- The new understanding of SAN physiology and DS suggests new therapeutic interventions, with very low doses of receptor-selective drugs, may now be re-investigated

2793 EPILEPSY AND ANXIETY IN PEOPLE WITH EPILEPSY (PWE) – SHARING THE SAME THERAPIES

Daniel Ghougassian*. *Neurology, Prince of Wales Hospital, Sydney, NSW, Australia*

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Objectives
- Review interaction between epilepsy and anxiety
- Acute anxiety or stress can precipitate seizures through undefined mechanisms
- Chronic, low-grade anxiety is very common and may affect quality of life (QOL)
- Phenomenology of anxiety include autonomic and motoric aspects
- Mood Disorders (MD) are common in epilepsy (30–60%) and carry bi-directional import, affecting each other, for better or worse
- Anti-seizure therapies – whether ASMs or other, impact on both seizures and MD

Methods
- Review of apt Neuropsychologic and Epileptic therapeutic literature

Results
- Various ASMs (pregabalin, clonazepam, clobazam) may be used as anxiolytics in monotherapy; other patients may need specific anxiolytics added; yet others may benefit from ASM plus anxiolytic plus Cognitive Behavioural Therapy (CBT)
- Behavioral therapies for MD improve Quality of Life (QoL) and may improve seizure control
- There is a much larger non-medication toolbox for treating MD, including Psychiatric care referral
- All ASMs may affect mood – directly or indirectly – for better or worse

Conclusions
- Enquiry into mood at every PWE review is warranted; especially with every alteration of medications
- It is worthwhile treating anxiety along with epilepsy – improvements in either sphere seem to result in greater QOL improvements than either alone
- Two issues remain unresolved: are anxiolytics or CBT as efficacious in PWE? Is there utility in their use in improving QOLIE and reducing suicidal risk?

2797 LONGITUDINAL IDIOPATHIC INTRACRANIAL HYPERTENSION VISUAL OUTCOMES IN AN AUSTRALIAN POPULATION

[1,2]Blake D Colman*, [2]Paul Sanfilippo, [1]Sylvia Dimmick, [1,2]Owen White, [1,2]Minh Nguyen, [1]Subahari Raviskanthan, [1]Rahul Chakrabarti, [2]Frederique Boonstra, [1,2]Elspeth Hutton, [2]Joanne Fielding, [1,2]Anneke Van der Walt. *[1]Department of Neurology, Alfred Health, Melbourne, VIC, Australia*; *[2]Department of Neuroscience, Central Clinical School, Faculty of Medicine, Nursing and Health Science, Monash University, Melbourne, VIC, Australia*

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Background Idiopathic intracranial hypertension (IIH) is rising in prevalence, with significant morbidity typically affecting overweight women of reproductive age. There is a paucity of data regarding longitudinal clinical outcomes in Australia.
Objectives To describe longitudinal clinical and paraclinical changes in a tertiary cohort of IIH patients.
Methods A retrospective analysis was performed on adult patients diagnosed with definite IIH (Friedman criteria), prospectively enrolled in the neuro-ophthalmology database (NODE) at a single tertiary centre in Victoria. Demographic data obtained at baseline with sequential visits including clinical evaluation, automated perimetry and optical coherence tomography. Multivariate statistical analysis was performed in R.
Results 116 patients were included; 93.1% were female. Mean (+/- standard deviation) time from first consultation to diagnosis was 6.72(43.16) days, with average follow-up duration of 352.7 days (range 0–1232) over 4.73 visits. Mean age at diagnosis was 28.8(6.8) years with mean body mass index (kg/m^2) of 39.1(9.7). Papilloedema was found in 96.5%, mean Frisen grade of 1.96(0.98). Mean CSF opening pressure was 31.29(4.90) cmH_20. No visual acuity change was observed over time (mean LogMAR 0.02 right eye, 0.05 left eye). Time was associated with reduced retinal nerve fibre layer thickness ($p=0.02$) and papilloedema grade ($p<0.001$). BMI at diagnosis strongly correlated with mean perimetric mean deviation (PMD) where each one-unit increase in BMI produced a 0.10 decrease in PMD ($p=0.01$).
Conclusions Our demographic and clinical phenotype data are comparable with international cohorts. The main predictor of worse visual outcome was baseline BMI, providing a strong rationale for focused weight loss interventions.

2789 CASE REPORT: CONTRAST IMAGING IN THE SETTING OF VENOUS THROMBOSIS

[1]Daniel Green, [1]Daniel O'Neill, [2]Marion Dimigen, [3]Simren Kaur, [1,4,5,6,7,8]Roy Beran. *[1]Neurology Department, Liverpool Hospital, Sydney, NSW, Australia*; *[2]Department of Radiology, Liverpool Hospital, Sydney, NSW, Australia*; *[3]Medical Imaging Department, Prince of Wales Hospital, Sydney, NSW, Australia*; *[4]Ingham Institute of Applied Medical Science, South Western Sydney Local Health District, Sydney, NSW, Australia*; *[5]South Western Clinical School, University of NSW, Sydney, NSW, Australia*; *[6]Griffith University, Southport, QLD, Australia*; *[7]Sechenov Moscow First State University, Moscow, Russia*; *[8]Western Sydney University, Sydney, NSW, Australia*

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Introduction Disruption to contrast agent supply chains for radiology investigations has become an additional consequence of the COVID-19 pandemic. Various protocols have been developed to account for this limited availability.
Case An 80-year-old male, previously independent, presented with confusion, reduced level of consciousness, headache and vomiting. On exam he was drowsy, febrile and haemodynamically stable. He had bilateral proptosis and chemosis with complex ophthalmoplegia. Neurological examination was otherwise unremarkable.

A CT venogram using an 'Ultravist 300' (iopromide) contrast agent demonstrated complete opacification of the right sphenoid sinus, mild bilateral proptosis and asymmetry of the superior ophthalmic veins. Cavernous sinus abnormalities were not easily appreciated, and so a repeat CT venogram was sought; an Magnetic Resonance (MR) venogram was not