Following the recommendation of the clinical pharmacologist, pharmacogenetic testing was indicated.
Conclusions: This case highlights the need for careful coordination of care between endocrinologists, psychiatrists, and clinical pharmacologists in patients with Prader–Willi syndrome. Early recognition of behavioral changes and potential drug-related effects is essential to prevent complications and reduce the risk of hospitalization.

Disclosure of Interest: None Declared

EPV361

The therapeutic management of comorbid bipolar disorder and substance use disorder in female patients: our protocols and review of literature

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Introduction: The comorbidity of bipolar disorder (BD) with substance use disorder (SUD) is one of the most frequent in the psychiatric field. This dual diagnosis leads to multiple challenges, in diagnostic, therapeutic and prognosis areas.
Objectives: The aim of our study was to describe the therapeutic management of comorbid of BD and SUD in women hospitalized in the psychiatry department of Mohammed VI University Hospital in Marrakech; and compare it to the latest available literature.
Methods: This was a retrospective study, it included female patients with comorbid BD and SUD, who were hospitalized in the psychiatry department of Mohammed VI University Hospital in Marrakech, between March 1st 2022 and February 28th 2023.
Results: Our retrospective work included 36, out of which 14 had a comorbid SUD.The pharmacotherapeutic management of these patients focused on BD,it was based on monotherapy in 14.3% of cases.However, bi-therapy was more frequent,of mood stabilizers in 78.5% of cases: one antipsychotic (Olanzapine 57.1%) and one antiepileptic drug (Sodium valproate 42.8%,Carbamazepine 35.7%). In 7.1% of cases it was 2 antipsychotics (quetiapine + amisulpride). For most patients 85.7% there was an indication for complementary sedative treatment, the molecules used most were levomepromazine and chlorpromazine. Psychotherapy was recommended for the comorbid SUD but not started during hospitalization, patients were referred to the addiction center after their discharge from the hospital.
Conclusions: In the management of comorbid BD and SUD, there are a few promising treatment methods, however all studies reported a lack of randomized clinical trials and proper research on the subject thus leading to a limited number of pharmacotherapy and even less psychosocial interventions. Our experience, although based on a limited sample, came to the conclusion that the management of patients in this situation is lacking, and calls for a more standardized evidence-based management that will take into account the particularities of both disorders and the specificities of each patient.

Disclosure of Interest: None Declared

EPV362

Psychosis Revealing Multiple Sclerosis: A Case Report

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Introduction: The manifestations of multiple sclerosis (MS) are highly variable, mainly including motor, sensory, and cognitive symptoms. However, psychosis as the first manifestation of MS is rare and represents a diagnostic challenge.
Objectives: The aim of this case report is to highlight psychosis as a rare initial manifestation of multiple sclerosis.
Methods: We report a case of a female patient followed in the Neurology Department of Sfax, Tunisia who presented with psychosis as the first symptom of multiple sclerosis.
Results: A 35-year-old female with no prior medical history presented on day 15 postpartum with holocranial headaches and acute psychotic symptoms, including auto and hetero-aggressiveness, visual and auditory hallucinations, delusional ideas, insomnia, and emotional indifference toward her newborn. Physical and neurological examinations revealed no abnormalities and no focal neurological signs. Brain and spinal MRI showed multiple hyperintense lesions in periventricular, juxtacortical, internal temporal, and cervical spinal regions. Isofocalization showed a type 2 profile with an IgG index of 2.17. The remainder of the etiological work-up was negative, supporting the diagnosis of multiple sclerosis. The patient was started on glatiramer acetate and clozapine, which led to a marked improvement of psychiatric symptoms and a sustained remission without subsequent relapses.
Conclusions: This case highlights the importance of considering MS in the differential diagnosis of new-onset psychosis, especially in young adults, to avoid misdiagnosis and ensure timely treatment.

Disclosure of Interest: None Declared

EPV363

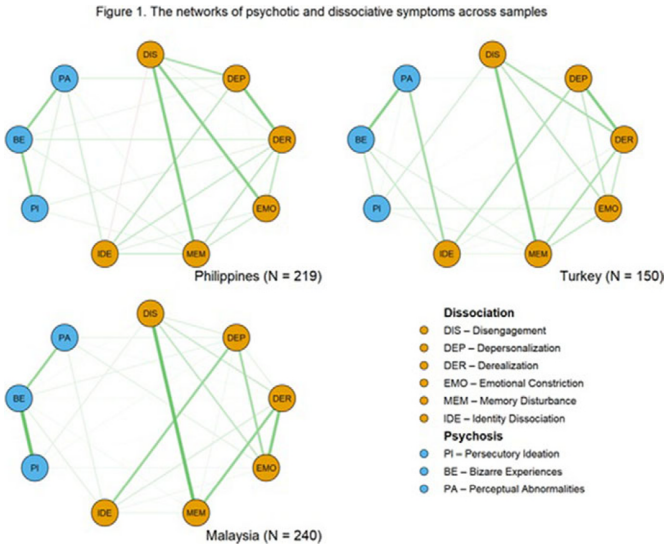
The relationship between dissociative and psychotic symptoms: A network analytic study with three undergraduate samples from non-Western settings

