EPV0279

When magic happens. An interesting study of symptoms

P. García Vázquez[1]*, C. Vilella Martin[2], E. Seijo Zazo[3], E. Gil Martín[3] and C. Alvarez Vazquez[3]

[1]Psychiatry, HUCA, Oviedo; [2]CAULE, Leon and [3]HUCA, Oviedo, Spain

*Corresponding author.

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Introduction: Among the cases usually referred to Pain Clinics, the existence of cases of medically unexplained symptoms (MUS) is frequent, which are defined as those physical symptoms that present little or no basis that they respond to an underlying organic disease or that even when organic disease exists the symptoms are inconsistent or disproportionate to it.
Objectives: The main objective of this study is to know the proportion of patients who present MUS among those referred to a Pain Clinic. Secondarily, an attempt will be made to classify those patients with MUS in different diagnostic categories.
Methods: Observational study. All those patients referred to the Pain Unit of the Complejo Asistencial Universitario de León for 18 months were included in the study. All patients are evaluated in real clinical conditions, without any experimental control of variables, initially by a multidisciplinary team made up of Anesthesiologist, Psychiatrist and Rehabilitator and, in those who suspect a MUS condition, individually by part of psychiatry in order to confirm and characterize the syndrome.
Results: 462 patients were evaluated in a multidisciplinary way. 174 (37.7%) were male and 288 (62.3%) females. The mean age was 59.06 + 16.30 years. After the multidisciplinary assessment, two groups of patients were formed, one of 313 patients (67.75%) in whom there was no suspicion of MUS and the other of 149 patients (32.25%) in whom the existence of a MUS condition was suspected and who were referred for evaluation by psychiatric interview. After the psychiatric interview, it is observed that psychopathological and social factors explain the painful condition in 23.7% of the cases. The diagnoses found were Somatoform Disorders and Central Sensitization (N = 49, 10.6%), Malingering (N = 23, 5%), Factitious Disorders (N =21, 4.5%) and Other Diagnoses (N = 38, 8.2%).
Conclusions: The psychological and social factors are relevant to explain the condition of up to
23.7% of the patients referred to the pain unit.

Disclosure of Interest: None Declared

EPV0280

SEROTONIN SYNDROME AFTER HIGH DOSAGE QUETIAPINE INTAKE: CASE REPORT AND BRIEF LITERATURE REVIEW

P. Fountas*, D. Kasimis, K. Goulas, N. Niamonitos, A. Basdekis, E. Thanasas, G. Charitakis and M. Koumpis

Psychiatry, Athens General Hospital Korgialenio-Benakio, Athens, Greece

*Corresponding author.

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Introduction: Serotonin syndrome is a potentially life-threatening condition due to increased serotonergic activity in the CNS. Its most well-known causes are the ingestion of large amounts of serotonergic drugs or the inappropriate combination of two or more serotonergic antidepressants. Rarer causes of serotonin syndrome have been reported in the literature.
Objectives: The aim of this paper is to highlight, through case presentation, rarer causes of serotonin syndrome.
Methods: Case presentation (woman, 39 years old) who was hospitalized with clinical presentation of Serotonin syndrome, after pharmaceutical self-poisoning with a large amount of quetiapine (>20g). The search of the case data (clinical and paraclinical examination findings) was performed from the medical records and files of the 3rd Internal Medicine Clinic and the Liaison Psychiatry Department of our hospital. A literature search of similar cases (through PubMed) was performed.
Results: A patient with a history of mood disorders, under treatment with venlafaxine, lamotrigine, quetiapine and aripiprazole, was admitted to the hospital ICU due to a decreased level of consciousness (GCS 11/15). Ingestion of approximately 100 tablets of Quetiapine 200mg was reported. The patient developed upper and lower limb myoclonus, supraventricular tachycardia (130bpm), nystagmus, bilateral mydriasis with normal photomotor reflexes, increased tendon reflexes, excessive sweating, upper limb muscle rigidity and abdominal flatulence with the presence of loud bowel sounds. Gastric lavage was performed and admission to the Internal Medicine department followed. Intravenous diazepam was administered, 30mg on the 1st 24 hour period and 20mg on the 2nd, with gradual tapering. From the very 2nd 24 hour period of hospitalization, her clinical condition showed significant improvement, with complete remission of symptoms and recovery of a satisfactory level of consciousness.
Conclusions: Serotonin syndrome can be effectively treated if early recognition of symptoms is made. Clinicians should be particularly alert and suspect the possibility of serotonin syndrome in a patient with compatible symptoms by clinical examination, especially in case of overdose of a drug, with or without a serotonergic mechanism of action.

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EPV0281

Diabetes-related distress and its associated factors among patients with type 2 diabetes mellitus in Tunisia

R. Masmoudi[1]*, M. Bouattour[1], F. Hadj Kacem[2], R. Ben Jemaa[1], F. Cherif[1], J. Masmoudi[1] and M. Abid[2]

[1]Psychiatry and [2]Endocrinology, Hedi Chaker University Hospital, Sfax, Tunisia

*Corresponding author.

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Introduction: Diabetes-related distress (DD) is one of the psychological disorders affecting patients with diabetes.
Objectives: The aim of this study was to assess the prevalence and level of DD and its associated factors among patients with type 2 diabetes.