Objectives: My therapy could allow us to cross Covid-19 infection by minimizing both immediate and chronic lung damage and would avoid many deaths and neuro/psychiatric problems from cerebral hypoxia.
Methods: In the case of a Covid-19 lung infection, the virus infects type II alveolar cells which consequently reduce the production of pulmonary surfactant. The surfactant has the function of reducing the surface tension of the alveoli. The less pulmonary surfactant there is, the more the alveoli tend to collapse due to the increased surface tension of their surface. Consequently, the lung would tend to collapse, that is, to reduce its volume, but collapse is prevented by the muscular movement of inspiration, which instead increases its volume. This means that a "low-pressure area" is created in the interstitial space which attracts liquid and substances which are often inflammatory and which organize over time, giving rise to interstitial pneumonia.
Results: I propose to administer the pulmonary surfactant to the patient Covid-19 in the presence of dyspnea and certainly during assisted ventilation. This technique is routinely used in preterm infants suffering from lack of pulmonary surfactant production due to the immaturity of type II alveolar cells, pending that once matured these cells produce it autonomously.
Conclusions: Similarly, the administration of surfactant during Covid-19 lung infection would allow the correct amount of surfactant to be maintained during the acute phase of the infection and would give time for type II alveolar cells to heal and independently resume surfactant production.

Disclosure: No significant relationships.
Keywords: Surfactant; Cerebral Hypoxia; COVID-19; Type II Alveolar Cells

EPV0297

Encephalopathy caused by disulfiram

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Introduction: Disulfiram is an alcohol detox drug that has been approved by the FDA for over 50 years. Among the various side effects that can cause there is encephalopathy. Its incidence is currently unknown, according to some authors it is estimated between 1 and 20%.
Objectives: In this article we report the case of a 48-year-old woman diagnosed with borderline personality disorder and alcohol use disorder, presenting with encephalopathy.
Methods: We discuss about our diagnostic and therapeutic approach.
Results: Fortunately, the rapid identification of this rare condition led to a favorable outcome in our patient.
Conclusions: Early detection of any acute change in mental state, especially in early stage of therapy, is important. Cessation of disulfiram is recommended in case of suspicion about disulfiram encephalopathy. This case underscores the importance of awareness of this serious complication during disulfiram treatment. If suspected early, appropriate diagnosis and treatment can prevent rapid progression.

Disclosure: No significant relationships.
Keywords: Encephalopathy; disulfiram

EPV0298

Emergency psychiatry services in pandemia: Is it different than before?

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Introduction: After World Health Organization declared that COVID-19 disease became a pandemic; like most, people in Turkey were affected by the emotionally challenging atmosphere. Previous outbreaks negatively effected mental health, increased suicide attempts and completed suicides.
Objectives: Our study aimed to investigate psychiatry consultations from emergency service in a university hospital, to determine differencies in pandemia.
Methods: We conducted a monocenter retrospective study by examining the patients who applied to emergency servise and consulted to psychiatry department in three periods: between 11 March- 11 July, in 2018, 2019, and 2020. Patient's sociodemographic and clinical variables were assessed.
Results:

Variable		1. Period 11 March - 11 July 2018	2. Period 11 March - 11 July 2019	3. Period 11 March - 11 July 2020	Statistical values
		n=166	n=181	n=128	-
Age (mean, standart deviation)		38.92 ± 14.51	39.69 ± 15.94	41.96 ± 17.30	F=1.393 p=0.249
Sex	Female (n,%)	92, %55.4	99, %54.7	65, %50.8	χ^2=0.702 p=0.704
	Male (n,%)	74, %44.6	82, %45.3	63, %49.2	
Marital status	Single (n,%)	83, %50	103, %56.9	65, %50.8	χ^2=9.187 p=0.057
	Married (n,%)	64, %38.6	71, %39.3	56, %43.8	
	Unspecified (n,%)	19, %11.4	7, %3.9	7, %5.5	
Diagnose	Depressive disorders (n,%)	24, %14.5	39, %21.5	9, %7	χ^2=23.287 p=0.026
	Anxiety disorders, obsessive compulsive disorder, dissociative convertion disorders (n,%)	19, %11.4	19, %10.5	20, %15.6	
	Bipolar disorder (n,%)	29, %17.5	30, %16.6	25, %19.5	
	Psychotic disorders (n,%)	35, %21.1	33, %18.2	16, %12.5	
	Alcohol and substance use disorders (n,%)	17, %10.2	10, %5.5	9, %7	
	Behaviour disorders (n,%)	25, %15.1	30, %16.6	32, %25	
	Other (n,%)	17, %10.2	20, %11	17, %13.3	
Cause of admission	Thougt of suicide (n,%)	15, %9	24, %13.3	20, %15.6	χ^2=11.85 p=0.018
	Suicide attempt(n,%)	32, %19.3	47, %26	41, %32.0	
	Other (n,%)	119, %71.7	110, %60.8	67, %52.3	
Course of disease	Exacerbation (n,%)	114, %68.7	136, %75.1	87, %68.0	χ^2=2.509 p=0.285
	First presentation (n,%)	52, %31.3	45, %24.9	41, %32.0	
Outcome	Outpatient treatment (n,%)	119, %71.7	123, %68	82, %64.1	χ^2=7.693 p=0.103
	Non-psychiatry service inpatient treatment (n,%)	8, %4.8	16, %8.8	18, %14.1	
	Psychiatry service inpatient treatment (n,%)	39, %23.5	42, %23.2	28, %21.9	

Variable	1. Period 11 March - 11 July 2018	2. Period 11 March - 11 July 2019	3. Period 11 March - 11 July 2020	Statistical value:
Recommended hospitalization in psychiatry service (n,%)	60, %36.1	69, %38.1	39, %30.5	χ^2=1.988 p=0.370
Refusal of hospitalization recommendation (n,%)	11, %18	20, %29.0	2, %5.1	χ^2=161 p=0.020

There were no difference in distributions of applicants' following variables between periods; age, sex, marital status, experiencing a first attack or an exacerbation, or outcome treatment. Among applicants with suicide attempts, there were no difference between periods in terms of the presence of recurrent suicide attempt (χ^2 = 0.297 p = 0.862). While emergency admissions with behavioral disorders increased, admissions with depressive symptoms decreased. Admissions with suicide attempts were statistically significantly higher in 2020 (Table 1). Recommendation of psychiatric inpatient treatment did not change between periods, while refusal of hospitalization recommendation decreased (Table 2).