

EPP0628

Self-amputation: Case report.

I. Cuevas Iñiguez* and M.D.C. Molina Lietor

Psiquiatría, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.966

Introduction: Self-amputation, the most severe form of self-mutilation, is unusual. In most cases, self-mutilation is related to psychiatric disorders, mainly psychotic spectrum disorders and substance abuse.

Objectives: This case report aims to describe a case of unusual self-amputation in a man with a psychiatric history.

Methods: Case report and literature review.

Results: A 35 years old man patient, divorced, unemployed, with 15 years of treatment history for anxiety and low mood. The patient reported history of childhood trauma. He was inpatient (2019) after a suicide attempt. The psychiatrist who was treating him did not give a diagnosis (referral diagnosis). The patient mentioned several times that he desired feet amputation, without planification, in context of high anxiety. He was distressed by the shape and noise of his ankles. The patient was not diagnosed with genuine hallucinations or delusions. Four months after his divorce he amputated his feet with an electric saw. He denied any intention to commit suicide by committing this act. He admitted that he wanted to get rid of discomfort. Despite this drastic action, his mood did not improve.

Conclusions: Self-amputation is not a common condition. Although some cases of self-amputation have been reported, this case illustrates not only the difficulty of making a differential diagnosis (psychosis, dissociation, trauma, dysmorphophobia, body identity integrity disorder...) but also the challenge of a multidisciplinary approach in the treatment of patients with self-amputations.

Keywords: Self-amputation; differential diagnosis; case report

EPP0627

Gayet wernicke encephalopathy: Don't miss this neuropsychiatric emergency!

S. Laroussi*, K.S. Moalla, O. Hdiji, S. Sakka, S. Daoud, H. Hadjkacem, N. Farhat and C. Mhiri

Neurology, Habib Bourguiba Hospital, sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.967

Introduction: Gayet Wernicke Encephalopathy (GWE) is a diagnostic and therapeutic neuropsychiatric emergency due to thiamin deficiency (vitamin B1).

Objectives: The purpose of our work is to recall some clinical situations suspecting GWE, along with radiological and evolutionary profile.

Methods: We conducted a retrospective study concerning patients who were hospitalized in the neurology department of Habib Bourguiba Hospital between 2013 and 2020 for management of GWE.

Results: The median age of 7 patients was 39.57 years with sex ratio (H/F):1.33. The most common risk factor found is incoercible vomiting (5 patients), followed by chronic alcoholism (3 patients).

Confusional state was the most frequent symptom found in 4 patients. The characteristic clinical triad of confusion, oculomotor disorders and ataxia was only found in 2 patients. Neuroimaging showed a typical aspect in 3 patients. The serum levels of thiamine were low in five patients and normal in two patients. After receiving parental than oral thiamin supplementation, three patients were independent after one month with a mRS score <3.

Conclusions: GWE is an acute neuropsychiatric emergency. Chronic alcoholism is recognized as its most common cause. The clinical triad is not constantly present. MRI shows typically bilateral symmetrical hyperintensities in periaqueductal area, periventricular region, thalami and mammillary bodies. Thiamin level can be normal since it does not accurately represent body thiamine status or in case of mutations in a thiamine-transporter gene. Thiamine therapy is warranted if any component of the GWE triad is present in an appropriate clinical setting to prevent irreversible neurological sequelae.

Keywords: Gayet Wernicke encephalopathy; thiamin; clinical symptoms; Radiologic features

EPP0628

Monoaminoxidase inhibitors as a cause of serotonin syndrome – a systematic case review based on meta-analytic principlesP. Truedson^{1*}, M. Ott², H. Wikström¹, M. Maripuu³, K. Lindmark⁴ and U. Werneke¹

¹Sunderby Research Unit, Umeå University, Department of clinical science, division of psychiatry, Luleå, Sweden; ²Department Of Public Health And Clinical Medicine – Medicine, Umeå University, Umeå, Sweden; ³Department Of Clinical Sciences- Psychiatry, Umeå University, Umeå, Sweden and ⁴Department Of Public Health And Clinical Medicine- Medicine, Umeå University, Umeå, Sweden

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.968

Introduction: Serotonin syndrome (SS) is a toxic state characterized by increased serotonin activity. It has been suggested that severe serotonin syndrome usually involves monoaminoxidase inhibitors (MAOIs).

Objectives: To quantify in how far severe SS is associated with MAOIs.

Methods: Systematic review and quantitative analysis of all SS cases published between 1 January 2004 and 31 December 2014. Severe SS was defined as cases, either requiring intensive care or resulting in death. Cases were included if they met the diagnostic criteria for SS according to at least one of the three diagnostic criteria systems (Hunter, Radomski and Sternbach).

Results: Of the 299 included cases, 118 (39%) met the definition for severe SS. Eight cases had insufficient information to enable severity classification. Of the severe cases, 48 (40%) involved a MAOI. Of these, 67% related to psychiatric MAOIs, such as phenelzine and moclobemide and 33% to a somatic MAOI, such as methylene blue and linezolid. Of the remaining 173 non-severe SS cases, 24 cases (13%) involved a MAOI. In these, 12% related to a psychiatric MAOI and 83% to a somatic MAOI. One case (4%) had a combination of both. The odds ratio for MAOI involvement in severe versus non-severe serotonin syndrome was 4.3 (CI 2.4 – 7.5; $p < 0.001$).

