Methods: In this study, we describe the case of a patient with disorder of self-experience. We have conducted a systematic review of the descriptions published to date, regarding this case.
Results: We present the case of a 21-year-old patient who had gone to the emergency services three times for somatic pathology (described as dysesthetic and algic sensations in the throat, stomach and testicles).
In the psychopathological exploration, a delusional narrative is observed, as he refers that these sensations are being provoked by external people, with the aim of harming him.
The patient reports that these people are causing an increase in salivation in his salivary glands, for which he spits repeatedly.
He explains that these people can control his organs using an influencing machine, which in this case consists of a microchip implanted at the retroauricular area, from which they give orders and insult him at the same time.
In this case, a good symptom response was achieved with intramuscular Aripiprazole.
Conclusions: In the experiences of passivity, the patient experiences one event as if it were not his, but inserted into his self from the outside.
In the case of somatic passivity, there is a belief that there are external influences acting on the body. In this case, there was probably a kinesthetic hallucination coupled with an experience of passivity.
Similar to other published cases, this patient complained of being controlled and impaired by some form of contemporary technology. Delusions of control are often associated with delusional explanations about how thought or body can be controlled, in this case, through a microchip.

Disclosure of Interest: None Declared

EPV0820

Case report: Diagnostic challenges in early onset Alzheimer's disease

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Introduction: According to World Alzheimer Report 2021, more that 55 million of people in the world suffer from dementia. And although age is the strongest known risk factor for dementia, dementia does not exclusively affect older people. Early onset dementia is defined as the onset of symptoms before the age of 65 years. Considering that people with early onset dementia are in the most productive period of their life and often exposed to stress, when the symptoms of depression or psychosis can appear linked to other psychiatric diagnose it is hard to think of dementia when it is in early stage.
Objectives: We present a case of a woman at age of 55, mother of one child, widow, with secondary school degree, employed as textile worker.
She was already on psychiatric treatment for five years diagnosed at first as Mixed anxiety and depressive disorder and after that as Major depressive disorder, single episode, severe with psychotic features. Her past treatment include Sertraline up to 100mg per day or Escitalopram up to 10mg per day and Olanzapine up to 10mg per day. But her condition was worsening progressive with cognitive decline and during serial stressful events in the family (the death of her husband and severe corona virus infection of her son).
At present time she was hospitalized with psychotic symptoms, confusion, paranoid ideas and hallucinations, dysfunctional in everyday activities.
Methods: The neuropsychological testing showed global reduction in cognitive-behavior status. The results of extended laboratory tests were in normal range. Brain MRI showed global cortical reduction with more specified atrophy in fronto-temporal lobes bilateral. SPECT analysis showed significant hypoperfusion in both hemispheres in frontal, parietal and temporal lobes. Cerebrospinal fluid examination showed decresed level of beta-amyloid-42 (281,6 pq/ml).
Results: The results confirmed the diagnose of dementia with early onset, but because of advanced stadium and insufficient family history it was not possible to make clinical diagonose of the type. Diagnose in the end of hospitalization was: Early onset dementia, M. Alzheimer frontal variant.
Conclusions: With the presented case we suggest that the clinicians need to be very careful in the cases of psychosis treated independently and explore the possibility that psychosis can be a symptom of Alzheimer desease. Our case suggest that we should consider the possibility of early onset AD in middle-aged patients whose first symptoms are depressive with psychotic features. In this respesct, psychiatris need to consider proper completion of AD diagnostic protocol including biomarkers analysis.

Disclosure of Interest: None Declared

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A clinical case of anosognosia in a CADASIL disease.

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Introduction: CADASIL (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy) is a cerebrovascular disease, tht appears in 1.98/100,000. It´s caused by a mutation of the Notch3 gene and is characterized by accumulation of granular osmiophilic material in the middle layer of the small and median sized cerebral arteries.
Sypmtoms are migraine, recurrent cerebral ischemic episodes, dementia, neuropsychiatric disorders (anosognosia, character disorders, apathy and cognitive impairment). It usually appears between 30-60 years, although there is an important variability. There is no curative treatment, only palliative.
Objectives: Clinical review of anosognosia and its presence in CADASIL disease.
Methods: Clinical case and literatura review.