EV425

Psychosocial outcomes 3 years after facial transplantation of a blind patient

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Background To date, psychosocial outcomes after facial transplantation are promising although long-term consequences, outcome of blind patients and the impact on family members are less well investigated. The aim of this study was to examine the long-term psychosocial of a blind patient and his partner 2 and 3 years after facial transplantation.
Methods Depressive and anxiety symptoms, hopelessness, coping, resilience, illness cognitions, marital support, dyadic adjustment, family functioning and quality of life of the patient and the partner were assessed before and 2 and 3 years after transplantation. Reliable change index (RCI) was further calculated to evaluate the magnitude of change.
Results Most psychological, marital and family scores of both the patient and the partner remained within a normative and healthy range at follow-up. Resilience (RCI: 2.5 & 3.4 respectively), affective responsiveness (RCI: −4.1 & −3.2 respectively), physical quality of life (RCI: 8.7 & 7.2 respectively) and helplessness (RCI: −2.2 & −2.9 respectively) of the patient improved at 2 and 3 years follow-up. Further, dyadic cohesion (RCI: 2.4) of the patient improved at 2 years whereas marital depth (RCI: −2.0) of the partner decreased at 3 years.
Conclusions The results of this study point to positive long-term psychosocial outcomes of a blind patient and his partner after facial transplantation. Further, they may underscore the importance of patient selection, social support and involvement of family members in treatment.
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EV426

Alternative treatment options for lithium-induced nephrogenic diabetes insipidus

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Introduction Lithium is currently a drug of choice for treating persons with bipolar disorder and is widely used in this population. Approximately, 30% of patients taking lithium experience at least one episode of lithium toxicity. Treatment of acute toxicity involves correction of electrolyte abnormalities, volume repletion followed by forced diuresis, and dialysis in severe cases. A case report is described and it is reviewed some alternative treatment options before considering withdrawal of lithium treatment in lithium-induced nephrogenic diabetes insipidus.
Case report A 58-year-old woman diagnosed of hypertension and bipolar disorder for 20 years. At first, she was controlled with valproic acid until she suffered a manic episode which required a mood stabilizer switch. She started a treatment with lithium 1200 mg/day and olanzapine to 10 mg/day and was completely recovered. After a year of stabilization, olanzapine was retired and she maintained stabilized with lithium 1000 mg/day during last 17 years. During last 8 months, she suffered polydipsia and polyuria (4 L/day). She was diagnosed of nephrogenic diabetes insipidus. Some measures like liquid restriction, lithium monodose and low sodium diet were carried out, obtaining a partial response. Taking into account, she was stabilised with lithium for many years, it was decided to introduce hydrochlorothiazide 25 mg/day, clinical and analytical resolution of nephrogenic diabetes insipidus was obtained. A year later, she maintains psychopathological stabilization, without any lithium secondary effects.
Conclusion Some treatment options for lithium-induced nephrogenic diabetes insipidus could be introducing thiazides, amiloride, indomethacin, desmopressin or carbamazepine, instead of withdrawal lithium.
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New interferon-free therapies on HCV+ chronic hepatitis: Overcoming psychiatric side effects in a real world setting

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Introduction Interferon-alpha (IFNα) was the backbone therapy for HCV+ related chronic hepatitis (CH-C). However, it was associated with significant neuropsychiatric side effects and impaired health-related quality of life. Second Generation IFNα-free direct-acting antiviral agents (DAAs) seem to be associated with fewer side effects, better tolerability, high efficacy rates and better patient reported outcomes (PROs) [Younoussi, 2014].
Aims To describe the neuropsychiatric symptoms and PROs during Second Generation DAAs plus ribavirin oral treatment in a group of CH-C real world patients.
Methods Nineteen CH-C outpatients, scheduled for IFNα-free treatment, were assessed at enrolment (T0), at 4 (T1) and at 12 (T2) weeks, the end of treatment, by means of MDRS, HAM-D, HAM-A, MRS, Y-BOCS and SF-36. A pharmacological therapy, based on clinical evidence, was provided at psychiatric symptoms onset.
Results During the treatment, we didn't report any worsening in the administred psychometric scales. Furthermore, we observed a general improvement at week 12 (T2), statistically significant only for MRS ($P < 0.05$). Any statistically significant difference was found for SF-36 mean scores comparing T0, T1 and T2. However, SF-36 cluster analysis showed between T0 and T2 a meaningful and significant rise of global health clusters "General health perceptions" ($P < 0.05$), "Change in overall health status" ($P < 0.001$) and a significant impairment in cluster "Emotional role functioning" ($P < 0.05$).
Conclusions Our real world data are consistent with trial setting results [Younoussi, 2014]. Contrary to previous IFNα-based therapy, new regimens don't seem to be associated with psychiatric side effects and suggest an immediate gain in general health PROs over the treatment period.

