hyperlipidemia, which are generally reduced and at times discontinued, postsurgery psychotropic use is only slightly reduced. The surgical intervention and the subsequent weight loss can affect several pharmacokinetic parameters, leading to a possible need of dosing adjustment.
Objectives: To review the influence of bariatric surgery on the use and pharmacokinetics of psychotropic drugs.
Methods: Non-systematic review of literature through search on *PubMed/MEDLINE* for publications from 2011 to 2021, following the terms *psychotropic* and *bariatric surgery*. Textbooks were consulted.
Results: It is difficult to predict how psychotropics will be affected by bariatric surgery because of interindividual differences and limited data. Malabsorptive surgical procedures have a relatively greater potential to alter drug exposure. Medication disintegration, dissolution, absorption, metabolism and excretion have been found to be altered in postbariatric patients. Antidepressants are the best studied psychotropics in the bariatric population and their absorption is reduced. The risk of gastric bleeds with bariatric surgery will probably be increased by serotoninergic antidepressants. Antipsychotics and mood stabilisers are not well studied in these patients. Depot antipsychotics avoid the risk of reduced absorption after surgery. Lithium use requires particular close monitoring.
Conclusions: Close treatment monitoring and the ongoing monitoring of symptoms are needed after bariatric surgery. Many patients may not require significant changes to drug treatment after surgery.

Disclosure: No significant relationships.
Keywords: psychopharmacology; obesity; bariatric surgery; psychotropics

EPV0341

A Complicated Case of Catatonia

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Introduction: Many different causes of catatonia are well-documented in medicine. Modern understanding of catatonia has evolved in the last 100 years with the suggestion that there is a root cause in neuroinflammation. This is a case report of a young woman who presented to the emergency department with altered mental status, found to have catatonia responsive to lorazepam, with the underlying etiology being a diagnosis of multiple sclerosis.
Objectives: A case-based approach is used to support the following learning objectives: - Review the diagnostic criteria for catatonia - Distinguish between simple and malignant catatonia - Review the Bush-Francis Scale - Review available treatment
Methods: Mother brings 24-year-old woman into the hospital for altered mental status and changes in behavior including staring spells, periods of withdrawal, refusal to eat, lack of purposeful movement, apraxia, and mutism that worsened 24 hours prior to presentation.
Results: The patient was afebile with negative covid-19 test. Recent diagnosis of Bell's palsy treated with antivirals and oral steroird, which terminated just prior to presentation. Additionally, patient had outpatient treatment for vertigo. Lumbar puncture was negative for an infectious process. MRI revealed multiple stable white matter lesions in the periventricular, pontine, and subcortical regions, some oriented perpendicular to the corpus callosum.
Conclusions: This case of a 24-year-old woman with catatonia brought an opportunity to retrospectively review a case in detail in order to feature learning objectives that review very important considerations in the evaluation, differential diagnosis, symptom tracking, and treatment of catatonia. The future of research in catatonia is bright and diverse.

Disclosure: No significant relationships.
Keywords: Bush Francis; multiple sclerosis; inflammation; Catatonia

EPV0342

Psychiatric manifestations in HIV infection

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Introduction: The HIV is a retrovirus, which is immunosuppressive, predisposing the individual to opportunistic infections and certain neoplasm. In addition to impairment in immune functions, evidence has suggested that HIV is neurotropic. It should therefore be anticipated that neuropsychiatric complication might be common in HIV positive individuals during all phases of HIV related illness. The neuropsychiatric aspect of the AIDS remains a challenge for psychiatrists involved in patients care.The relationship between HIV and psychiatric symptoms and conditions is complex and the direction of effects between severe mental illness and HIV infection is unclear. In general, people with severe mental illness are at increased risk of contracting and transmitting HIV, and the prevalence of HIV infection among them is higher than in the general population.
Objectives: To determine how frequently psychiatric symptoms in an HIV positive adult population occur, as well as to determine social, demographic and clinical factors that are associated with the presence of these symptoms.
Methods: Literature review on Pubmed
Results: Depression has a high prevalence in HIV-positive individuals, ranging between 5.8 and 36.0%. Typical features of depression are similar to those in HIVnegative people, although fatigue, loss of appetite and weight, impaired concentration, hopelessness and guilt are more common.Depressed HIV-positive individuals are at high suicide risk.Apathy has also been more commonly reported among HIV patients than in the general population.The prevalence of anxiety among HIV-positive individuals ranges from 4.3 to 44.4%
Conclusions: The rate of psychiatric symptoms in HIV positive patients in this population is high. Most of them go unnoticed and therefore untreated.

Disclosure: No significant relationships.
Keywords: psychiatric symtoms; hiv infection

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