Conclusions: In the majority of published case reports, drugs other than MAOIs are involved in serotonin syndrome, even in severe

cases. MAOIs are, however, more common in severe serotonin syndrome than in non-severe cases.

Conflict of interest: M. Ott: scientific advisory board member of Astra Zeneca, Sweden. U. Werneke: received funding for educational activities on behalf of Norrbotten Region; Astra Zeneca, Eli Lilly, Janssen, Novartis, Otsuka/Lundbeck, Servier, Shire, Sunovion. Others: None

Keywords: Serotonin syndrome; Serotonin toxicity

EPP0629

The convulsive syndrome in the structure of alcohol withdrawal syndrome with delirium

V. Kuzminov*

Department Of Emergency Psychiatry And Narcology, SI Institute of Neurology, Psychiatry and Narcology NAMS of Ukraine, Kharkiv, Ukraine

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.969

Introduction: Withdrawal states with delirium, having convulsive syndrome in their structure, are one of the most severe emergency conditions in psychiatry.

Objectives: A total of 160 patients were examined with delirium alcohol withdrawal. Prognostic factors of occurrence of convulsive syndrome in the withdrawal syndrome of alcohol were studied.

Methods: Clinical, psychopathological, electrophysiological.

Results: It was found that the most significant prognostic factors seizures were: severe bloating condition, the duration of hard drinking, the total dose of drinking alcohol before the breakdown of consumption alcohol. Convulsive syndrome not always correlated with marked vegetative disorders in the state of withdrawal of alcohol. Convulsive syndrome that appeared after the development of delirious syndrome often indicated a more serious condition. It is suggested that the convulsive pattern of response to the severe condition of alcohol withdrawal is formed in some young patients under the influence of endogenous factors, but is realized under certain situational conditions - long binge drinking, massive consumption of alcohol before the break of the reception of alcohol, the use of psychoactive drugs with stimulating effect. In the electrophysiological examination, there were significant differences in the group of patients with convulsive syndrome in the current admission from the group of patients with convulsive syndrome in the past and the group without convulsive syndrome in the state of abolition of alcohol.

Conclusions: It is emphasized that when indicating the seizures in the state of abolition of alcohol in the past, the beginning of treatment is necessary to begin even in a state of binge drinking.

Keywords: alcohol withdrawal syndrome with delirium; convulsive syndrome

EPP0630

Trends in involuntary admissions for observation in Malta

M.A. Zammit^{1*}, M. Agius², J. Cutajar¹ and B. Micallef Trigona¹

¹Acute Psychiatry, Mount Carmel Hospital, Attard, Malta and

²Complex Psychiatry, Mount Carmel Hospital, Attard, Malta

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.970

Introduction: Schedule II of the 2013 Mental Health Act is part of the legal framework for involuntary admission to a licensed mental healthcare facility in Malta (Mount Carmel Hospital) for observation.

Objectives: To identify trends in presenting features cited by registered specialists in psychiatry in Schedule II applications as well as impact of time of day on involuntary admission.

Methods: Schedule II forms relating to all involuntary admissions to Mount Carmel Hospital between 01 June 2018 and 01 June 2019 were retrieved from paper files (n=364). Details relating to reason for using this legal framework were recorded and processed through custom linguistic analysis. Timings of application were also assessed. Data Protection permissions to retrospectively access patient files were obtained. All data collected was de-identified at source.

Results: The commonest reason for use of Schedule II was psychosis (n=139). Substance abuse was recorded in 68 cases, with alcohol and cannabinoids the commonest substances cited. 155 instances relate to situations of increased risk, the commonest being aggressive behaviour (n=74). 61 cases recorded suicidal intent. Peak use of this schedule occurs between 17:00 and 18:00, which is outside normal working hours.

Conclusions: Predominance of psychosis as a reason for involuntary admission concurs with trends reported internationally, including recent German, Irish and Dutch reports, as does increased use of involuntary admission with out-of-hours presentations. Practices relating to involuntary admission to a mental healthcare facility in Malta appear to reflect general trends in other European cohorts, despite differing legal frameworks.

Keywords: Mental Health Act; psychosis; Involuntary Admission

EPP0631

Preliminary findings of a longitudinal follow-up study of the paediatric population and their families during and after the coronavirus pandemic and the confinement.

M. Gindt^{1,2}, A. Fernandez^{2*}, M. Battista¹, A. Richez¹, O. Nachon¹ and F. Askenazy¹

¹Child And Adolescent Psychiatry, Hôpitaux Pédiatriques de Nice CHU Lenval, Nice, France and ²Child And Adolescent Psychiatry, Hôpitaux pédiatriques de Nice CHU Lenval, Nice, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.971

Introduction: Pandemic are known to generate traumatic events, such as job losses or violence [1]. Several studies have shown that epidemics and related health measures (quarantine, confinement) lead to an increase of acute stress disorders (ASD), post-traumatic stress disorders (PTSD), anxiety and depression in the adult population [2]. In the pediatric population, few studies have been carried out on the psychiatric outcomes during and after epidemics and associated measures [3].

Objectives: The aim of this study was to explore ASD symptoms during stay-at-home and Covid 19 pandemic and its impact on children and adolescent mental health.

Methods: Sixty participants (53% girls and 47% boys; mean age= 9 years 5 months) were included in this longitudinal study [4]. The