protagonist in the well-being process. This could also lead to more effective management and greater adherence to the therapeutic process.

Disclosure of Interest: None Declared

EPV0268

When nausea invades your life (Psychosomatic): a case report

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Introduction: Nausea is a very common symptom related to multiple physical illnesses. In the same way, nausea and other gastrointestinal symptoms are frequently associated with the symptomatology presented at the onset of anxiety or depression. These symptoms can significantly affect the patient's functionality, reduce school or work attendance and lead to consultation with multiple medical specialties. Therefore, it is important that in addition to a good organic screening, psychiatric pathology should be considered in the differential diagnosis. We will present the case of a 22-year-old male with nausea as the main symptom referred to Psychiatry after having seen several specialists and having undergone multiple diagnostic tests without significant findings.
Objectives: To review the association of psychosomatic symptoms with anxiety disorders and/or depression, as well as their management.
Methods: Presentation of a case and review of the available literature on the presence of psychosomatic symptoms, specifically nausea, in patients with anxiety and/or depression.
Results: In patients in whom anxiety and depression were assessed by the Hospital Anxiety and Depression Scale (HADS), 48% reported gastrointestinal symptomatology during the previous year, of whom 12% reported nausea. It has been observed that anxiety had a higher risk for the presence of nausea (OR 3.42) than depression, although the latter also increased the risk of nausea (OR 1.47). The literature shows that interventions such as cognitive-behavioral therapy or pharmacological treatment with selective serotonin reuptake inhibitor (SSRI) drugs independently or in combination are strategies that have demonstrated therapeutic success.
Conclusions: The multidimensional nature of symptomatology such as nausea and other types of psychosomatic symptoms forces us to take a broad view of the symptom. The association of gastrointestinal symptoms and pathologies such as anxiety and/or depression has been demonstrated, so that, after a correct organic screening, mental health professionals should be considered to evaluate the possible management of symptoms that can become so disabling in the life of these patients.

Disclosure of Interest: None Declared

EPV0269

Analysis of the implementation of the collaboration programme between the headache unit and the liaison psychiatry programme

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Introduction: Headache is associated with a wide spectrum of comorbid, statistically and biologically related pathological processes. A person with headache is more likely to have a psychological disorder than the rest of the general population, even more so if the headache is chronic. Psychiatric comorbidity has been shown to act as a risk factor in the chronification of headache and may contribute to increased disability. Anxiety and mood disorders are the psychiatric comorbidities that most influence aspects of the disease such as prognosis, response to treatment and even quality of life.
Objectives: To analyse the results of the implementation of a joint consultation between the headache unit and the liaison psychiatry programme.
To evaluate the efficacy of interdisciplinary intervention in patients diagnosed with resistant headache.
Methods: We performed a descriptive analysis of the database of patients included in the headache programme including data on neurological diagnosis, psychiatric diagnosis, type of intervention, referral to psychiatric consultation and number of subsequent revisions.
Results: Diagnoses related to anxious and depressive symptomatology are the most common diagnoses in patients diagnosed with treatment-resistant headache.
In most of the patients analysed in the database a single joint intervention was necessary.
Referral to mental health consultations from the programme did not lead to an increase in urgent demands with a clinical correlation in terms of diagnostic orientation
Conclusions: Joint intervention in the management of these patients has been found to be beneficial in the reinterpretation of symptoms and progressive desensitisation to fear of chronic illness.
Training in symptom detection at the psychopathological level is important for professionals from other areas as well as training in interviewing skills.
More studies are needed to analyse the outcome of joint interventions in patients with difficult-to-manage chronic diseases and their comorbidities.

Disclosure of Interest: None Declared

EPV0270

ATYPICAL DEBUT OF BIPOLAR DISORDER IN AN ADOLESCENT: POST-COVID SYNDROME, PARANEOPLASTIC SYNDROME, OR SOMETHING ELSE?

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