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Introduction: Robust evidence supports the co-occurrence of dissociation and psychosis and their subclinical manifestations in both clinical and non-clinical populations. However, it remains unclear whether specific dissociative symptoms are uniquely associated with individual psychotic symptoms, particularly within the positive dimension. The network theory of psychopathology offers a useful theoretical framework for understanding the co-occurrence of these phenomena, proposing that psychiatric symptoms interact with and reinforce one another as a dynamic network. Network modeling facilitates the investigation of the complex and interactive relationships between psychotic and dissociative symptoms, and these findings warrant replication across independent samples, particularly in non-Western contexts.
Objectives: We compared the psychopathological network of dissociative and psychotic symptoms across three independent samples of undergraduates recruited in the Philippines, Malaysia and Turkey.
Methods: Undergraduate students from the Philippines (N = 219), Malaysia (N = 240), and Turkey (N = 150) completed the 15-item Community Assessment of Psychic Experiences (CAPE-15) and the Multidimensional Dissociation Inventory (MDI) as measures of psychotic (i.e., persecutory ideation, bizarre experiences, perceptual abnormalities) and dissociative (i.e., disengagement, depersonalization, derealization, emotional constriction, memory disturbance, and identity dissociation) symptoms, respectively. Gaussian graphical models were estimated separately for each sample, with psychotic and dissociative symptoms as nodes. Edges in the models represented unique associations between nodes. Network comparison tests were conducted to examine the invariance of network structure across the different samples.
Results: The networks of psychotic and dissociative symptoms of each sample are shown in Figure 1. There were no differences in network structure across samples after correction for multiple comparisons. The edge weights between facets of psychotic and dissociative symptoms did not differ significantly across samples. Among these edges, the connection between identity dissociation and perceptual abnormalities was consistently identified as the strongest across samples (rs = 0.09–0.27).

Image 1:



Conclusions: The network models revealed interactive relationships between specific psychotic and dissociative symptoms that are consistent across the three non-Western samples. The three samples provide corroborative evidence for a unique association between identity dissociation and perceptual abnormalities, suggesting a close relationship in their development and maintenance.

Disclosure of Interest: None Declared

EPV364

Esketamine Use in Treatment-Resistant Depression with Comorbid ADHD and Autistic Traits: A Case Report

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Introduction: Adult attention-deficit/hyperactivity disorder (ADHD) frequently co-occurs with mood and anxiety disorders (Sandstrom et al. Acta Psychiatr Scand 2021;143 380–391), and when major depressive disorder (MDD) is present, it often follows a treatment-resistant course (Thapar et al. J Child Psychol Psychiatry 2023;64 4–15). Intranasal esketamine, a non-competitive NMDA-receptor antagonist, has demonstrated rapid and clinically meaningful benefit in TRD across both short- and long-term studies (Oraee et al. J Psychiatr Res 2024; Reif et al. N Engl J Med 2023;389 1298–1309), but evidence in patients with co-occurring ADHD and autistic traits remains limited.
Objectives: To describe the clinical course, tolerability, and early outcomes of esketamine in an adult with TRD, comorbid ADHD, and autistic traits.
Methods: A 33-year-old man with ADHD and autistic features presented with severe depression and suicidal ideation. History included multiple psychiatric hospitalisations and inadequate response to sertraline, venlafaxine, mirtazapine, bupropion, and melatonin (failures across ≥2 antidepressant classes, consistent with TRD). He also received electroconvulsive therapy (ECT) without sustained benefit. Baseline psychometrics: Beck Depression Inventory-II (BDI-II)=25 (moderate severity); Symptom Checklist-90-Revised (SCL-90-R): Depression=2.38, Obsessiveness=1.90. Intranasal esketamine 56 mg twice weekly was initiated in August 2025 alongside escitalopram 10 mg/day; standard cardiovascular and mental-status monitoring was conducted per protocol.
Results: Treatment was well tolerated. Transient photophobia and mild balance disturbance occurred, but no psychotic symptoms or serious cardiovascular events were observed. Small, self-limited blood-pressure rises were noted. By week 2, the patient reported improved mood, reduced suicidal ideation, and greater daily engagement. Serial psychometrics are ongoing to objectify change.
Conclusions: Esketamine may represent a feasible, rapidly acting treatment option for TRD when ADHD and autistic traits co-exist, with acceptable short-term tolerability after multiple conventional treatment failures. Further case aggregation and prospective studies are warranted to guide integrated, neurodevelopmentally informed management in this population.

Disclosure of Interest: None Declared