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EV428

Incapacity to decide in liaison psychiatry: Analysis of sample of patients admitted in somatic departments of a general hospital

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Introduction Decision capacity (DC) is a complex construct, whose assessment poses huge challenges to Liaison Psychiatrist (LP).
Objectives/aims Assess factors related to DC in patients with somatic disorders admitted in medical and surgical departments of a general hospital.
Methods Clinical records of patients who were submitted to a DC assessment at Hospital Fernando Fonseca (Portugal), from 1st January 2012 to 31st December 2014 were retrospectively analysed. Collected data were statistically analysed with SPSS®. Univariable analysis was performed, in order to determine factors related to DC.
Results Data from 35 patients subject to DC evaluation were considered, of whom 42.4% were considered unable to give consent to medical and/or surgical procedures. Most of these assessments were related to patients who refused treatment. Patients unable to decide were predominantly male and mainly affected by organic mental or neurocognitive disorders ($P < 0.05$). There were no statistical significant differences in the age of those considered able or unable to decide. After PL intervention, 40% of those considered unable to decide changed their decision. However, it was not significantly related to the ability to give consent.
Conclusions Neurocognitive disorders are common diagnosis found in patients admitted in somatic departments with no DC. Frequent change in decision after LP intervention may reflect not only cognitive fluctuations, but also a possible influence of LP intervention on patients' choices. Appropriate standardized measures are useful tools in assessing patients with cognitive impairment, reducing evaluation differences between professionals, and in order to increase LP decisions credibility.
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EV429

Acute hypomania in systemic lupus erythematosus, differential diagnosis. A case report

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Introduction It is well known that seizures and psychosis are diagnostic criteria for systemic lupus erythematosus (SLE), however, there could be many other neuropsychiatric symptoms. The American College of Rheumatology Nomenclature provides case definitions for 19 neuropsychiatric syndromes seen in SLE (NPSLE), including cognitive impairment, psychosis, mood and anxiety disorders. Lack of specific manifestations difficult diagnosis and treatment.
Objectives To address the diagnostic difficulties that involve the appearance of hypomanic symptoms in the course of SLE treated with high doses of corticoids in a patient with a depressive episode history.
Method Description of case report and literature revision. We report the case of a 22-year-old woman who presented irritable mood, sexual disinhibition, insomnia and inflated self-esteem. The patient was recently diagnosed with SLE and was on treatment with 50 mg/d prednisone. She had familiar history for bipolar disorder and was taking 20 mg/d paroxetine since the last 6 months after being diagnosed with major depressive episode.
Results We proposed differential diagnosis between psychiatric symptoms secondary to central nervous system SLE involvement, a comorbid bipolar disorder or prednisone-induced mood symptoms. Fluctuation of hypomanic symptoms during hospitalization, poor relationship with variation in corticosteroid doses, findings on brain MRI compatible with vasculitis and positive antibodies, oriented this case to a neuropsychiatric manifestation of LES.
Conclusions We should keep in mind that symptoms of neuropsychiatric SLE may vary from more established manifestations of NPSLE to mild diffuses ones. More studies are needed to expand knowledge in the relationship between mood disorders and neuropsychiatric SLE.
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Risk factors for a new cardiac event after a first acute coronary syndrome

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Introduction Depression is an established risk factor for acute coronary syndrome (ACS), nonetheless the mechanisms underlying this association are still unclear and literature disagrees on the role played by anxiety. Moreover, most of the studies included subjects with a long lasting history of heart disease or recurrent depressive episodes that could bias the results.
Objectives We performed serial assessments of anxiety, depression and new cardiac events in a cohort of never-depressed patients in the two years after their first ACS.
Aims Clarify the role of anxiety and depression in predicting new cardiac events.
Methods Two hundred and fifty-one consecutive patients completed the two-years follow-up. The presence of depression was evaluated with the Primary Care Evaluation of Mental Disorders (PRIME-MD) and its severity with the Hospital Anxiety and Depression Scale (HADS). Evaluations were collected at baseline, when GRACE-score was calculated, and at 1, 2, 4, 6, 9, 12 and 24-months follow-ups.
Results Forty-two patients (16.7%) developed a second cardiac event and, of these, eighteen (42.9%) had a previous depressive episode. At Cox Regression, controlling for confounding clinical variables (e.g. GRACE-score), developing a first-ever depressive episode was a significant risk factor (OR = 2.38; 95%CI = 1.11–5.14; $P = 0.027$) whereas baseline anxiety was protective (OR = 0.56; 95%CI = 0.38–0.81; $P = 0.002$). The latter, moreover, moderated the effect of incident depression on new cardiac events.
Conclusion Our results confirm the well-established detrimental effect of depression on cardiac prognosis and suggest clinicians to