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

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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

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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?

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