

university hospital, Sfax, Tunisia. Socio-demographic and clinical data were collected through patients' observations.

**Results** The mean age was 37.7 years. Sex-ratio (M/F) was 6. The criminological act was an attack in 57.1% and homicide in 42.9% of cases. It was committed on the outside in 42.9% of cases. The tool was a bladed weapon in all cases. The victim was a family member in 71.4% of cases. The context was a delirium in 71.4% (theme: 80% persecution, 20% jealousy; mechanism: 40% hallucinatory, 60% interpretative) and hallucinations in 42.9% of cases. Among our patients, 57.1% were indifferent and 28.6% regretted the act. Psychiatric diagnosis was: schizophrenia 57.1%; delusional disorder 28.5% and brief psychotic disorder 14.2%. Personality disorder was reported in 28.6% of patients.

**Conclusion** The acting out in a psychotic moment in patients with mental illness remains the most formidable event, causing sometimes the problem of criminal liability. Control of attendance at psychotherapy and psychotropic treatment are preventive and curative necessary measures to avoid crossing the dangerous acts.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV706

### Continuities and discontinuities between psychopathy and narcissism among male offenders

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**Introduction** A heated and longstanding debate exists as to whether psychopathy and narcissism represent two distinct, albeit overlapping, constructs, or two different labels for the same concept. However, relatively scant attention has been dedicated to this issue in offender populations, which are likely to present elevated levels of both psychopathy and narcissism. Furthermore, the picture is complicated by the multidimensional nature of both constructs.

**Objective** We sought to explore the associations among psychopathy facets and pathological narcissism dimensions, comparing an offender sample with community participants.

**Aims** To highlight similarities and differences in clinically relevant and sub-clinical levels of psychopathy and narcissism dimensions, as well as in pattern of associations between them.

**Methods** A sample of male offenders incarcerated in Italian jails, and a sample of community-dwelling men, were administered the Self-Report Psychopathy Scale (SRP-4; Paulhus et al., 2015) and the Pathological Narcissism Inventory (PNI; Pincus et al., 2009).

**Results** As expected, levels of both narcissism and psychopathy were significantly higher in the offender sample. Narcissism and psychopathy were only partly related, with correlations ranging from low to moderate in size, and differential pattern of associations between selected dimensions emerged consistently with theoretical models and in line with prior studies.

**Conclusions** Psychopathy and narcissism are two separate syndromes, which share similar aspects but also present distinct features and this is likely to explain their partial overlap. Future studies should take a closer look at how facets of psychopathy and narcissism relate across different samples (e.g., also examining female offender samples).

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV707

### Dealing with shame – the 'Psychopathic Way': Preliminary investigation for a new developmental framework of psychopathic traits

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Although individuals with psychopathic traits are deemed as immune to emotional experiences, in recent years, some authors have advanced the hypothesis that a pervasive pattern of emotion dysregulation may characterize the developmental trajectories leading to a psychopathic personality structure. Shame has been proposed as crucial emotions to understand psychopathy. It has been argued that people, who often experience shame feelings during their childhood, may develop adaptive strategies to cope with them, which lead to maladaptive strategies to regulate shame feelings in adulthood. These maladaptive strategies may explain the increased likelihood for these individuals to violence when feeling ashamed. Whether these mechanisms may also explain the presence of high psychopathic traits remains a clinically valid theoretical hypothesis, which lacks empirical support.

**Objective** To investigate whether maladaptive strategies to cope with shame feelings were associated with psychopathic traits.

**Aims** To examine the association between four maladaptive shame coping were positively related with psychopathic traits.

**Methods** A sample of male offenders incarcerated in Italian jails completed the Self-Report Psychopathy Scale (Paulhus et al., 2015) and the Compass of Shame Scale (Elison et al., 2006).

**Results** As hypothesized, maladaptive shame regulation strategies did predict psychopathic traits in the offender sample examined. Specifically, significant and meaningful associations occurred between avoidance and attack other coping styles and psychopathic traits.

**Conclusions** The present study is among the first in providing evidence of a possible relationship between maladaptive strategies to cope with shame feelings and psychopathic traits, and such link can be informative to tailor treatment programs for these hard-to-treat patients.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## Genetics & molecular neurobiology

### EV709

#### Differential binding of CREB, USF, and c-Myc to the calreticulin human specific -220C may be linked with the evolution of higher brain functions in human

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**Introduction** We have previously reported a human-specific nucleotide in the promoter sequence of the calreticulin (CALR) gene at position -220C, which is the site of action of valproic acid.

**Objectives** Reversion of this nucleotide to the ancestral type, –220A, co-occurs with severe deficit in higher brain cognitive functions.

