Objectives: For this review, we aimed to compile published case reports from the past 20 years to review late-onset mania as one of the neuropsychiatric outcomes of stroke and its management.

Methods: literature search on Pubmed, PsychInfo, and Embase utilizing keywords combinations: Bipolar, Manic, Mania, Secondary, Stroke, Poststroke, Post-stroke, Elderly, Old, Late onset, Late-onset, Lateonset, Hemisphere, Brain, Vascular, Infarction.

Results: Among the 17 case reports, the age of onset of manic episode ranged from 47 to 86 with a mean of 67 years. Of the 17 cases, the right hemisphere was the most frequently affected (14/17, 82%), with cerebrovascular lesion involving the left hemisphere in 3 cases (17.6%).

Conclusions: Clinicians should consider mania secondary to an organic cause in patients presenting with focal or soft neurological signs or symptoms, manic episode with atypical symptoms such as visual or olfactory hallucinations, altered mental status, disorientation, impairment in memory or cognition, unusual age of onset for bipolar disorder, or unusual illness course such as single episode of mania or poor response to psychopharmacologic treatment.

Some reviews suggest combination of mood stabilizers and second-generation antipsychotics. Benzodiazepines recommended as an adjunctive drug for acute management such as agitation, aggressive behavior or disinhibition.

Disclosure: No significant relationships.

Keywords: mania; late onset; post-stroke; Elderly

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**EPP0509**

**Pseudobulbar affect as an early manifestation of HIV-related toxoplasmosis**

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Introduction: Pseudobulbar affect (PBA) is an emotional disorder characterized by uncontrollable outbursts of laughing and/or crying. It is caused by lesions that damage pathways in the frontal lobe and descending to the brain stem, basis pontis and cerebellum. The main causes are neurodegenerative diseases.

Objectives: To present a case of PBA secondary to cerebral toxoplasmosis.

Methods: The present study is a case report of a patient admitted for HIV-related toxoplasmosis to our hospital. We also researched previous case reports of PBA secondary to CNS infection using a pubmed query.

Results: Mr. JA is a 38-year-old male, with no prior psychiatric or medical history. He reported having had same-sex sexual encounters previously. He was admitted for ataxia and dysarthria in a medical unit, and diagnosed of HIV infection, with a CD4 count of 19 cells/μL. The MRI showed a lesion of 22x19x18mm with ring enhancement predominantly in basis pontis, compatible with toxoplasmosis(Image1). Treatment with sulfadiazine, pyrimethamine and dexamethasone was initiated. After five days of hospitalization he was referred to Consultation-Liaison Psychiatry for involuntary and uncontrollable outbursts of laughing and crying, insomnia, but no other psychopathological symptoms. Therefore, citalopram 20mg per day was started, with reduction on the frequency of outbursts.

Conclusions: The clinical presentation suggested the diagnosis of PBA due to cerebral toxoplasmosis. Although we found no previous reports of PBA related to HIV infection or toxoplasmosis, the location of the toxoplasmosis lesion is congruent with the typical damaged pathways in PBA. To our knowledge, this is the first report about PBA secondary to HIV-related toxoplasmosis.

Disclosure: No significant relationships.

Keywords: HIV; toxoplasmosis; Consultation-Liaison psychiatry; pseudobulbar affect

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**EPP0511**

**Psychopathological characteristics of patients eligible for a diacetylmorphine prescription program: an ecological pilot study**

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Introduction: Agonist opiate treatments with diacetylmorphin (DAM) for heroin addiction have proven their effectiveness for a long time. But few studies focused on psychiatric troubles among the treated patients. As a new DAM program will open in Freiburg in Switzerland, in order to assess the eligibility to this program, we consider the psychiatric dimension using the Addiction Severity Index French translation (IGT).

Objectives: Assessing eligibility for the DAM program and describing psychopathological characteristics

Methods: Assessing eligibility for a DAM program in Switzerland is based on some criteria defined by OFSP: Be adult, failure of at least two previous addiction treatments, intravenous consumption. In addition, the included patients (N=10) passed an interview with a trained examiner, to fill the addiction severity index scale (multi-dimensional psychometric scale). The result of the psychiatric dimension of IGT was compared with the psychiatric diagnosis in the medical file to assess the internal reliability of the descriptive method. Statistical method for little sample, mean, median, descriptive data and Fisher test were applied.

Results: All kind of affective disorders, were the most representative psychiatric trouble in the studied population (47%) followed by personality disorders (32%) and severe anxiety troubles (21%). The psychiatric dimensional evaluation of IGT was consistent with the description file psychiatric diagnosis. In a surprising way, we found no psychosis spectrum troubles who could explained the previous treatment failure.

Conclusions: Affective disorders are overrepresented in our sample of addicted patient included in the DAM program. These troubles stay often underestimated. The have to be properly treated

Disclosure: No significant relationships.

Keywords: semi-structured interviews; information preferences; medical and psychology students; eMental health

EPP0515

Using smartphone battery data to infer sleep-wake metrics in psychiatric cohorts – an exploratory study

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Introduction: Disturbances to sleep-wake patterns are associated with bipolar disorder (BD) and borderline personality disorder (BPD). Objective assessment typically involves actigraphy monitoring, although it may be possible to derive sleep-wake metrics from other digital data, such as smartphone battery degradation.

Objectives: To assess whether common actigraphy-derived phase markers of the sleep-wake pattern (L5 and M10 onset) are in agreement with measures derived from smartphone battery data and explore if battery metrics differ between people with BD, BPD, and a healthy control group (HC).

Methods: High frequency smartphone battery data was collected from 30 BD, 19 BPD and 33 HC participants enrolled in the Automated Monitoring of Symptom Severity (AMoSS) study, over 28 days. Participants also wore an actigraph during this period. L5 and M10 values were calculated separately based on the rate of smartphone battery degradation and conventional actigraphy methods. Bland-Altman analyses were performed to assess agreement between battery-derived and actigraphy-derived values, and Kruskal-Wallis tests used to compare diagnostic groups.