

EV1241

Victimization and perpetration of crime in patients with schizophrenia and related disorders involuntarily admitted

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Introduction Incidence of crime victimization and perpetration is higher in severely mentally ill people than in general population. In the literature, fewer papers investigate the risk of being a victim than the risk of perpetrating violence in psychiatric patients.

Objectives To study incidence of self-reported crime victimisation or perpetration in 2 multicentric database of patients suffering from schizophrenia or related psychoses who are admitted involuntarily to hospital.

Methods Included involuntarily admitted patients with ICD-10 diagnosis of F20-F29, age 18–65, giving informed consent. Univariable and multivariable logistic regression to estimate odds ratios. Structured interview and BPRS by trained operators.

Results Three hundred and eighty-three and 543 cases for each database. Victims: 37.8% and 28.0%. Accused: 25.6% and 11.6%. Victims had higher BPRS subscale of Mania, were unemployed and had fewer social contacts. Accused had higher mania in one of the 2 sample. Sociodemographic predictors included unemployment and homelessness, younger age and male gender.

Discussion Sociodemographic factors are important predictors of being accused of a crime. Higher symptoms of mania are associated with higher odds of being victim of violence in 2 multicentric samples, after correction for other variables. Rates of both victimisation and perpetration rates are higher than in samples of people from general population or from outpatients settings. Accused and victims have a strong association with consideration on the context of life.

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EV1242

CB1-5-HT2A heteromers in schizophrenia patients: Human studies in pro-neurons of the olfactory epithelium

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Introduction Despite multiple clinical and preclinical studies investigating schizophrenia, the neurobiological basis of this disease is still unknown. The dysregulation of the serotonergic system, in particular the 5-HT2A receptor and the endocannabinoid system have been postulated as possible causes of schizophrenia.

Objectives The aim of this study is to evaluate the expression of CB1-5-HT2A receptor heteromers in primary cultures of pro-neurons from the olfactory epithelium in schizophrenia patients and control subjects.

Methods We recruited a group of 10 healthy volunteers and 10 patients diagnosed with schizophrenia, who were treated with atypical antipsychotics, were clinically stable and had an illness duration range from 1 up to 15 years. The patients were diagnosed with schizophrenia from the medical record and confirmed by the structured clinical interview for DSM disorders. The expression of CB1-5-HT2A receptor heteromers in primary cultures of pro-neurons from the olfactory epithelium was quantified using proximity ligation assays and confocal microscopy.

Results Olfactory epithelium pro-neurons were viable and expressed the neuronal marker, III- β tubulin. We also established the presence and the functionality of CB1-5-HT2A receptor heteromers in these cells using the proximity ligation and cAMP activity assays, respectively. Heteromer expression was significantly increased in schizophrenia patients with respect to controls.

Conclusions This highly innovative methodology will allow the noninvasive, low-cost study of new biomarkers for schizophrenia in a model closely related to the central nervous system.

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Ziprasidone and pulmonary embolism, report of a case

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Introduction Several scientific studies support the relation between pulmonary embolism and antipsychotic treatment (acute or chronic). We present a case of possible association of venous thromboembolism (VTE) and ziprasidone.

Personal antecedents Man, 55-year-old, with mild hypertension. He has neither toxics habits nor allergies. He does exercise every day. He started with behavioral and perception disorders during 9 months before being diagnosed of paranoid schizophrenia in 2002. He began with risperidone 3 mg per day and amisulpride 25 mg per day as hypnotic. It allowed a good development and he keeps stable since then. The treatment produced sedation and weight increase, so it was changed to ziprasidone 60 mg per day and later 40 mg per day. A few months ago, he was hospitalized with breathlessness that started suddenly two days before. After all diagnostic tests, he was diagnosed with pulmonary embolism and right leg VTE. His medical development was very positive and he must begin with acenocumarol (doses-depend) and support stockings.

Conclusion As we know, since last 10 years, antipsychotic exposure significantly increases the risk of pulmonary embolism. Due to the lack of risk related factor in this case, it would point that reason. The increase related is about 50% of developing VTE and this increased risk similarly applies to first and second generation antipsychotics drugs. Despite that, there are more cases in olanzapine, clozapine and haloperidol treatments due to antiaggregatory action and antithrombotic effects. We present this case probably closely related with ziprasidone.

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Psychosis and psoriasis, the skin talks the truth

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Introduction It is well known about relation between skin and mind, not only due to their mutual origin, but also by their illness expression parallelism. We report a case to show that reciprocity.

