EPV0130

Lithium toxicity. A case report

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Introduction: Lithium is widely used in the treatment of the bipolar disorder. Once introduced, it is necessary to carry out an adequate control of the therapeutic range, since it is potentially toxic, and can affect various organs.
Objectives: To present the case of a patient suffering from lithium poisoning and to review the symptoms of lithium poisoning.
Methods: A descriptive study of a clinical case and review of the literature
Results: 49-year-old woman, married. Diagnosed with bipolar disorder. She went to the emergency room due to a low level of consciousness, kidney failure, trembling of the limbs, hyperthermia and leukocytosis. In the last two weeks, the patient has reduced her intake of food, not water, finding herself more and more shaky and less reactive. Lithium in blood at admission 1.71, so conventional dialysis was performed with a progressive decrease into 0.65. On examination, he is practically mutist, bradypsychia with a significant response latency. Clinical judgment: Accidental lithium poisoning.
Conclusions: The primary site of toxicity is the central nervous system and clinical manifestations vary from asymptomatic supratherapeutic drug concentrations to clinical toxicity such as confusion, ataxia, or seizures. Severe lithium neurotoxicity occurs almost exclusively in the context of chronic therapeutic administration of lithium and rarely results from acute ingestion of lithium, even in patients currently taking lithium. As such it is an iatrogenic illness, occurring in patients who have identifiable clinical risk factors: nephrogenic diabetes insipidus, older age, abnormal thyroid function and impaired renal function.

Disclosure: No significant relationships.
Keywords: lithium toxicity; bipolar disorder; lithium

EPV0131

Psychiatric comorbidity in a patient with opsoclonus-myoclonus syndrome. differences in the transition from childhood to adulthood: A case report

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Introduction: Opsoclonus-Myoclonus syndrome (OMS), also known as Kinsbourne syndrome, is a paraneoplasic pediatric condition characterized by erratic eye movements and generalized myoclonus. Previous studies have described a wide range of psychiatric comorbidities in children with this syndrome. Cognitive impairment (especially intellectual capacity and language), affective symptoms (irritability, poor mood regulation) and behavioral problems are the most frequent presentations (1). However, there is a lack of literature describing the progression of this symptoms when the patient reaches the adulthood.
Objectives: To illustrate the psychiatric comorbidity of an adult patient with Opsoclonus-Myoclonus syndrome.
Methods: We present one case-report and literature research of the topic.
Results: We present a 18 year old girl diagnosed with OMS and Graves-Basedow hyperthyroidism. During her childhood she started presenting attention and comprehension difficulties. She was diagnosed with an Attention Deficit Hyperactivity Disorder (ADHD) and started treatment with methylphenidate. She completed elementary and secondary education. During the adulthood, the main psychiatric comorbidity was related to affective symptoms. We observed an impaired mood regulation, hypothymia, anhedonia, and frequent episodes of irritability, which persisted after the thyroid regulation. This caused incremented anxious symptoms and insomnia that were treated with mirtazapine and lormetazepam. After some weeks, she fulfilled criteria of a depressive episode and we started antidepressant treatment with vortioxetine.
Conclusions: - Adult patients diagnosed with OMS during childhood can persist presenting ADHD as a comorbidity. - Affective symptoms, and even a major depressive episode, should be considered during the follow-up of this population. Insight of the cognitive limitations could be a risk factor for a depression.

Disclosure: No significant relationships.
Keywords: neurology; Affective disorders; ADHD

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How to deal with refractory risk factors that depend on behavior?

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Introduction: Health-related behavior correlates in critical ways with the current epidemic of chronic diseases. Modifiable behaviors increase the risk of chronic disease. Despite there are well-identified behaviors, efforts at behavior change are clinically-challenging and frequently ineffective.
Objectives: We aim to establish how the current evidence and latest neuroscientific knowledge about behavioral change allow the most reliable assessment of patients with refractory health-related behaviors that negatively impact health outcomes.
Methods: We performed a literature review using Pubmed databases and UpToDate. The search included "behavioral change" and "health-related behavioral change"[MeSH Terms].
Results: Habitual behavior consists of behavioral patterns operating below conscious awareness and acquired through context-dependent repetition. Behavioral change is a complex multi-level

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