Portugal and It's Drugs Policy - What Changed?

Dr Mariana Macedo Vieira[1]* and Dr Ana Raquel Faria[2]

[1]Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom and [2]Hospital de Braga, EPE, Braga, Portugal
*Presenting author.

doi: 10.1192/bjo.2022.359

Aims. The authors intend to briefly review the literature regarding the progress of substance misuse rates and harms, the support available and reflect on the current national situation. We aim to better understand the changes in policies and services, and their impact to see what can be learned from the Portuguese experience.
Methods. A narrative literature review was carried out by the authors using the keywords "addiction" "drugs policy" "Portugal" "drug use". The authors declare no conflicts of interest.
Results. The end of the dictatorship in 1974, the reopening of borders, and the return of white Portuguese from former colonies, were all associated with a dramatic increase in substance misuse in Portugal. In the 1990's it is estimated that 0.5%-1% of the population was using heroin at the time, with extremely high rates of HIV and Hepatitis in intravenous drug users.

At the start of this period, healthcare services were poorly organized, resources for substance misuse services were limited, legislation was punitive, and there was a general understanding that drug addiction was a consequence of a moral failing. A change in paradigm occurred in the late 1990's and new legislation introduced in 2001, which along with the growth in services to support substance misusers dramatically reduced the rates and negative outcomes of substance misuse.

Of note, new HIV diagnoses due to injecting and overdose rates dropped significantly in the XXI century and decriminalization did not lead to an overall increase in substance misuse.
Conclusion. The pivotal shift in the understanding of the nature of addiction as an illness lead to a profound change in interventions to mitigate this overwhelming problem that affected Portugal by the end of the XX century. We hope that by sharing this experience this will improve interventions around the world to support substance misusers and public health.

Amblyopia: An Uncommon Presentation of Paediatric Conversion Disorder

Dr Chiro Islam Mallik[1]* and Dr Mohammad Sayadul Islam Mullick[2]

[1]Barnet, Enfield and Haringey Mental Health NHS Trust, Edgware, United Kingdom and [2]Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh
*Presenting author.

doi: 10.1192/bjo.2022.360

Aims. Conversion disorder is common among children and adolescents, particularly in non-Western societies like in Bangladesh. Diverse presentation of the disorder makes it difficult to diagnose which ultimately may lead to poor prognosis.
Methods. Patient X is a 10-year-old girl, a 5th grade student, hailing from a District town, Bangladesh, attending child and adolescent consultation services with the complaint of sudden loss of vision in both eyes for 3 weeks. Earlier, she underwent thorough examination and investigation and intervention by the different specialists (GP, ophthalmologist, and neurologist). At one point she was given zero power glasses. Her symptom was then fluctuating. She was not attending school as she was away for treatment purposes. X complained of not seeing lines of books when her parents tried to persuade her to do schoolwork at home. Eventually she was referred for psychiatric evaluation after no improvement. Assessment was completed and parental discord, violent act of father towards mother, overprotective as well as inconsistent parenting, attention seeking behaviour of X were identified. General and systemic examinations were normal. Her finding was inconsistent with any physical disorder. Investigation was normal. Thus, diagnosis of conversion disorder was given. General treatment (reassurance, psychoeducation, adopting daily life programme) along with specific treatment (symptom reduction by suggestion, relaxation, and family therapy) were provided. Improvement was noted during the follow-ups.
Results. The conversion disorder of this girl happened at her period of transition from childhood to adolescence. Psychopathology of hysteria still is not clear despite huge research efforts. Based on psychodynamic explanations, the core psychopathologies of her symptoms are primary gain - resolution of her witnessing severe parental discord that she failed to cope with happened through her presenting symptoms without awareness though later she does in awareness; secondary gain- she receives additional reinforcement in the form of extra care, parental help seeking behaviour, unnecessary interventions, demand fulfilment that mostly present in awareness. Other psychopathologies are conversion- the patient's psychological distress converted to presenting somatic symptoms through an intrapsychic process; repression-la belle indifference of the patient has developed through a process of displacing distressful experience, from awareness that gives relief to the distress.
Conclusion. Manifestations of conversion disorder can simply be explained as cry for help, give indication of the problem areas, help in understanding personality traits, making intervention and prevention plans. Early identification of stressors is crucial for the treatment of this disorder.

Mania With Psychotic Symptoms a Rare Clinical Presentation of Fahr's Disease- a Case Report

Dr Joana Marques Pinto*, Dr José Diogo Andrade, Dr Joana Andrade and Dr Vera Martins

CHUC, Coimbra, Portugal
*Presenting author.

doi: 10.1192/bjo.2022.361

Aims. Fahr's disease is a rare neurodegenerative disease with radiological findings of symmetrical and bilateral idiopathic calcifications of the cerebellum, periventricular white matter, and basal ganglia, characterized by the presence of neuropsychiatric symptoms.
Methods. We report a case of a 46-year-old male who presented with psychomotor agitation, aggression, restlessness, irritability, decrease need for sleep and psychotic symptoms including grandeur and mystical delusions. He had a previous history of an admission 4 years prior with a similar presentation. Computed tomographic scan of the patient demonstrated a bilateral calcification of globus pallidus. Laboratory investigation was unremarkable. Due to agitation, the patient started treatment with Haloperidol 10 mg and Levomepromazine 25 mg presenting resulting in important extra-pyramidal symptoms (EPS), namely marked motor rigidity. Subsequently, a switch was made to Olanzapine 5 mg with persistence of clinically significant EPS. A final switch was made to Aripiprazol 15 mg (gradually titrated)

https://doi.org/10.1192/bjo.2022.360 Published online by Cambridge University Press