EPV1281

Psychotic symptoms during puerperium. Regarding a clinical case

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Introduction: The puerperium, or postpartum period, begins immediately after childbirth and is typically considered to last for six to eight weeks. During this time, there is an increased risk of psychiatric pathology, particularly psychotic and affective disorders, due to various factors such as the heightened stress of caring for a newborn and hormonal changes.
Objectives: To analyze the different diagnostic options for a patient presenting with acute psychotic symptoms during the postpartum period, including those not recognized by the DSM-V.
Methods: Presentation of a patient's case and a review of the existing literature concerning the possible diagnoses that were considered.
Results: We present the case of a 31-year-old female with a history of allergy to beta-lactam antibiotics as her only significant medical history, and a personal psychiatric history of anorexia nervosa (currently resolved) and bipolar disorder. The bipolar disorder had been treated with valproic acid and olanzapine since 2015, medications she discontinued upon learning of her pregnancy. She gave birth to a baby boy four days before seeking care in the emergency department. On the same morning of the consultation, her baby was diagnosed with a renoureteral malformation and prescribed amoxicillin treatment. The patient presented to the emergency department with very acute psychotic symptoms that had started that same day, notably a very disorganized speech and delusional ideas of harm, expressing the belief that her family was poisoning her with the prescribed amoxicillin. During her admission to the acute psychiatry ward, her condition evolved rapidly and very favorably, in around 48 hours and she was treated with olanzapine. Several diagnostic possibilities were considered, including postpartum psychosis, brief psychotic episode, manic episode, or even an organic cause. The rapid onset and therapeutic response ruled out the diagnosis of a manic episode. No organic cause was found to explain the symptoms. It also did not meet the temporal criteria required for a postpartum psychosis. Finally, the diagnosis was brief psychotic episode, triggered by an acute stressor.
Conclusions: When managing a patient in the postpartum period, it is crucial to have a comprehensive understanding of the various diagnostic possibilities, including those not covered by the DSM-V or those that may have a somatic cause, in order to provide appropriate and holistic care.

Disclosure of Interest: None Declared

EPV1282

The role of self-esteem in mental health: a comparative study on its association with anxiety, depression and stress in support-seeking and general populations from Croatia

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Introduction: Mental health is essential for overall well-being and resilience in facing life's challenges. Self-esteem, a crucial mental health determinant, affects how individuals perceive and manage stress, and may be linked to worse health outcomes when conditions like anxiety and depression are concerned. Consequently, understanding the role of self-esteem in mental health is essential for developing effective preventive strategies and interventions.
Objectives: In this study we aimed to investigate the relationship between self-esteem levels and anxiety, depression and stress, with a hypothesis that the presence of the aforementioned mental health challenges is significantly correlated with lower levels of self-esteem. We sought to explore the potential impact of self-esteem as both a risk factor and a target for interventions in mental health care.
Methods: A cross-sectional study design was employed, involving 100 participants based in the Republic of Croatia and divided equally into two groups: support-seeking individuals or patients from the daily clinical setting and a control group with no psychiatric treatment history. Participants completed the Rosenberg Self-Esteem Scale (RSE) and the Depression Anxiety Stress Scale (DASS-21). The self-esteem scores classified individuals into low, average or high self-esteem categories. Statistical analyses, including chi-square tests and Mann-Whitney U tests, assessed differences in DASS-21 scores between groups, with adjustments for sociodemographic factors.
Results: Psychiatric patients showed significantly lower self-esteem (mean = 20.84, SD = 7.161) than the control group (mean = 29.84, SD = 7.709). Additionally, psychiatric patients experienced higher levels of anxiety (mean = 12.60, SD = 5.237), depression (mean = 12.04, SD = 5.595) and stress (mean = 14.06, SD = 4.433) when compared to the control group, which exhibited mild anxiety (mean = 5.14, SD = 5.018), low depression (mean = 4.90, SD = 5.296) and minimal stress levels (mean = 6.96, SD = 4.973). Statistical analysis revealed a statistically significant association between low self-esteem and support-seeking or patient status ($p = 0.001$). Additionally, low self-esteem was associated with more severe mental health symptoms across all categories ($p < 0.05$).
Conclusions: This study emphasizes the interconnectedness between self-esteem and mental health, demonstrating that lower self-esteem is associated with higher anxiety, depression and stress levels. Therefore, integrating self-esteem enhancement into therapeutic settings may be an effective strategy for mitigating mental health risks, providing a proactive approach to psychological care and prevention.

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EPV1283

Schizophrenia versus Traumatic Brain Injury: A Diagnostic Challenge

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Introduction: Traumatic brain injury (TBI) is a rare, yet possible cause of psychosis (Fujii D *et al.* Psychiatr Clin North Am. 2014; 37(1):113-24), with one of the main challenges being distinguishing between Psychosis secondary to traumatic brain injury (PSTBI) and schizophrenia (SZ).
Objectives: To discuss the diagnostic challenges in patients with psychosis and history of TBI.
Methods: In addition to describing a case report of a male with psychotic symptoms presenting after a severe traumatic brain injury, research was undertaken in PubMed and other databases using the keywords "traumatic brain injury", "psychosis" and "schizophrenia".
Results: Our patient is a 36 year-old male who suffered a severe TBI at age 22, with consequent frontal and temporal encephalomalacia. Initially he presented with persecutory delusions, delusional perceptions associated with colors, social isolation and decline in academic performance, which were attributed to Post-Concussion Syndrome. However, these symptoms would remain for years to come, leading to the new diagnosis of SZ, at age 25. This way, he started intramuscular antipsychotic medication, which reduced psychotic symptoms and improved his academic performance. This amelioration, at age 30, led to the belief in another diagnosis: Brief Psychotic Episode (after brain trauma). Consequently a reduction in antipsychotic dosage was tried but a resurgence of psychotic symptoms was observed at age 33, which led to the reintroduction of antipsychotic medication, and the reconsideration of the diagnosis of SZ. When we examined him, at age 36, he presented similar symptoms to those observed after the brain injury, intensified by years without antipsychotics. We also found that he had regular use of cannabinoids since age 16 and that his brother was diagnosed with Schizoaffective disorder.

Image:



Image 2:



Conclusions: PSTBI usually occurs after a TBI with frontal and temporal lesions, and psychotic symptoms like persecutory delusions, with the frontal lesions being a possible explanation for the decline in cognitive function by causing deficits in attention, executive functions and memory (Fujii D *et al.* Journal of Neuropsychiatry Clinics in Neuroscience 2002;14:130-140). SZ can similarly explain many of the findings presented, like psychotic symptoms, social isolation and decline in cognitive function due to negative symptoms, specially considering the use of cannabinoids and genetic vulnerability present in this patient and the fact that TBI is also a risk factor for the development of SZ. This case highlights the difficulty in the differential diagnosis between PSTBI and SZ, given that it presents aspects that can point in both directions.

Disclosure of Interest: None Declared

EPV1284

First Episode Psychosis: A Neurodevelopmental Crossroads

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Introduction: Autism spectrum disorder (ASD) and schizophrenia (SZ) are neurodevelopmental disorders that, although unfolding in