Conclusions: This case underscores the importance of considering neurodegenerative disorders such as Huntington's disease in the differential diagnosis of patients presenting with psychiatric symptoms and involuntary movements. Early identification, comprehensive assessment, and a thorough understanding of HD's clinical presentation are crucial for appropriate management.

Disclosure of Interest: None Declared

EPV0495

Alexithymia and emotional distress in patients with asthma: A case-control Study

I. Baati[1], N. Regaieg[1]*, F. Cherif[1], D. Mnif[1], K. Amor[1], I. Feki[1], F. Guermazi[1] and J. Masmoudi[1]

[1]Psychiatry A Department, University of Sfax, Faculty of medicine of Sfax, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1246

Introduction: Alexithymia is characterized by difficulty in verbally expressing emotions, a trait commonly observed in patients with psychosomatic symptoms, such as those with asthma. These individuals struggle to identify their emotions and are more prone to developing somatic health issues.
Objectives:
- To study the prevalence of alexithymia, anxiety and depression in asthma patients
- To identify the relationship between these aspects.

Methods: It was a cross-sectional, case-control, descriptive and analytical study, conducted in the pulmonology department at Hedi Chaker University Hospital in Sfax. The study involved 50 asthma patients and a control group consisting of 50 healthy nurses. Data collection was based on a sociodemographic and clinical questionnaire, as well as two psychometric scales: the Toronto Alexithymia Scale 20 (TAS-20) and the Hospital Anxiety and Depression Scale (HADS).
Results: The mean age of the patients was 44.08 ± 12.78 years and the male-to-female ratio (M/F) was 0.92.
More than half of the patients (62%) had experienced an acute severe asthma requiring hospitalization. The disease was controlled in 70% of the cases.
The prevalence of alexithymia was 40% in the asthma patients and 36% in the control group, with no significant difference between the two groups ($p = 0.68$).
The prevalence of anxiety was 38% in patients and 34% in the control group with a significant difference between the two groups ($p = 0.012$).
The prevalence of depression was 38% in patients and 28% in the control group with a significant difference between the two groups ($p = 0.002$).
Alexithymic patients were significantly more anxious ($p = 0.01$) and more depressed ($p = 0.01$) than non-alexithymic patients.
Conclusions: Patients with ashtma present high rates of anxiety, depression and alexithymia. This latter does not appear to be a determining factor in asthma. However, it seems to be associated with the emotional distress caused by anxiety and depression. Timely screening for emotional distress and its early management is essential in this population.

Disclosure of Interest: None Declared

EPV0496

Mental health and Chemsex: A view from the Liaison and Emergency Psychiatry Service

P. Muñoz-Calero[1]*, M. Navas Tejedor[1], A. Fuentes Merlo[1], L. Nuñez Cantos[1], D. Gimeno Álvarez[1], P. De la Cruz Ballano[1] and A. Ramírez Ibernon[1]

[1]Instituto de Psiquiatría y Salud Mental, Hospital Clínico San Carlos, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1247

Introduction: Chemsex is typically described as the use of specific substances to enable or enhance sex during extended sessions with multiple partners among men who have sex with men (MSM). Numerous studies have linked chemsex with different physical and mental health risks and other potential harms.
According to the latest European online survey por MSM (EMIS-2017), the section on substance use revealed the prevalente of substance use for sexual purposes in the last twelve months was 14.1% with Spain being one of the countries with the highest prevalence of chemsex at the European level.
As the prevalence of chemsex is increasing, consequences from this phenomena arises and a progressive increase in the number of psychiatric consultations and admissions related to chemsex practice have also been described, with substance abuse disorders, depression,and anxiety as the most prevalent diagnoses.
From our Liaison and Emergency Psychiatry Service consultations related with mental health issues and chemsex are increasing with growing number of suicide attempts,psychotic, maniac and depressive episodes.
Objectives: Our objective in this poster is to describe the mental health risks of chemsex,its peculiarities and the main manage issuses in the Liaison and Emergency Pscychiatry Service.
Methods: Systematic review of the scientific literature related with chemsex and mental health risks will be carried out and we will also analyse some of our cases to describe presentation and management of the symptoms.
Results: Chemsex is related with an increased rate of mental health issues and consultations related with substance use disorders, depression and anxiety.Clinical features due to this disorders are unique and integral treatment in coordination with Infectious Medicine Specialist is needed.
Conclusions: Chemsex is an increasing phenomena and it is intimately related with psychiatric disorders.
Psychiatrists must be concerned about it and trained to approach and treat these complex disorders in an integrative way.

