Methods: Outpatients visited along one-year who accepts participate. Using POC-device for qualitative detection of anti-HCV-antibodies (Quickview-of-Lumiquick-Diagnostics®)/HBsAG (Abbott-Rapid-Diagnostics®). Socio-demographic data; mental disorder(ICD-10); HCV/HBV risk-factors; Neurotoxicity-scale (mood/cognition/sleep/gastrointestinal/sickness/motor); SF-12; Patient-satisfaction. Subjects with positive HCV/HBV POC-test will have a on-site venopuncture to assess hemograme/liver tests, and HCV-RNA (Cobas-TaqMan-RocheDiagnostics)/HBsAg-ELISA (Atellica-Siemens). In positive HCV-RNA (active infection) the psychiatric-team will inform the hepatology-team for non-invasive liver fibrosis assessment and DAA prescription. The patient will receive 8-12-weeks on-site treatment, and assessed (Neurotoxicity/SF-12).HCV cure will be confirmed by HCV-RNA in blood. Chronic-cases will be managed at Hepatology-Unit.
Results: We will present the results of the implementation of the programme and their ability to detect viral-hepatitis-positive cases among patients with severe-mental-disorders and to treat them effectively.
Conclusions: Our results may support the generalisation of the programme in among CMHC's.

Disclosure: No significant relationships.
Keywords: viral hepatitis; HCV; Severe Mental Disorders; HBC

EPV0349

Dissociative and Epileptic seizures: how to distinguish them?

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Introduction: Dissociative seizures (DS) are classified as dissociative convulsions within the group of dissociative disorders. Although they share many features with epileptic seizures (ES), they are not a consequence of abnormal brain discharges and may be related to psychogenic causes. DS represent a common diagnostic and are often confounded with ES.
Objectives: The aim of this study is to review the current evidence about the differential diagnosis between DS and ES.
Methods: We conducted a non-sytematic review on the topic, using Pubmed/Medline database.
Results: Studies emphasize a correct diagnosis before treatment of seizures. DS and ES respond differently to anticonvulsant medication and early or incorrect prescription of can even exacerbate DS. Clinical features and a neuropsychiatric history can also help. The presence of a dissociative "stigmata", such as unexplained sensory loss, may support a non-epileptic diagnosis. EEG videorecording method is the gold standard diagnosis for DS, however often displays rhythmic movement artifacts that may resemble seizure activity and confound the interpretation. The absence of ictal EEG discharges characteristic of epilepsy is a sign of DS. However, this may not be true for some partial ES, particularly those from temporal lobes, whom also tend to report shorter duration of seizures, whereas patients with DPD often describe experiences lasting for hours or longer.
Conclusions: Distinguish DS from ES can be challenging. However, there are features that can help in the differential diagnosis. A correct diagnosis is essential for an adequate therapeutic approach, better prognosis, reduction of medical costs and also a referral to the right medical specialty.

Disclosure: No significant relationships.
Keywords: epileptic seizures; dissociative disorders; differential diagnosis; Dissociative seizures

EPV0350

Acute Ekbom's syndrome in a patient with acute urethritis

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Introduction: Delirium of parasitosis was first described by Karl Ekbom in Sweden in 1938. It is a hallucinatory monothematic delirium characterized by the unwavering conviction of having the skin infested with insects or parasites. Multiple etiologist has been described such as psychiatric and neurological disorders, substance intoxication or other medical conditions. We present a case of debut of Ekbom's syndrome in an individual recently diagnosed with acute urethritis on antibiotic treatment.
Objectives: To report a case of a patient with a debut of Ekbom's syndrome and acute urethritis.
Methods: A 40-year-old man with no previous psychiatric history is admitted psychiatric emergency room accompanied by his wife for intense anxiety and isolation at home. During the examination, the patient explains a lot of fear of a series of bugs such as bees and small parasites that invade him. The onset of symptomatology coincides with a diagnosis of chlamydia urethritis and the initiation of treatment with ceftriaxone 500mg IM + Azithromycin 1g VO. Complete physical examination is performed without alterations. Toxicological, biochemistry, hormonal and vitamin study did not show any alterations.
Results: Antipsychotic treatment was started with Olanzapine up to 10mg/day and supportive treatment with benzodiazepines. The patient showed rapid improvement. At discharge, he is asymptomatic from the urological and psychopathological point of view.
Conclusions: Ekbom's syndrome is a multifactorial disorder. The patient was diagnosed of an acute psychotic disorder due to another medical condition and/or treatment with antibiotics.

