

EV0166

Self-mutilations – an addictive behavior?

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Introduction Self-mutilations are defined as an intentional behaviour that involves direct aggression to the person's body, without aware suicide intention. The Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) included self-mutilation as part of the diagnostic criteria for the other specified disruptive, impulse-control, and conduct disorder or borderline personality disorder. Later, the DSM-5 suggests that this behavior constitutes a separate diagnostic entity. Despite the growing concern regarding the increased incidence of self-mutilation among adolescents, there is still no consensus on the pathogenesis of this behavior. Recent studies have suggested that, in some cases, non-suicidal self-injurious behavior may be understood as an addictive behavior. Based on this hypothesis, several researchers have conducted genetic, neurobiological and clinical studies, to verify the existence of common pathways between these two nosological entities.

Objectives The aim of this study is to conduct a literature review of studies that propose an additive model for self-injurious behavior, discussing its implications in the diagnostic and therapeutic interventions.

Methodology Articles indexed in the Pubmed database were analyzed as well as book and studies published in scientific journals.

Conclusion A better understanding of the pathogenesis of self-mutilation is crucial to our diagnostic and therapeutic interventions. Unfortunately, studies done on this topic in the past were inconclusive. Further clarification, through new studies, is needed in order for us to help adolescents with this behavior in a more effective way.

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EV0167

Face processing in autism spectrum disorder

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Background Autism spectrum disorder (ASD) is a lifelong neurodevelopmental disorder that is characterized by impaired social and communicative abilities as well as restricted, repetitive, stereotyped pattern of behaviors, interests, and activities. Significant difficulties in social interactions in autistics are manifested by impairment in eye-to-eye contact, social reciprocity, and response to emotional cues.

Objective Highlighting the neurological basis of normal face processing and its abnormalities in ASD with percussions on the management plan of autistic children.

Summary Human face processing that was proved to be compromised in autistic individuals is pivotal for proper social interactions. Such simple spontaneous perceptual task in normal children is carried out by face processing areas of the brain; fusiform gyrus, superior temporal sulcus, and amygdala. Behavioral, electrophysiological, and neuroimaging studies showed evidences of dysfunction of such areas in autistics who often focus on face periphery and cannot interpret that it tells something about a person's state of mind. Very early targeted intervention can stimulate face processing areas of the brain during the early developmental phases of social brain circuitry which in turn will help autistics to pay attention to faces and learn to understand emotional expressions.

Conclusion Eventually, prevention or at least significant amelioration of severity and symptomatology spectrum of autism might be possible.

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EV0168

Depression episode in a patient with ataxic syndrome (case report)

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Introduction The etiologic diagnosis of ataxic syndrome is a challenge itself, requiring a complete history, physical examination, and sometimes neuroimaging, as well as extensive laboratory evaluation but despite that in many cases, the etiology remains uncertain. But in this case report, we are focused on a complication due to this syndrome, depression episode in a patient suffering from an yet unknown etiology of ataxic syndrome.

Case presentation An 18.5 years old Albanian female visits for the first time the child and adolescent psychiatry clinic suffering from insomnia for at least 3 months, had difficulties in taking care of her personal hygiene, did not communicate to anyone, loss of appetite, spent 2–3 hours crying without reason and depressive humor. She also manifested tremor and gait abnormalities, which according to her medical history a year ago, in Italy she was diagnosed with ataxic syndrome, but the etiology is not yet specified. BECK Depression Inventory at the first presentation scored 47 points. The girl was hospitalized and treated in our clinic.

Conclusion Patient suffering from ataxic syndrome have many neurologic complication with the passing of the years, but there has been little information or focus on the psychiatric ones and in the literature is described a syndrome called cerebellar cognitive affective syndrome with similar symptoms. In this case, we describe a patient with life-threatening situation due to her mental health condition and by treating the depression we noticed that the neurologic symptoms improved as well.

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EV0169

Comparison of cognitive functions children with the autism spectrum disorders and schizophrenia

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Introduction Autism spectrum disorder and early onset schizophrenia have many similar symptoms, however, these are different disorders. It is important to identify the main similarities/differences in the structure of cognitive impairment to define further assistance these children correctly. We distinguished two options for cognitive defect (total and partial) in children with schizophrenia.

Aims Comparison of cognitive functions at children with autism spectrum disorder and early onset schizophrenia.

Objectives Two groups with autism spectrum disorder (ASD1 – 22 patients of MHRC mean age 8.9; ASD2 – 27 pupils of special school mean age 7.4). Two groups with early onset schizophrenia

(F20.8 – 16 patients of MHRC mean age 10,2; F21 – 18 patients of MHRC mean age 10.0).

