and is thought to follow a relapse-remitting course. During episodes of illness, a wide array of neuropsychiatric symptoms may present and a psychiatric diagnosis might be incorrectly made.
Objectives: We aim to review the literature on the clinical manifestations of KLS, as well as the current evidence regarding this disorder's management.
Methods: We performed an updated review in the PubMed database using the terms "Kleine-Levin Syndrome". The included articles were selected by title and abstract.
Results: KLS usually presents with recurrent episodes, lasting days to weeks, of severe hypersomnia, cognitive impairment, major apathy and derealization, among other neuropsychiatric symptoms. Although it was previously thought that complete normalization occurred between episodes, recent evidence suggests that around one third of patients have mild cognitive impairment and there are alterations in brain blood flow during the asymptomatic periods. During episodes of illness, management comprises environmental measures as well as drug therapy. Corticosteroids and amantadine have been successful in stopping episodes and lithium may be useful in a preventative role, however, there are no randomized controlled trials focusing on KLS treatment.
Conclusions: KLS remains an elusive entity since it is an extremely rare disorder with unclear etiology, course, and no consensual treatment. Further research is warranted in this area, namely randomized controlled trials. It is important for the practicing psychiatrist to be aware of this illness in order to recognize it and adequately manage it.

Keyword: Kleine-Levin Syndromept

EPP0252

Psychiatric manifestations of Wilson's disease

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Introduction: Wilson's Disease is a rare, autosomal recessive disorder related to disturbances of copper metabolism. Its clinical picture includes hepatic, neurologic, psychiatric, and systemic manifestations. Psychiatric symptoms are frequent over the course of this disease and can be found in up to a quarter of patients at presentation. Successful treatment for Wilson's Disease can be achieved using anti-copper agents.
Objectives: We aim to review the literature regarding the psychiatric manifestations of Wilson's Disease. We also include brief considerations about their management.
Methods: We performed an updated review in the PubMed database using the terms "Wilson's Disease" and "Psychiatric manifestations". The included articles were selected by title and abstract.
Results: Psychiatric manifestations, including psychosis, mood disorders, personality disorders and cognitive impairment are common in Wilson's Disease and can be the initial symptoms of this condition. The diagnosis of Wilson's Disease in people presenting with psychiatric symptoms heralds special considerations in psychopharmacology since this population has a higher risk of hepatic impairment, epilepsy, and extrapyramidal side effects.
Conclusions: Psychiatric symptoms are common in Wilson's Disease and can be its presenting clinical features. Missing the diagnosis of Wilson's Disease can stall an efficient treatment and lead to inadequate patient management.

Keywords: neuropsychiatry; Wilson's Disease

EPP0253

Immunotherapy and psychosis: It there a risk?

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Introduction: Over the past decades, immunotherapy treatments have been a revolution to many chronic diseases with encouraging results in clinical outcomes and quality of life. The use of monoclonal antibodies has yielded a great variability in terms of clinical efficacy and tolerability although it's believed the incidence of psychotic symptoms is low (0,1-0,4%).
Objectives: To review the effects of monoclonal antibodies on psychosis.
Methods: Review of literature using PubMed database. A total of 16 studies were included.
Results: The targeted molecules by monoclonal antibodies may determine the risk of psychosis. While those who target TNF-alfa seem to have a reduced risk of psychosis (such as Infliximab, Adalimumab, Certolizumab and Golimumab), monoclonal antibodies who modulate lymphocytes may have a greater risk of psychosis namely Natalizumab, Belimumab, Basiliximab and Daclizumab, which seems to correlate to evidence of alterations in lymphocyte subsets in groups of patients with first psychotic episode and schizophrenia. Some seem to have positive correlation with psychosis namely monoclonal antibodies who have a supressing effect on the immune system, especially those who target adaptative immunity and those who are used in autoimmune diseases (vs oncologic conditions). It is unknown if delusions prevail over hallucinations or vice-versa. Despite the paucity of evidence, these findings corroborate the variability regarding the psychiatric effects of immunotherapy.
Conclusions: The available literature reports a low prevalence of psychotic symptoms associated with the use of monoclonal antibodies but it highlights the importance in knowing the immune mechanisms involved in psychotic disorders. Greater research is needed to correctly assess that risk.

Keywords: Immunotherapy; psychosis; Monoclonal antibodies; adverse events

EPP0254

Alexithymia among patients with unexplained physical symptoms

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Introduction: Some research suggests that mental health problems can be brought on by the stress of having unexplained symptom. In non-western cultures especially, psychological distress is often

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