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Introduction Hypothyroidism psychocognitive key features may include melancholia, memory impairment, depression and dementia which could be misdiagnosed as a psychiatric disorder.

Objective To study the incidence of hypothyroidism in psychiatric patients.

Methods This retrospective study included 232 psychiatric patients with mean age of 43.39 ± 10 years old weight mean of 79.81 ± 19.07 kg, BIM of 29.55 ± 6.83 , enrolled in a public mental health service.

Results Twenty point twenty-one percent (39) patients presented hypothyroidism with thyroid-stimulating hormone (TSH) levels above 5 mIU/L and Free T4 levels below 0.7 ng/dl.

Comparing the incidence of hypothyroidism in Brazilian population estimated rate of until 10% [1] with this psychiatric patients population we observed a significant difference with p value of 2.28×10^{-6} . Neuroleptics 92%(36), biperiden 62%(24) and benzodiazepines 38% (15) were the most frequent prescribed drugs for these hypothyroidism patients.

Conclusion Significant difference in the incidence of hypothyroidism between general Brazilian population and the studied psychiatric patients was observed [2,3].

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

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Issues surrounding severe psychiatric post-patients' community living in Japan; how can we best prepare them?

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Introduction The average length of stay in Japan at psychiatric hospital is 292 days. In recent years, measures to shorten the hospitalisation period are being promoted.

Objective To understand patients who were discharged from emergency ward/acute psychiatric care units the needs post-discharge, in order to improve the quality of psychiatric nursing care at the psychiatric out patient care.

Methods Sixty-two patients who have been hospitalised in emergency ward/acute psychiatric care units, with a diagnosis of

schizophrenia and mood disorders, and currently visiting the out-patient department of psychiatric care were selected as the subject. Semi-structured interviews were conducted.

Results The issues that patients faced post-discharged were;

– daily life issues: how to support themselves, how to cook, what to eat, and how to sleep;

– relationship with families and supporters;

– concerns of their conditions such as anxiety, restlessness, dissatisfaction, loneliness, isolated feeling, drowsiness. Patients consulted their family members, their doctors, or professionals other than doctors.

Conclusion The needs for the support for patients who recently discharged from an acute psychiatric ward were high, with the instability of the patient as well as the possibility of worsening their symptoms. There was a high demand for professionals other than a doctor as a consultant, given the limited consulting resources the patients have. The patients' concerns post-discharge varied widely, focusing mainly on their daily lives. Support system, including monitoring, is necessary during early stages of discharge.

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Corticosteroid-induced psychosis: Case report and review of the literature

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Introduction Steroid psychosis still presents many unsettled clinical aspects. Despite several reviews and case reports are available, modes of onset and recovery need a more accurate description. We will focus on a 53-year-old woman who was hospitalized against her will because of her agitated psychotic state. Her symptoms were indicative of an acute psychotic disorder resulting from the use of corticosteroids. We considered it important to report this case because corticosteroids have been widely prescribed since about 1950 to treat a broad spectrum of somatic illnesses and to emphasize the relevance of the dose of steroids in this case.

Objectives We describe a case of substance-induced psychotic disorder resulting from corticosteroids administration and we review the scientific literature about this topic.

Aims To obtain more information about the incidence of steroid-induced psychotic symptoms, the relation between the type of steroids, its dose and the clinical presentation, the most important risk factors and how to prevent psychotic episodes during steroids-treatment.

Methods After discussing the case, we studied the literature systematically using official medical browsers.

Results Very little reliable evidence has been available relating to steroid-induced psychosis.

Conclusions There is much to learn about adverse psychiatric reactions to corticosteroid treatment. It should be improved awareness of the limited available knowledge and to stimulate research aimed at improved methods of prevention, recognition and treatment.

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