric care, requiring multidisciplinary work to reach an accurate diagnosis. Gerstmann syndrome is a rare neurological condition that can mimic lots of other clinical pictures.

Disclosure: No significant relationships.
Keywords: neuroanatomy; breast cancer; Gerstmann syndrome; Neuropsychiatry

EPV0338

Specificities of the Use of Psychotropic Drugs in Bariatric Surgery

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Introduction: Bariatric surgery is considered an effective treatment against obesity. Psychiatric illness is relatively common in patients who have undergone bariatric surgery. Over one-third of these patients are prescribed psychotropic drugs, particularly antidepressants. Unlike medications for diabetes, hypertension or