Personal antecedents Woman, 42-year-old, single. She only suffers from a skin disease; mild psoriasis guttata placed in both elbows and knees. She treated it with local treatment (cortisone cream) during seasonal pruritus and the lesions did not grow or expand. She was hospitalized due to psychotic symptoms (paranoid delusions with her colleagues) and started antipsychotics treatment (risperidone 12 mg per day and olanzapine 10 mg per night). By the same time, she suffered a psoriasis crisis. Her psoriatic plaques increased their sizes and her chest and both thighs were affected too. She complained about grave pruritus. All her medical test results were normal. After that, the patient improved her psychotics' symptoms, but she started with agoraphobic signs and seclusion at home. Psoriasis were even worse than before and she needed metrotexate to treat it. Being introduced to escitalopram 15 mg per day, anxiety and depression symptoms disappeared and her grave psoriasis became the mild one that she knew.

Conclusion Schizophrenia was associated with a greater variety of autoimmune diseases than was anticipated. Studies found evidence for a shared genetic etiology between schizophrenia and psoriasis. Despite that, we think that the study of psychopathology can amplify our understanding about the etiopathogenesis of psoriasis and associated mental disorders.

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EV1245

Frontotemporal dementia misdiagnosed as schizophrenia or other psychotic disorder

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Introduction Frontotemporal dementia (FTD) encompasses a group of clinical features that include personality and behavior changes (disinhibition, social isolation, antisocial behavior, compulsion) and executive dysfunction (poor planning, loss of judgment and loss of insight). These features may lead to an incorrect diagnosis of a primary psychiatric disorder.

Objectives To emphasize the difficulties in making a clinical distinction between early frontotemporal dementia and other psychiatric diseases.

Methods We describe 11 patients who suffered from FTD, while initially had diagnosed with primary psychiatric disorders. The cor-

rect diagnosis was achieved by psychiatric and neuropsychological evaluations (WAIS SCALE, ACE-R, MMSE), neuroimaging studies (MRI 7/11, SPECT 8/11) and applying the international consensus criteria for FTD.

Results All patients (5 males and 6 females) were initially diagnosed with psychiatric disorders: schizophrenia (2/11), bipolar disorders (4/11), depression (5/11), schizoaffective disorder (1/11), somatization disorder (1/11), personality disorders (2/11), malingering (1/11), alcohol dependence (1/11), while 5 patients had more than one diagnosis. The age of onset varied from 19 to 53 years old. Final diagnosis of FTD was delayed on average 6,5 years from the onset of symptoms.

Conclusion Clinicians should be familiar with the clinical entity of FTD and its difficult distinction from other psychiatric disorders. A possible hospitalization of a patient with FTD in a psychiatric department and the social impact that it brings may be avoided. On the other hand, the proper care of FTD patients (pharmacological and psychosocial) improves the quality of life of patients and their caregivers.

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Validation of the Portuguese version of the consumer experiences of stigma questionnaire (CESQ)

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Introduction Tackling stigma and discrimination is a major concern worldwide as demonstrated e.g. in the European Mental Health Action Plan. We need valid and feasible indicators to assess the stigma of mental illness. In Portugal, validated scales focused on mental health consumers' personal experiences of stigma are scarce. The consumer experiences of stigma questionnaire (CESQ) (Wahl, 1999), developed in collaboration with the National Alliance for the Mentally Ill, focuses on users' real life experiences. Although it was validated in different countries, some psychometric properties (e.g. test-retest reliability) are to be tested.

Objectives To further assess CESQ psychometric properties and to validate its Portuguese translation.

Methods The CESQ Portuguese translation was developed in collaboration with the author (Otto Wahl), using standard translation and back-translation procedures. The acceptability of items was assessed in pilot studies and discussed in groups also involving health professionals. The measure was then used in a convenience sample of 122 persons with severe mental illness. Assessments included test-retest reliability ($n=48$). A factor analysis was also conducted.

Results Overall, the CESQ translation proved acceptable and missing items were few, not compromising the analysis. The intra-class correlation coefficient (ICC) for test-retest reliability was 0.83 [95% CI 0.71–0.90] and Cronbach's alpha for internal consistency was 0.80 [95% CI 0.75–0.85]. In the principal component analysis, factor loadings confirmed the two originally reported domains: stigma and discrimination.