**Aims** In the current study, we compare the pattern of protein binding between –220C and –220A.

**Methods** Antibodies reactive against transcription factors CREB, USF, and c-Myc were used to identify the specific proteins involved in complexes with DNA using electrophoretic mobility shift assay (EMSA).

**Results** Significant increase was observed in the overall protein complexes binding to the –220 C allele vs. –220A. The transcription factors, CREB, USF, and c-Myc, were differentially bound to –220C, represented by supershifts.

**Conclusions** We propose that differential binding of CREB, USF, and c-Myc to CALR nucleotide –220C may be linked with the evolution of higher brain functions in human.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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## EV712

### Neurofarmagen<sup>®</sup> testing and drug side effects: An evaluation of its use among a real-world case series

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**Introduction** Various pharmacokinetic and pharmacodynamics features have proven to be involved in the development of drug-induced side effects in psychiatry and thus pharmacogenetic profiling should be considered during drug selection to avoid the onset of side effects.

**Aim** To explore the usefulness of Neurofarmagen<sup>®</sup> testing in clinical practice by evaluating whether the genetic profile given by the tool could properly explain the onset of side effects during antipsychotic treatment.

**Methods** The pharmacogenetic profile of ten patients having a history of side effect appeared during to specific a psychopharmacologic treatment was determined by Neurofarmagen<sup>®</sup> testing tool. The relationship between genetic profile and side effects was evaluated and classified.

**Results** Sixty percent of the sample showed a genomic alteration related to a increased likelihood of having any side effects, one half of which presented pharmacokinetic alteration (slow or intermediate phenotype for the implicated cytochrome) whereas the other half had a pharmacodynamic gene variant (related to dopamine or serotonin pathway).

**Conclusion** the Neurofarmagen<sup>®</sup> testing tool may be useful in the clinical practice in order to avoid drug-induced side effects.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV713

### Psychiatric manifestations of Niemann-Pick type C disease – two case reports

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**Introduction** Niemann-Pick type C disease (NPCD) is a rare metabolic illness, with autosomal recessive inheritance. NPCD has a heterogeneous presentation, with non-specific psychiatric symptoms, mostly affective and psychotic features and also cognitive deficits.

**Objectives and methods** We present the case reports of two brothers with an adolescent-adult onset and discuss the evolution of their neuropsychiatric manifestations.

**Results** The patients have now 35 and 31 years old and the youngest was the first to develop clinical manifestations of the disease. From 16 years old, he developed unspecified neurological impairment with gait imbalance. In the next years, the neurological manifestations exacerbated, with dysarthria, ataxic gait, and his academic performance declined. With 24 years old, he presented acute psychosis, with unstructured delusion and auditory hallucinations. The acute psychotic symptomatology remitted with olanzapine but he revealed social withdrawal, apathy and progressive cognitive decline that persist until now. His brother, whose diagnosis was made in the course of the family genetic study, developed the first signs of the NPCD with 19 years old. He presented neuropsychiatric compromise, with impaired learning, social isolation and insomnia. They are receiving specific treatment with mglustat and symptomatic treatment for the psychiatric manifestations.

**Conclusions** NPCD is a rare metabolic disease, with neuropsychiatric compromise. No general psychopathological profile has been associated to NPCD. Sometimes psychiatric symptoms dominate the initial clinical presentation, with neuro-visceral signs appearing later. An atypical psychiatric symptomatology should be extensively investigated in order to exclude organic causes, including metabolic diseases like NPCD.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV714

### Psychiatric disturbances in a patient with melas syndrome: A case report

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**Introduction** Mitochondrial disorders of energetic metabolism (MD) represent a heterogeneous group of diseases manifesting at any age and its one of a number of mitochondria syndromes that share the common characteristics of encephalopathy and myopathy. The clinical expression of MELAS (Mitochondrial Myopathy, Encephalopathy, Lactic Acidosis and Stroke-like episodes) is highly variable and ppsychiatric symptoms are rarely reported in literature even if are more common in MELAS syndrome than in the general population.

**Objective** The first aim of the study is describing the clinically observed primary psychiatric symptoms in a patient affected by MELAS syndrome admitted to the Psychiatric ward. The second aim is to go back over the diagnostic process, which led, from the uncommon psychiatric symptoms and signs to the final genetic diagnosis of MD.

**Methods and results** We report the case of a 44-year-old male with MELAS in whom psychiatric symptoms preceded the establishment of the clinical diagnosis for several months. Diagnosis was initially based on the neuroimaging and metabolic findings and subsequently confirmed with genetic analysis.

**Conclusions** In case of aggressive and paranoid behaviour with delusions of persecution and disorganised behaviour mmitochon-