Methods Battery of pathopsychological tests for assessing cognitive functions (memory, attention, thinking), test figures of Leeper for visual perception. Z-scales were used for estimation of cognitive deficit or defect.

Results Patients demonstrate variety of cognitive functioning. Normal cognitive functioning: ASD1* – 22%, F20.8 – 18%, F21* – 50% (* – $P \leq 0.05$); partial cognitive defect: ASD1 – 27%, F20.8 – 18%, F21 – 22%; total cognitive defect: ASD1** – 50%, F20.8 – 64%, F21** – 27% (** – $P \leq 0.01$). ASD1 and F20 were the worst in thinking. Children ASD1 and ASD2 demonstrate similar success in recognizing Leeper's figures.

Conclusions There are some common features of cognitive development in children with severe forms of ASD and early onset schizophrenia, first of all in thinking.

No significant differences obtained between severe – mild forms of autistic disorders in visual perception (ASD1 and ASD2).

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e-Poster viewing: Classification of mental disorders

EV0170

Complicated grief: Is there a place in psychiatry?

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Introduction Grief is as normal reactive to a significant personal loss. It is characterized by affective, cognitive, behavioural and physiological symptoms. The grieving process is usually divided in five different stages, but in most cases presents a benign course, with decreased suffering and better adaptation to the new context. However, when high levels of emotional suffering or disability persist over a long time period, it becomes a case of complicated grief (CG), which should be adequately addressed.

Objectives To review the characteristics of CG, the evidence that supports it as an individual pathological entity, and its place in current classification systems.

Methods We performed a bibliographic search in Pubmed and PsychInfo, of articles written in English, Portuguese and Spanish, containing the key words: grief, bereavement, psychiatry, classification.

Results The main issue regarding grief is the degree to which it is reasonable to interfere with a usually benign process. Since DSM-III bereavement has been referred to as an adaptive reaction to an important loss, which should not be diagnosed as major depressive disorder or adjustment disorder. However, DSM-5 has stated persistent complex bereavement disorder as an independent entity. In fact, CG fulfils the general criteria of every psychiatric syndrome, namely regarding specific diagnosis criteria, differential diagnosis from depressive disorders and post-traumatic stress disorder, and improvement with adequate treatment.

Conclusion It is important to correctly approach CG, since it presents with characteristic diagnosis features and much improvement may be achieved once adequate treatment is provided.

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EV0171

Bipolar spectrum – A helpful concept?

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Introduction Many patients seen in clinical practice have a mood disorder not well described by the existing diagnostic categories. Formally, they would be called “not otherwise specified” but this creates a huge single category for many patients that belies the richness and complexity of their symptoms.

Objectives Review the existing information regarding the bipolar spectrum concept and reflect about its importance and utility.

Methods Nonsystematic review of the literature – scientific publications from Pubmed and Psychiatry Textbooks.

Results The “bipolar spectrum disorder”, designating those patients who fall in the middle of the mood spectrum between the classic unipolar and type I bipolar extremes, would represent recurrent severe depression, but with a family history of bipolar disorder or antidepressant-induced mania or a number of other features of bipolarity in addition to depressive symptoms, course, or treatment response. The presence of hyperthymic or cyclothymic mood temperaments has also been suggested as part of this bipolar spectrum concept. Several arguments can be found supporting the existence of this spectrum. A validated bipolar spectrum concept will allow a decrease in the diagnostic underestimation of bipolar disease and a more differentiated investigation and treatment model. Bipolar spectrum concepts will help identify those patients to whom antidepressants are not the best therapeutic approach, in relation to mood stabilizers and/or neuroleptics.

Discussion The bipolar spectrum concept has considerable supporting evidence and utility, theoretical as well as practical. Its development and diagnostic acceptance shall allow new discriminated investigation and better patient outcomes.

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EV0172

The profile of female crack users undergoing treatment on psychosocial care center for alcohol and others drugs in Brazil

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Background The prevalence of crack cocaine on Brazil reveal an increase since 2009 and represents a public health problem.

Aims To describe and study the socio-demographic profile of female crack users undergoing treatment in psychosocial care center for alcohol and others drugs (CAPS AD).

Methods This is a qualitative, ethnographic study of 9 female crack users that was conducted from February until September 2015 at CAPS AD in Brazil. This study is part of a research entitled “The daily life of female crack users: public service access”.

Results These women are young, have children that most of them are separated and have at least primary school. All of them have a long time using crack and different attempts of abstinence. They access different public health programs.

Conclusion The results show the vulnerable profile of female crack users. These findings indicate the need specific public intervention in order to improve social and health conditions.