

Patients with Factitious Disorder with Psychological Symptoms require more admissions at all ages. Their somatic episodes have a lower average length of hospitalization, although Cases remain at a Psychiatric Inpatients Unit double time that other patients and they visit double number of physicians. This frequent use of hospital cares supports the importance of an early identification of factitious symptoms.

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Adaptative disorder: Relationship between RAHE and PHQ in primary care

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Background and aims: Adaptative disorder included in ICD-10 is considered a residual category in DSM-IV. We hypothesize that having a high amount of recent life changes could determine having a higher incidence of psychiatric pathology.

Methods: A random sample of 197 primary care attendees aged 18-65 was selected from 3 primary care centres in the area of Madrid (Spain). Of them, 191 (97%) completed the Spanish version of Prime MD PHQ, and a recent life changes checklist (RAHE) in the previous 6 months and between 6-12 months. Data about medical conditions, drug treatments, days of work lost (last year) and use of health care services (last 3 months), was also collected.

Results: 73 (38%) had a PHQ diagnosis (including subthreshold conditions). 121 were women (63,4%). We found that work, home and family and personal and social changes both recent and long lasting were significantly higher in men with PHQ diagnosis ($p < 0,05$) and only recent financial changes were related with a PHQ diagnosis ($p = 0,002$). In women only long lasting personal and social and home and family ($p < 0,05$) changes had a significant relationship as well as recent health changes ($p = 0,017$).

Conclusions: Recent life changes seems to have a relationship with psychiatric symptomatology in both men and women. There are some differences between the changes that could influence men and women.

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The forecasting of chronic forms of PTSD

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Under determined conditions acute reactions on stress are transformed in chronic forms of PTSD. The meaning of persisting studies was searching for significant factors of prognosis, defining shaping chronic forms of PTSD. We have investigated 84 military men, beside which in condition of the combat situation acute psychogenic disorders were developed. The average age of respondents was $18,6 \pm 0,6$ years. 34,1% of respondents through 2-4 years after taking acute psychogenic disorders, appeared in condition of the combat situation, are revealed signs posttraumatic stressful disorders with expressed social desadaptation. At acute period of psychogenic disorders these respondents distinguished the more high factors of emotional disorders, depression; the trend to displacing factor, causing anxiety; the low self-evaluation. These are larval particularities possible to consider as predestine factors of chronic PTSD.

On base of psychometric signs, characterizing acute period of the psychic trauma, a mathematical model was built, allowing forecast its remote upshots.

By means of given set signs to manage to realize the forecast remote consequence (2-4 years) stressful disorders of combat situation with degree of validity of the recognition 73-85% - for favorable upshot, 71-79% - for events with shaping of chronic forms of PTSD.

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Conversion disorder misdiagnosed as epilepsy for 12 years, treated successfully with fluoxetine - Case report

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Background: This case report suggests that Conversion Disorder may take years to become evident, so this diagnosis may place the clinician in difficulties and sometimes in misdiagnosis.

Method and results: A 39 years old woman admitted in Neurology Department (September 2005) to determine the nature of her seizures and other motor symptoms. The first symptoms appeared 12 years ago after marital conflicts. Some days later she presented motor symptoms such as, impaired coordination and balance, "epileptic" seizures and convulsions. She was diagnosed as suffering from Epilepsy and was treated with antiepileptic drugs for many years. During last year she presented a variation of motor symptoms, seizures, convulsions and some sensory symptoms, loss of touch (in the left side of the body), and because of instability. Neurological and laboratory examinations ruled out neurological disorders including epilepsy (normal EEG and CT). Psychiatric consultation followed. We realized that our patient met the diagnostic criteria (DSM-IV) for conversion disorder. Gradually, we discontinued antiepileptic drugs and began to treat with fluoxetine at maximum dose 40mg/day. Three months later she was released from previous symptoms, so we continued to treat with 20 mg/day for ten subsequent months. At present days she lives without motor or sensory symptoms. The patient has provided us with a video registration of her "crisis" recorded by her brother.

Conclusions: The clinicians should raise the awareness about this diagnosis. They have to be careful and improve knowledge about treatment and diagnostic techniques.

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Endothelial damage markers in panic disorder and its evolution after the treatment

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Background and aims: Since 1970, a relationship between cardiovascular morbidity and anxiety disorders has been studied. Endothelial dysfunction is one of the possible mechanisms and has been studied in mental stress. The aim of this study is to compare the levels of two of the best known endothelial damage markers (von Willebrand Factor -vWF- and E-selectin) in patients and controls and its evolution after the treatment.