Disclosure: No significant relationships.
Keywords: urethritis; emergency room; Ekbom's syndrome

EPV0351

"Dad is feeling blue": what to know about paternal perinatal depression

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Introduction: The transition into parenthood is associated with an increased psychopathological vulnerability. Most studies have focused on mothers, although recently, the role of fathers has grown more importance. Paternal perinatal depression (PPD) is an episode of major depressive disorder occurring in new or expectant fathers during the perinatal period. PPD is not widely acknowledged and research are rare.
Objectives: The authors intend to review the literature about PPD, focusing on its prevalence, risk factors, clinical features, treatment and consequences.
Methods: Non-systematic review of the literature through PubMed.
Results: A meta-analysis of PPD estimated a prevalence of 10.4%. Risk factors of PPD are multiple and complex. There are sociodemographic factors, such as marital status, monthly income and social support. Psychological factors, for instance history of depression, maternal prenatal anxiety and maternal depression. Some literature also suggests hormonal changes on men like increase estrogen and lower testosterone levels. PPD can present with symptoms of mood alterations, like irritability and restricted emotions, anxiety, fatigue, insomnia, loss of appetite. Also common are behavioural disturbances such as interpersonal conflicts, impulsivity, violence, avoidance behaviour, and substance abuse. There are no studies to specific treatments to PPD, so the treatment is the same for women, such as antidepressants and psychotherapy. If untreated, PPD can have an adverse influence on the health and wellbeing of the mother and child.
Conclusions: PPD is still underscreened, underdiagnosed and undertreated. It is fundamental identifying risk factors and the development of specific interventions. Further research on PPD is needed.

Disclosure: No significant relationships.
Keywords: postpartum depression; Paternal perinatal depression

COVID-19 and Related Topics

EPV0355

The impact of COVID-19 on the quality of life of older adults: a cross-sectional study in Athens, Greece

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Introduction: The COVID-19 has affected both physical and mental health of the elderly.
Objectives: The purpose of the present study was to estimate the impact of the second lockdown in Greece, on both quality of life and mental health in older people.
Methods: A cross sectional study was conducted among older adults who visited a primary care physician, from 1st of March to April 30th. An anonymous questionnaire was administered to collect basic sociodemographic data and implementation of hygiene precaution measures. The 5-item World Health Organization Well-Being Index (WHO-5) to measure well-being, the Generalized Anxiety Disorder Assessment (GAD-7) instrument was used to assess the anxiety levels and Geriatric Depression Scale (GDS-15) depressive symptoms of the responders, respectively. Statistical analysis was performed with SPSS v.24.0
Results: 222 elderly took part in the study. 62.6% were female. According to the WHO-5, 37.4% present poor quality of life. GDS-15 reveals that 70.7% of the participants screened positive for moderate depression and 1.8% with severe symptoms. GAD-7 results estimated 32.9% of the participants to suffer from serious anxiety disorder and 37.4% from moderate. GAD-7 and GDS-15 were strongly associated ($p < 0.05$) with female gender, low educational level and with comorbidities (coronary disease, diabetes mellitus and skeletomuscular diseases). Health precaution measures were negative correlated with mental health of the elderly. However, in participants with frequent contact with family and friends, lower anxiety levels were detected.
Conclusions: Our results highlight that older adult has experienced negative impact on both quality of life and mental health during 2nd Covid-19 lockdown in Greece.

Disclosure: No significant relationships.
Keywords: GDS-15; Elderly; WHO-5; Covid-19

EPV0357

Schizophrenia spectrum disorders following past exposure to ionizing radiation and SARS CoV-2 infection

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Introduction: Whether exist a potential association between schizophrenia spectrum disorders following past exposure to ionizing radiation and SARS CoV-2 infection is unknown.
Objectives: To assess a possible role of double radiation-viral exposure in pre- and postnatal periods in schizophrenia spectrum disorders genesis.
Methods: Integration and analysis of information available with the results of own clinical and epidemiological studies.
Results: The renaissance of interest to the viral hypothesis of schizophrenia is observing during the current COVID-19 pandemic. There is an increasing number of cases and case series reports on psychotic schizophreniform disorders following SARS CoV-2 infection diagnosed as COVID-19-asssociated brief psychotic disorder, first episode psychosis, acute and transient psychotic disorder. The prevalence rate of schizophrenia in A-bomb survivors in Nagasaki was very high – 6 % (Nakane and Ohta, 1986), and increased in those prenatally exposed to A-bombing (Imamura