

**Introduction** Mania occurs in higher rates among individuals with HIV/AIDS, especially with the progression of HIV infection, and constitutes an additional risk factor for facilitate the HIV spread.

**Objective** To provide an overview of secondary mania in HIV-infected patients.

**Methods** Literature review based on PubMed/Medline, using the keywords “HIV”, “AIDS” and “mania”.

**Results** Secondary mania or AIDS mania may be due to illicit or prescribed drugs, CNS infection with HIV, medical illness, including opportunistic infections. Of these, HIV neurotoxicity has been proposed to be the most important factor in its pathogenesis. Mania AIDS differs from primary mania with regard to clinical presentation, course, management and prognosis. The authors will analyze them. Besides decrease to treatment adherence, maniac symptoms also predispose to HIV risk behaviors, which may lead to further HIV transmission. Importantly, the occurrence of HIV mania may announce the transition from HIV infection to AIDS perhaps before other clinical signs are evident. Early recognition and treatment of manic symptoms with mood stabilisers, antipsychotics and HAART improve quality of life, protect from further cognitive deterioration and decrease mortality. In these patients, medication side-effects toxicity, drug interactions, and adherence require special attention.

**Conclusions** Mania has been associated with HIV/AIDS and in many instances acts as a barrier to achieving best treatment outcomes. Thus, psychiatrists need to be aware of the complexities involved in the emergence of manic episodes in HIV-infected patients in order to deal with them in the most appropriate and effective manner.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1950>

#### EV966

### Modulation of the nuclear factor (erythroid 2-derived)-like 2 pathway by antidepressants in rats

D. Martín Hernández\*, Á.G. Bris, K.S. MacDowell, A. Sayd, D. Azpiazu, M.T. Alba, G. Torres, B. García-Bueno, J.L.M. Madrigal, J.C. Leza, J.R. Caso

Complutense university of Madrid, school of medicine, CIBERSAM, pharmacology, Madrid, Spain

\* Corresponding author.

**Introduction** Patients with major depression who are otherwise medically healthy have activated inflammatory pathways. It has been described that depression is not only escorted by inflammation but also by induction of multiple oxidative/nitrosative stress pathways. Nevertheless, there are finely regulated mechanisms involved in preserving cells from damage, such as the nuclear factor Nrf2.

**Aims** To explore in a depression-like model the Nrf2 pathway in the prefrontal cortex (PFC) and the hippocampus of rats and to analyze which classic antidepressants affect the antioxidant activity of the Nrf2 pathway.

**Methods** Male Wistar rats were exposed to chronic mild stress (CMS) and some of them were treated with desipramine, escitalopram or duloxetine. We studied the expression in the PFC and hippocampus of upstream and downstream elements of the Nrf2 pathway and the oxidative damage induced by the CMS.

**Results** After exposure to a CMS protocol, in the PFC, there is an inhibition of upstream and downstream elements of the Nrf2 pathway. Moreover, antidepressant treatments, particularly desipramine and duloxetine, are able to recover some of these elements and to reduce the oxidative damage induced by the depression model. In the hippocampus however, Nrf2 pathways are not that affected and antidepressants do not have many actions.

**Conclusions** Nrf2 pathway is differentially regulated by antidepressants in the PFC and hippocampus. The Nrf2 pathway is

involved in the oxidative/nitrosative damage detected in the PFC after CMS exposure. However, it seems that Nrf2 is not very involved in the effects caused by the CMS in the hippocampus.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1951>

## Psychopathology

#### EV967

### Auditory hallucinations in a deaf patient? – A clinical report

M.A. Aleixo<sup>1,\*</sup>, C.A. Moreira<sup>2</sup>, G. Sobreira<sup>1</sup>, J. Oliveira<sup>3</sup>, L. Carvalho Gil<sup>2</sup>

<sup>1</sup> Centro hospitalar psiquiátrico de Lisboa, Ward 1, first psychotic episode unit, Lisboa, Portugal

<sup>2</sup> Centro hospitalar psiquiátrico de Lisboa, Ward 6, schizophrenia and schizoaffective disorders unit, Lisboa, Portugal

<sup>3</sup> Centro hospitalar psiquiátrico de Lisboa, Ward 2, neuropsychiatry and dementia unit, Lisboa, Portugal

\* Corresponding author.

**Introduction** According to some studies, deaf psychiatric inpatients have prevalence rates of psychotic disorders ranging from 20 to 54%. There are descriptions of the paradoxical finding that prelingually deaf patients with psychosis may hear voices.

**Objectives** To present a case report and conduct a database review in order to understand if deaf patients with psychosis can have auditory hallucinations.

**Aims** The authors' aim is to describe a case, highlight the clinical and scientific relevance of auditory hallucinations in deaf patients and the difficulties and limitations of this process.

**Methods** A Pubmed database search using as keywords “auditory hallucinations”, “deaf” and “deafness” and retrieved papers were selected according to their relevance.

**Results** The authors report a case of a 47-year-old female patient apparently suffering from congenital deafness. The patient had no previous psychiatric history until 4 months prior to her admission at our institution, when she started having psychotic symptoms. The patient was admitted into a Neurology ward but because no neurological sign was found psychiatric liaison consultation was requested. Four months later, she had the same symptoms, describing a voice that said to “shut up” and was admitted to a psychiatric hospital. After medication, the symptoms relapsed and now she is followed in an outpatient setting.

The presence and nature of auditory hallucinations in deaf patients is not fully elucidated and there are methodological problems in the investigation of this subject.

