between groups in symptoms' severity. Regression analysis indicates that cognition, functional capacity and employment status explain in a significant way integrated index of objective participation (χ^2 =47.52, p<0.001). For the subjective dimension, the logistic regression was not found statistically significant (χ^2 =20.99, p=0.51).
Conclusions: Limitations in diversity, enjoyment and satisfaction with participation, were demonstrated to be a transdiagnostic feature in SMI. Objective participation dimensions can be explained with demographic, personal and illness related factors, while modeling of subjective dimensions should be further investigated.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPP0103

Transcranial Magnetic Stimulation and Dual Pathology: An Integrative Protocol

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Introduction: Dual pathology, characterized by the simultaneous presence of substance use disorders and psychiatric disorders, is a topic of growing interest in the scientific community. In particular, obsessive-compulsive disorder (OCD) is a common comorbid psychiatric condition in patients with substance use disorders.
Objectives: To evaluate the efficacy of rTMS on comorbid disorder symptoms by applying specific protocols for OCD and substance use disorder in a clinical case of dual pathology.
Methods: Case Description: A 36-year-old male diagnosed with OCD and habitual cocaine use (an average of 6 times per month). Previous unsuccessful attempts to quit substance use. Undergoing psychotherapy and psychopharmacological treatment for OCD since the age of 22 with no significant clinical improvement.
Methodology: The severity of OCD was quantified before and after the intervention using the Yale-Brown Obsessive Compulsive Scale (YBOCS). To assess addictive behavior, the Maudsley Addiction Profile (MAP) was used. During the intervention period, the occurrence of substance use was recorded based on the patient's and family members' reports. The intervention involved the administration of an rTMS protocol tailored to the specific case, consisting of the simultaneous application, using a double-cone coil, of rTMS at 20Hz over the right dorsomedial prefrontal cortex (DMPFC) at an intensity of 100% of the resting motor threshold (RMT) to treat OCD symptoms, followed by intermittent theta burst stimulation (TBS) over the left DMPFC at an intensity of 120% of the RMT to address substance addiction. The patient received a total of 30 sessions at a rate of one session per day, five days a week, for six weeks.
Results: Results: The results showed an improvement in the total score on the YBOCS scale, decreasing from a value of 26 in the pre-intervention assessment to 16 in the post-intervention assessment, representing a reduction of more than 35% from pre- to post-intervention, meeting response criteria. Thus, there was a decrease in both obsessive and compulsive symptoms, with reduced associated distress and increased control. Additionally, throughout the intervention, there was a gradual decrease in substance use, decreasing from an average of 6 monthly instances before treatment initiation to a total of 1 in the month the treatment ended.
Conclusions: Conclusions: This unique case study represents a therapeutic window for the treatment of patients with comorbid disorders, demonstrating promising preliminary benefits of the combined rTMS intervention for both conditions, especially in the field of addictions.
Keywords: rTMS, neuromodulation, obsessive-compulsive disorder, addictions

Disclosure of Interest: None Declared

EPP0104

A Challenging Conundrum; Learning Disability, Schizophrenia and Autism - a Case Report

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Introduction: Psychiatric disorders are common in patients with learning disabilities. There are also patients with the triad of autism, schizophrenia and learning disability. Patients with this background can be admitted to general hospitals for psychiatric or non-psychiatric reasons.
We are presenting a case who had a very complicated clinical course and her discharge planning was challenging.
Objectives: The objective of this work was to show the challenges in the investigation, medical management, and discharge planning of the patients with concomitant learning disability, schizophrenia and autism.
Methods: We scrutinized the patient's casenotes, including blood results and all relevant imaging. We paid a particular attention to all the entries from the psychiatry team, general medical doctors, oncologists, learning disability team and discharge planners.
Results: The lady had a protracted 4-month inpatient admission throughout which she was physically and verbally aggressive to hospital staff. She was deemed to lack capacity for hospital admission and treated in her best interests under Mental Capacity Act (MCA), frequently requiring sedation with Haloperidol and Lorazepam. Following consultation with the local Psychiatrist her medications were altered to: Risperidone 2 mg BD, Diazepam 5 mg OM, 5 mg afternoon and 10 mg evening, Procyclidine 5 mg BD, Chlorpromazine 25 mg BD, Promethazine 25 mg OD PRN, and Midazolam 10 mg buccal PRN.
A change in her clinical condition was noted by the Psychiatry team; increased agitation, confusion and dysarthria. A repeat blood test was advised, due to patient refusal this took weeks to achieve despite the use of buccal Midazolam following Anaesthesiologist advice. Although blood tests were not significantly deranged, she was treated for presumed urinary tract infection with a course of antibiotics. A urine sample was unobtainable.
She reported right breast pain and underwent a mammogram. This showed a hypoechoic lesion 8x7x9 mm. Following consultation with a Breast Surgeon and Oncologist, Letrozole was replaced with

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Tamoxifen. The Psychiatric team concluded that the clinical deterioration with dysarthria was related to anxiety, associated with Autistic patients. The movement disorder was deemed secondary to antipsychotics exacerbated by stress and anxiety.
The patient's discharge planning was complex. She was declined by numerous care homes. At time of writing, she remains an inpatient.
Conclusions: The management of patients with a triad of Learning Disability, Schizophrenia and Autism is extremely difficult, particularly within an acute medical setting. Physical deterioration could be related to medication adverse effects or change in environment. Anxiety and stress are linked to these conditions. The challenging behaviour that these patients often have will make discharge planning very difficult as specialised care homes to accommodate these unique patients are very limite

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EPP0105

Clozapine-induced pyoderma gangrenosum. A case report

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Introduction: Clozapine is an atypical antipsychotic medication which is mainly used in cases of treatment-resistant schizophrenia. Although it has several advantages over other typical and atypical antipsychotic medication, such as fewer relapses and lowering the risk of tardive dyskinesia and suicide it also has a range of adverse effects which makes compliance an issue for many patients.
Pyoderma gangrenosum (PG) is a rare neutrophilic dermatosis clinically characterized by painful pustules or nodules that rapidly evolve in ulcers with violaceous, undermined borders and raised periphery. The etiopathogenesis of the disease remains unclear, however PG is usually manifested in the setting of an underlying immune-mediated disease, more commonly inflammatory bowel disease, rheumatoid arthritis and haematological malignancies.
Objectives: Nevertheless, in the literature there are scarce reports of drug-induced PG.
Methods: We present the case of a 56-year-old woman with a diagnosis of refractory schizophrenia on clozapine treatment for 4 months, who was admitted to the emergency department for a skin eruption localized on the trunk, genital area and extremities. The clinical examination revealed numerous, discrete erythematous macules, papules and plaques with central necrosis, and multiple, sharply marginated ulcers with undermined, red to purple border. Further physical examination disclosed no systemic findings and laboratory analyses and skin biopsy were performed.
Results: On work-up, white blood cell count and C-reactive protein (CRP) were elevated, while blood and pustule cultures were negative. Histologic examination revealed dermal necrosis and inflammation, features consistent with the diagnosis of PG. The pathergy test was positive.

Image:



Image 2:

