Objectives: The authors report here the case of patient with MS without psychiatric history that developed psychotic symptoms.
Methods: Beside the medical record of the patient a non-systematic search of the literature was carried out in the databases Pubmed and Google Scholar with the terms "Multiple Sclerosis", "Multiple Sclerosis treatment "and" Neuropsychiatric symptoms ".
Results: A 38 years old woman with MS, with no psychiatry history developed paranoid and reference delusions, several months after starting interferon beta-1a therapy. The inferferon therapy was stopped and the patient was started Risperidone 3 mg id with a rapid but only partial remission of the psychotic symptoms. The patient presented high blood levels of prolactine and the MRI showed a pituitary microadenome. The Risperidone was switched to Aripiprazol 15 mg also with partial remission of the psychtic symptons.
Conclusions: It is not possible to attribute our patient's psychotic symptoms entirely to his Interferon therapy or to MS lesion load, but the occurrence during treatment, no psychiatric history and the rapid but parcial resolution with discontinuing suggest that Interferon therapy was at least contributory to the clinical picture.

Keywords: psychosis; Multiple sclerosis; Psychiatric disorders; Interferons

EPP1022

Psychiatric manifestations of autoimmune encephalitis

M.T. Valadas[1]*, R. Mota Freitas[2] and R. Varela[3]

[1]Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal; [2]Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal and [3]Serviço De Neurologia, Centro Hospitalar Universitário do Porto, Porto, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1265

Introduction: Autoimmune encephalitis (AE) refers to a newly described, heterogeneous group of rare diseases characterized by brain inflammation and circulating autoantibodies. Various AE have been described and each of them is linked to the presence of specific autoantibodies directed against synaptic and neuronal cell surface antigens. The clinical picture includes a wide array of neuropsychiatric symptoms and is correlated with the associated antibody subtype. Since pronounced psychiatric symptoms are relatively common at the onset, patients can be misdiagnosed and initially driven to psychiatric institutions, thus delaying the adequate diagnosis and management of AE.
Objectives: We aim to review and summarize the psychiatric manifestations of AE that might dominate the clinical picture. We also aim to describe the clinical signs that should alert the psychiatrist to the possibility of these diagnoses.
Methods: We performed an updated review in the PubMed database using the terms "autoimmune", "encephalitis" and "psychiatric manifestations". The included articles were selected by title and abstract. We also consulted a reference textbook.
Results: We summarize the reported psychiatric manifestations of AE and also include two situations that can be helpful in AE diagnosis in the psychiatric setting: symptoms that should alert the physician for the possibility of AE and symptoms that should prompt an antibody detection test.
Conclusions: AE are rare diseases that present very frequently with psychiatric symptoms as the first manifestation. Psychiatrists need to be aware of the most common psychiatric manifestations of AE since the early recognition and treatment of AE is fundamental for a good outcome.

Keywords: Autoimmune encephalitis; psychiatric manifestations

Psychopathology

EPP1023

A closer look to apathy

D. Silva*, R. Martins, F. Polido and M.D.C. Cruz

Psychiatry, Centro Hospitalar Universitário do Algarve, Portimão, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1266

Introduction: Apathy is a neuropsychiatry syndrome, conceptualised as a loss of motivation free of altered consciousness, cognitive impairment or emotional distress, associated with a wide range of brain disorders such as Dementia, Major depression and schizophrenia. Even though under-recognized and under-diagnosed, apathy hardly appears uncommon. Its reported frequency in various neurologic and psychiatric conditions varies widely, from less than 10 to over 80%, reflecting differences in population characteristics and assessment procedures.
Objectives: The aim of this article is to review the concept of Apathy and clarify its nosology, pathopshysiology and treatment.
Methods: An online bibliographic search was carried out on PubMed and Medline using "Apathy" as a term.
Results: The literature reviewed shows that apathy is a multidimensional clinical construct with a current definition and validated diagnostic criteria. Analysis reveals that apathy is strongly associated with disruption particularly of anterior cingulate cortex (ACC), ventral striatum (VS) and nucleus accumbens (N acc). Remarkably, these changes are consistent across clinical disorders and imaging modalities, playing a crucial role in normal motivated behaviour.
Conclusions: The neuromodulator dopamine is heavily implicated in ACC and VS. Therapeutically, numerous small studies suggest that psychostimulants, dopaminergics, and cholinesterase inhibitors may benefit those manifesting this syndrome. However, no adequately powered, randomized controlled trials have reported success and no medication have ever been approved for this disorder Further research is needed to help understand the functional neuroanatomy, neuromodulators involved and possible treatment options of this clinical construct.

Keyword: apathy

EPP1024

Capgras syndrome. Where to find it?

I.D.L.M. Santos Carrasco*, J. Gonçalves Cerejeira, E. Rodríguez Vázquez, C. Capella Meseguer, M. Queipo De Llano De La Viuda, G. Guerra Valera, A. Gonzaga Ramírez, C. De Andrés Lobo, C. Vallecillo Adame, T. Jiménez Aparicio and A. Pérez Escudero

Psychiatry, Clinical Hospital of Valladolid, Valladolid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1267

https://doi.org/10.1192/j.eurpsy.2021.1267 Published online by Cambridge University Press

Introduction: Capgras syndrome, where patients have the conviction that one or more close people have been replaced by a "double," is the most prevalent delusional misidentification syndrome. It appears in psychiatric illness and organic brain damage. It seems to be due to damage of bifrontal and right limbic and temporal regions, mainly in the right hemisphere.
Objectives: To review the pathologies associated to Capgras Syndrome and the relevance of the differential diagnosis
Methods: 53-year-old female was admitted due to great sadness, crying, social withdrawal and severe paranoid concerns over the last month. Follow-up in Mental Health since 2014, because of anxious depression. After her mother's death, she felt being followed because of old faults. Since then, low dosis of antipsychotics were used. Now she is afraid of being harmed in relation to petty thefts she committed over 15 years ago. In recent days, she has been noticing small details indicating that her family members have been impersonated by strangers, showing anguish regarding their whereabouts.
Results: During her admission, high doses of antidepresants and paliperidone 6 mg/day were used with the complete disappearance of Capgras Syndrome and her anguish. Mild guilty thoughts were present after her discharge. That is why she was diagnosed with psychotic depression.
Conclusions: Capgras syndrome can be encountered in primary psychiatric diagnosis (particularly in schizophrenia and mood disorders) – where an organic element may exist in about a third of all cases – or secondary to organic disorders or medication-induced, through to overt organic brain damage, particularly in neurodegenerative disease.

Keywords: psychotic depression; Capgras syndrome; delusional misidentification; differential diagnosis

EPP1025

Impulse control disorders and dopamine agonists

D. Martins[1]*, R. Faria[1], M. Pinho[1] and S. Rodrigues[2]

[1]Department Of Psychiatry, Hospital de Magalhães Lemos, Porto, Portugal and [2]Department Of Child And Adolescent Psychiatry, Centro Hospital e Universitário do Porto, Porto, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1268

Introduction: Impulse control disorders (ICDs) are an adverse effect of dopamine agonists (DAAs) that affects the quality of life and can lead to legal, criminal and familiar problems.
Objectives: Presenting a review of the mechanisms, prevalence and factors associated with the development of an ICD due to DAA use.
Methods: Search on Pubmed database with combination of the following keywords were used: "Impulse control disorders", "dopamine agonist" or "therapy". We focused on data from studies published between 2015 and 2020. The articles were selected by the author according to their relevance.
Results: DAAs are mainly indicated in the treatment of Parkinson's Disease (PD), and are also used on symptoms of restless legs syndrome (RLS) and prolactinoma or lactation inhibition. Dopamine replacement therapy act on dopamine receptors in the nigrostriatal and the reward pathways, which plays a role in addictive behavior. The prevalence of ICDs ranged from 2.6 to 34.8% in PD patients and a lower prevalence in RLS patients. Some of the ICDs reported were pathological gambling, hypersexuality, compulsive shopping, obsessive hobbying, punding, and compulsive medication use. The factors associated with the development include the type of DAAs, dosage, male gender, younger age, history of psychiatric symptoms, earlier onset of disease, longer disease duration, and motor complications in PD.
Conclusions: Further studies are needed to clarify the pathophysiology of the ICD in DAA therapy and determinate premorbid risk factors. The percentage of patients with ICDs is underrated, so it's important to improve the patient's evaluation, using validated and consensual assessment tools.

Keywords: Impulse control disorders; dopamine agonists; pathological gambling

EPP1027

Impact of day hospital care on adherence to psychiatric follow-up appointments and medications in patients with delusional disorder

A. González-Rodríguez[1]*, N. Sanz[1], A. Guàrdia[1], A. Alvarez Pedrero[1], D. Garcia Pérez[1], G.F. Fucho[1], L. Delgado[1], I. Parra Uribe[1], J.A. Monreal[1], D. Palao Vidal[2] and J. Labad[3]

[1]Mental Health, Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, Sabadell, Spain; [2]Department Of Mental Health, Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT. CIBERSAM, Sabadell, Spain and [3]Mental Health, Hospital of Mataró. Consorci Sanitari del Maresme. CIBERSAM., Mataró, Spain

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1269

Introduction: Day care programs have been extensively used to treat people with acute psychiatric disorders. Day hospitals (DH) can act as an alternative to admission in patients with acute symptoms, shorten the duration of admission, be useful for rehabilitation and maintenance care or enhance treatment in patients with poor adherence to outpatient care. Few research has been conducted in delusional disorder (DD).
Objectives: To investigate whether DH care increases adherence with psychiatric appointments in patients with DD. To describe functions of partial hospitalization in DD.
Methods: Comparative study including DD patients who attended a DH (Group 1:n=12) versus patients who did not receive DH care (Group 2;n=7). Patients attending DH were classified into 3 groups according to the program function at referral. Adherence with outpatient follow-up appointments (primary outcome) and pharmacy refill data (secondary outcome) were assessed after discharge over a 6-month period (DH) and compared with group 2. For statistical analyses, non-parametric tests were performed.
Results: Program function (DH): alternative to admission (n=4); shortening of admission (n=5) and enhancing outpatient treatment (n=3). Patients receiving DH care were more frequently referred from the inpatient unit or emergency department compared to those who did not attend DH (commonly referred from primary care services). No statistically significant differences were found between both groups in adherence to psychiatric appointments. Patients who attended DH showed higher compliance with antipsychotics (89.29% vs.72.62, $p<0.05$).
Conclusions: DH care may be a useful alternative to increase adherence with antipsychotics in DD patients with poor awareness of illness.