**Conclusions** Current evidence is still inconclusive and the fact that prelingually deaf patient hear voices needs further research.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1952>

#### EV968

### “Yo Soy La Desintegración”: Helplessness and sublimation through Frida Kahlo's history

J. Becker  
Coimbra, Portugal

Considering the relevance of studying the pathologies of emptiness for contemporaneous clinic, this work approaches the correlation

between helplessness and sublimation concepts. Helplessness is considered a new theory, developed by David Maldivsky that uses the term *desvalimiento* to define a clinical condition described by the feeling of emptiness. To understand this concept, it is necessary to return to a primitive period, when the baby is beginning to qualify his affections. Thus, using historical construction, we start at Freud's works (focusing in the primitive period and the affections qualification), explore the "good-enough mother" importance, from Winnicott, and reaching the helplessness from the present-days Maldivsky's studies. The Frida Kahlo's history illustrates this work as much because of her toxic current as because of her talent to sublimate. The maternal failure, the toxic relationships, the trauma's imposition, the abuse of alcohol and drugs and the viscosity denounce her helplessness. Nevertheless, the art expresses her fight for life. The Frida Kahlo's works represent her suffering, but they also are her attempts to understand her feelings and to reframe her traumatic events. Therefore, we introduce the sublimation as an alternative to the helplessness. Although helplessness is the lack of the symbolic life, we present the art as an opportunity to confront experiences, which can allow the representation of the traumas and the qualification of affections. Through the sublimation, Frida Kahlo recreated her inner world and returned to life.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1953>

#### EV969

### Psychopathology and spiritual experiences: Criteria for differential assessment

I. Bone-Pina

Universidad Pontificia Comillas, Psychology, Madrid, Spain

**Introduction** There is a plurality of differing opinions defining borders between mental disorders and spiritual experiences. This research proposes criteria for clarifying those boundaries.

**Objectives** Summarize practical criteria for clinicians to assess psychopathological symptoms with spiritual content and to attain a differential diagnosis from healthy spiritual experiences.

**Aims** Merge different approaches from psychopathology, psychology of religion and religious studies to attain practical criteria.

**Methods** Literature review using a phenomenological and critical approach.

**Results** 1. Severe psychiatric symptoms with religious content: (1) are usually in the context of personal impoverishment; (2) appear odd in cultural environments and within a person's biography; (3) do not enhance action or, in the phenomenological tradition, (4) these symptoms come from a weakening of the "intentional arc". 2. A guiding map is suggested to evaluate spiritual expressions and their relationships with mild or moderate mental disorders and with mental health and personal growth. This map is developed by combining different traditions from the psychology of religion. 3. Psychiatric and psychological judgment of religious/spiritual experiences should be self-limited. There is a judgment about its content and about its validity or truth, which is only possible within the different spiritual traditions.

**Conclusions** Psychopathology establishes principles to discriminate some psychotic symptoms from healthy spiritual experiences. Psychology of religion offers some general rules to guide the psychological evaluation of spiritual beliefs and their influence on mental well-being and personal growth. This review opens fields for future research in relating psychopathology and the study of religious experience.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1954>

#### EV970

### "... I just wanted to report me, I went into the subway without paying 9 times..."

M. Canseco Navarro\*, M.M. Machado Vera, A. Peña Serrano, S. Alonso Guitiérrez, F. Molina López, H.S. Juan Miguel, M. Cancino Botello

Consorcio Hospital General Universitario, Conselleria de Sanitat, Valencia, Spain

\* Corresponding author.

A clinical case is presented. The reason for admission was for behavioral disturbances and agitation *piscomotriz* episode in the street: she had gone to a library to "denounce" the police for entering the subway without paying several times. The patient was very distraught because she was heavily guarded (someone had tapped her phone, entered her house, changed objects place, she was chased down the street...). In the psychopathological examination revealed the sphere of language, her speech was fluid, with pressured speech, full of details, with loss of thread and highlighted the presence of neologisms and grammatical errors (changes of subject and predicate...) and changes some letters by others in the same word. She often used sayings incorrectly and, when you are exploring about this fact, objectively presenting alteration in abstract thinking. In addition, it presents self-references on television. The diagnostic impression was chronic psychotic process of years of evolution. In this case, it was decided to administer intramuscular antipsychotic treatment because she was not aware of the disease but presenting good tolerability profile because, otherwise, leave the track and also a good social functioning was sought. Currently, she continues in mental health, she has not reported new crisis and a progressive scan objective improvement in the organization of thought and speech, leaving the psychotic symptoms.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1955>

#### EV971

### Emotion dysregulation: A review of the concept and implications for clinical practice

A. D'Agostino<sup>1,\*</sup>, S. Covanti<sup>1</sup>, M. Rossi Monti<sup>1</sup>, V. Starcevic<sup>2</sup>

<sup>1</sup> University of Urbino, Department of Human Sciences, Urbino, Italy

<sup>2</sup> University of Sydney, Discipline of Psychiatry–Sydney Medical School, Sydney, Australia

\* Corresponding author.

**Introduction** Over the past decade, emotion dysregulation has become a very popular term in the psychiatric and clinical psychology literature and it has been described as a key component in a range of mental disorders. For this reason, it has been recently called the "hallmark of psychopathology" (Beauchaine et al., 2007). However, many issues make this concept controversial.

**Objectives** To explore emotion dysregulation, focusing on problems related to its definition, meanings and role in many psychiatric disorders.

**Aims** To clarify the psychopathological core of emotion dysregulation and to discuss potential implications for clinical practice.

**Methods** A literature review was carried out by examining articles published in English between January 2003 and June 2015. A search of the databases PubMed, PsycINFO, Science Direct, Medline, EMBASE and Google Scholar was performed to identify the relevant papers.

**Results** Although, there is no agreement about the definition of emotion dysregulation, the following five overlapping, not mutually exclusive dimensions were identified: decreased emotional awareness, inadequate emotional reactivity, intense experience and expression of emotions, emotional rigidity and cognitive