(PPD) pose a diagnostic conundrum, with half of bvFTD patients previously receiving a psychiatric diagnosis.
Objectives: The goal is to discuss the syntomatic overlap of these two entities.
Methods: Brief non-systematic literature review on the topic, illustrated by a case-report presentation.
Results: A 69 year old men, retired and single, is committed for thought and behavior disorganization and insomnia. He presented expansive mood but also temporal and spatial disorientation and periods of incongruous speech. This patient's clinical presentation could both entice a diagnosis of bvFTD but also of an affective disorder, especially since it has been reported that neuropsychiatric presentations, like late-onset psychosis or mania, can be the initial presentation of this form of dementia, particularly in patients with C9orf72 mutations, who often display persecutory or grandiosity delusions.
Conclusions: This clinical case exemplifies the difficulty that lies in differentiating cases of bvFTD from late-onset idiopathic mood or psychotic disorders. It is important to consider that on cognitive assessment patients with bvFTD score significantly worse on executive function tests that PPD patients No disease- modifying therapies are available for patients with bvFTD, therefore drug treatment should focus on the most disruptive or taggable behaviours.

Disclosure: No significant relationships.
Keywords: Dementia; bipolar disorder

EPV0248

Psychopathology after epilepsy surgery: a retrospective study

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Introduction: In patients submitted to refractory epilepsy surgery, psychiatric comorbidity is high (affecting 1 in every 3 patients), with descriptions of improvement, worsening and emergence of *de novo* psychopathology.
Objectives: Identifying the prevalence of psychopathology and associated risk factors in a group of patients submitted to refractory epilepsy surgery.
Methods: Retrospective observational study. Non systematic literature review.
Results: We observed 42 patients, 45.2% female and 54.8% male, with an average age of 46.5 years (SD±11.6). The average age of presentation of epilepsy was 18.8 years (SD±12.7), 97.6% with temporal lobe epilepsy and 2.4% with parietal lobe epilepsy, 50% in each hemisphere. 19% had surgical complications and 40.5% had post-surgical recurrence of crisis. 45.2% presented with pre-surgical psychopathology (33.3% affective disorders, 16.7% anxiety disorders, 2.4% psychotic disorders, 2.4% neurodevelopmental disorders and 2.4% substance use disorders). Post-surgically, 50% improved, 20.8% maintained and 29.2% worsened their psychopathology and 21.4% had *de novo* psychopathology. We didn't find associations between the analyzed variables and the worsening or appearance of *de novo* psychopathology.
Conclusions: The worsening or appearance of *de novo* psychopathology is a well known phenomenon in patients submitted to refractory epilepsy surgery. In our sample there were cases of improvement, maintenance, worsening and emergence of *de novo* psychopathology, however we weren't able to identify the factors associated with these different outcomes. Our study was retrospective and had a small sample, as limitations. Further, better-designed studies are necessary to identify risk factors for psychiatric disorders, allowing their effective prevention and treatment.

Disclosure: No significant relationships.
Keywords: Psychopathology; epilepsy surgery; epilepsy

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Drug–drug interactions and clinical considerations with co-administration of antiretrovirals and psychotropic drugs

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Introduction: Psychotropic medications are frequently co-prescribed with antiretroviral therapy (ART). Hepatic metabolism both of AP and ART involves the cytochrome P450 enzyme system, potentially leading to a multitude of pharmacokinetic (PK) interactions and serious adverse side effects. The magnitude and clinical impact of PK-interactions can vary significantly.
Objectives: The scope of this review is to summarize the currently available data regarding drug-drug interactions (DDI) between AP and ART, and to provide recommendations for their management.
Methods: A formal search of Embase, Cochrane and Medline was performed, searching for human studies from inception till 2017 on PK-interactions between AP and ART and reporting clinical toxicity as outcomes. Authors also provide their expertise on magnitude and clinical relevance of DDI using PK interaction chart.
Results: Ten case reports including total of 13 patient were analyzed, comprising following AP: aripiprazole (N=2), risperidone (N=4), quetiapine (N=3) and lurasidone (N=1) in combination with various ART regiments. Significant PK-interactions were to occur in cases when aripiprazole was combined with ritonavir and/or cobicistat or efavirenz and/or darunavir; risperidone with indinavir of ritonavir; quetiapine with ritonavir and atazanavir/ritonavir; lurasidone with atazanavir. Adverse events occurred in combinations of aripiprazole with ritonavir/darunavir, risperidone with ritonavir or indinavir, quetiapine with atazanavir and lurasidone with atazanavir.
Conclusions: Psychotropics and antiretrovirals may be used safely, particularly when known DDIs are proactively managed. Clinicians should be aware of the pharmacokinetic and pharmacodynamic properties of these agents to best direct therapy and to provide optimal patient care

Disclosure: No significant relationships.
Keywords: HIV; psychotropic drugs; Side effects; Drug-drug interactions