Disclosure of Interest: None Declared

EPV0498

Traumatic Brain Injury and Neuropsychiatric Consequences

B. Peixoto[1]*, M. Cruz[1] and V. Ustares[1]

[1]Psychiatry, Hospital do Divino Espirito Santo, Ponta Delgada, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1248

https://doi.org/10.1192/j.eurpsy.2025.1248 Published online by Cambridge University Press

Introduction: Post-traumatic brain injury (TBI) is a leading cause of long-term neuropsychiatric consequences, which can significantly impair quality of life and complicate recovery. These consequences include cognitive deficits in memory, attention, and executive functions, depression, anxiety, apathy, obsessive-compulsive disorder, psychosis, personality changes, impulsivity and agitation in moderate to severe cases. In cases of repetitive head trauma, there is a higher risk of developing chronic traumatic encephalopathy, a neurodegenerative disorder charaterized by dementia and motor abnormalities. Understanding the spectrum and prevalence of these disturbances is crucial for developing effective management and rehabilitation strategies.
Objectives: The aim of this study is to review the prevalence and treatment of neuropsychiatric consequences of traumatic brain injury.
Methods: The authors did a non-systematic review of the current literature.
Results: This review revealed that neuropsychiatric consequences are present in approximately 80% of post-TBI patients, depending on the severity of the injury and the time passed from the trauma. Depression and anxiety disorders were the most prevalent, followed by cognitive deficits. Personality changes, impulsivity, and agitation were commonly observed in moderate to severe cases. Factors such as the extent of frontal lobe injury and the time elapsed since the injury were strongly associated with the severity of neuropsychiatric symptoms. There is no pharmalogical treatment approved by the Food and Drug Administration (FDA), but the literature recommends the use of SSRI (in cases of depression), beta blokers (in high doses for agitation), antipsychotics (only if necessary and with caution, because these patients are more propense to the side effects and it can impair cognition and motor rehabilitation) and anticonvulsants (carbamazepine or valproate in cases of agitation or irritability).
Conclusions: Neuropsychiatric complications of TBI are common and have significant implications for long-term recovery and quality of life. Early identification and comprehensive management strategies, including pharmacological and psychological interventions, are essential to address these challenges and improve patient outcomes. Further research is needed to refine diagnostic tools and therapeutic approaches tailored to the neuropsychiatric consequences of TBI.

Disclosure of Interest: None Declared

EPV0499

Post-ictal Psychosis: clinical case presentation and literature review

F. Ramalheira[1]*, M. D. C. Vasconcelos[1], M. Andrade[1] and M. Pereira[1]

[1]Hospital Júlio de Matos, Unidade Local de Saúde de São José, Lisboa, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1249

Introduction: Post-ictal psychosis is a kind of epileptic psychosis in which psychotic features appear 12h – 7 days after the epileptic seizure causing them.
Objectives: To present a challenging case reflecting upon presentation, management and considerations of post-ictal psychosis.
Methods: Case presentation and non-systematic literature review.
Results: A 40-year-old female, living in a European foreign country with her partner and child, flies to Lisbon 5 days previously to her admission as a sudden decision because she believed she was the daughter of a portuguese yoga master. She was brought to psychiatry ER by the police due to disorganized and aggressive behavior in public, where she presented with severe agitation, disorganized and coprolalic speech, persecutory, mistic and filiation delusions, somatic and affective passivity, and very uncollaborative. She had no analytic or image alterations except for positive cannabinoids in urine. She was admitted in psychiatry and started on risperidone titled till 6mg and diazepam 15mg, with remission of symptomatology. When she was able to collaborate, she admitted she had a history of Epilepsy for which she was not having treatment, and a previous post-ictal psychotic episode some years ago. Family confirmed she had a generalized tonic-clonic seizure about a week ago, and delusional ideas starting the following day, having left home unannounced. Although the EEG was normal, considering suggestive history post-ictal psychosis was admitted ad most probable diagnosis and she was slowly stopped medication without symptom resurgence. The importance of anti-epileptic treatment in order to avoid subsequent seizures and post-ictal psychosis was explained, however the patient denied treatment and was discharged back to her hometown with indication to follow-up in neurology.
Conclusions: Post-ictal psychosis corresponds to 25% of epileptic psychosis. It is associated with temporal lobe epilepsy, psychotic symptoms of mistic and religious themes, aggressive behavior, and increased suicide risk. It has a sudden onset and complete remission although a risk of recurrence as in this case. Treatment consists of seizure control to avoid following episodes. Antipsychotics that don't increase convulsive risk such has risperidone may be useful to acute control of psychotic features and behavior alterations.

Disclosure of Interest: None Declared

EPV0500

1 / 1 Exploring the Clinical and Psychosocial Predictors of Suicidal Ideation in Patients with Systemic Lupus Erythematosus

M. Recio-Barbero[1]*, J. Cabezas-Garduño[1], J. Varona[2], G. Ruiz-Irastorza[2], S. Sanz-Gómez[3], M. Shahine[4], A. Lengvenyte[5], P. Courtet[5] and R. Segarra[1,6]

[1]Department of Psychiatry. Cruces University Hospital; [2]Autoimmune Diseases Research Unit, Internal Medicine Department, Biobizkaia Health Research Institute, Barakaldo; [3]Departamento de Psiquiatría, Universidad de Sevilla, Sevilla, Spain; [4]Univ. Montpellier, CNRS, INSERM, IGF; [5]Department of Emergency Psychiatry and Acute Care, Lapeyronie Hospital, CHU Montpellier, IGF, Univ. Montpellier, CNRS, INSERM, Montpellier, France and [6]CIBERSAM ISCIII, Centro de Investigación Biomédica en Red de Salud Mental, Leioa, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1250

Introduction: Systemic Lupus Erythematosus (SLE) is an autoimmune disorder characterized by systemic inflammation and high prevalence of neuropsychiatric symptoms. Among these, suicidal ideation represents a significant concern, with reported higher rates than in the general population. The etiology of suicidal ideation in SLE is multifaceted, encompassing both disease-specific factors and