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**Introduction** The simultaneous presence of temporal epilepsy and psychosis includes a careful approach to diagnosis and titration of medication.

**Aim** To achieve remission of comorbid diseases resistant to therapy.

**Methods** Psychotherapy interview and support, laboratory measurements, EEG, cerebral CT and MRI scan, psychological testing.

**Results** The patient was a girl 16 years of age. In 2011, she started experiencing auditory hallucinations of disturbing content, ideas of persecution, and she feared that people were going to kill her, all of which were bothering her deeply. In the family anamnesis, her grandmother and aunt both suffer from schizophrenia. In the first neurological assessment, there were no aberrations. The patient was treated with high doses of various antipsychotics, but the hallucinations became unbearable to the extent that she was about to commit suicide. Anticonvulsive therapy was planned, and in the meantime, a second neurological assessment was performed, which confirmed the coexistence of temporal epilepsy. Combined therapy consisting of anticonvulsive and antipsychotic medication markedly abated the hallucinations. However, the patient began to feel cramping of the right arm, as well as experiencing the negative symptoms of psychosis. She wasn't functioning normally anymore, she was distinctly adynamic, depressive, with a lack of initiative, and poor memory and concentration. Psychological testing confirmed significant cognitive, emotional and personality disorders (of organic source).

**Conclusion** Treatment of the overlapping symptoms of temporal epilepsy and psychosis is complex, along with the presence of intellectual deterioration.

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## EV380

### Clinical aspects of depression in Parkinson's disease

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**Introduction** Parkinson's disease is the most common neurodegenerative movement disorder in the elderly population. The disease is clinically characterized by major motor symptoms that include bradykinesia, rigidity, tremor and postural instability. In addition to the motor symptoms, Parkinson's disease is characterized by emotional and cognitive deficits, which reduce quality of life independently from motor manifestations.

**Objectives/Aims** To discuss the clinical manifestations of depression in Parkinson's disease according to the most recent scientific literature.

**Methods** Online search/review of the literature has been carried out, using Medline/Pubmed, concerning, "Parkinson's disease" and "depression".

**Results** Depression is the most frequent psychiatric disorder in Parkinson's disease. In up to 30% of the cases, the depressive symptoms precede the development of motor symptoms. Independently of the age of appearance, duration and severity of the motor symptoms, depression is generally an integral part of the disease. Depression in Parkinson's disease is generally mild or moderate, with premature loss of self-esteem and volition. Although the high rates of suicidal ideation, suicide is rare. There is also a high prevalence of panic attacks and anxiety.

**Conclusions** It is difficult to correctly identify depression in Parkinson's disease as some symptoms assigned to Parkinson's disease itself can in fact be the clinical manifestation of a depressive disorder. On the other hand, depressive symptoms may not be recognized as such, but considered manifestations of Parkinson's disease.

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## EV381

### Huntington's disease-comorbidity

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Huntington's Korea or Huntington's disease is a pathology of the nervous central system that provokes involuntary movements those who are named Korea or San Vito's evil, changes of conduct, psychiatric alterations and dementia. It thinks that it is a slightly frequent disease among the caucasian ones (1 every 100,000 or 200,000 persons), except in Venezuela that has the highest rate of the world (1 every 10,000). It is named badly of San Vito because he was the saint, the one that was evoked to treat this type of disease. It is a neurodegenerative disease and is accompanied of atrophy of the fluted body and loss of neurons on decrease of neurotransmitters. Members' spasmodic movements and facial muscles as dance, uncoordination motorboat. These movements woke fear and superstition up in an epoch. Alterations motorboats attitude, march and abnormal movements. Loss of weight for faults in swallowing besides the loss of calories (approximately 4000 daily ones for the constant movement). Not only it is a disease motorboat, the patient loses aptitude to communicate and dies in 10-15 years. There are psychiatric symptoms as the depression, changes of personality, decrease of intellectual capacity and suicide. Let's sense beforehand a clinical case of a 69-year-old patient with psychiatric depressive precedents of years of evolution with treatment psychopharmacology and worsening in last 2 years. Treatment is prescribed with antipsychotic and before a not well-taken quake, is studied by neurology who diagnoses Huntington's disease.

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## EV382

### Peculiarities of comorbid addictions in neurotic disorders

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**Introduction** Under contemporary social circumstances, there is a tendency to increasing of amount of persons disposed to addictive behavior (AB) as a mean to remove psychoemotional tension and to solve their significant problems. This tendency raises in patients with neurotic disorders (ND) that influences on clinical manifestations of the pathology and impedes diagnosis and timely care for this category of patients.

**Aim** To investigate AB in the structure of neurotic disorders (F44.7, F40.8, F48.0).

**Methods** Assessment of personal addictive status with AUDIT-like tests to detect disorders related to substance and non-substance abuse; 109 patients with ND (main group) and 52 persons without ND (control group) were examined.

**Results** It was revealed that patients with ND had significantly higher risk of AB formation (59.73% compared with 21.15% in healthy persons;  $P < 0.0001$ ). According to the group comparison, in patients with ND levels of AB expression on parameters of "Job" (12.06 points), "Food" (11.98 points), "Internet" (11.10 points), "TV" (8.82 points), "Shopping" (6.59 points) were significantly higher than in healthy persons (9.73; 9.23; 9.00; 7.38; 4.25 points, respectively;  $P < 0.05$ ). However, levels of keenness on computer were significantly higher in healthy persons (3.48 points) than in patients with ND (2.34 points;  $P < 0.05$ ). AB connected with substance abuse was not registered in the groups.

**Conclusions** The results suggest that the patients use AB in forms of food, Internet, job, TV, shopping dependencies as a subconscious mechanism substituting unsatisfied needs and decreasing motivation-emotional tension under conditions of a frustration conflict.

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

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#### EV384

### Is social attachment an addictive disorder? Role of the latest findings in the opioid system

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**Introduction** The endogenous opiate system (EOS) has been linked to social attachment in classical animal experiments, to addictive disorders (AD) and, more recently, to specific traits of personality through research in genetic polymorphisms and neuroimaging techniques.

**Objectives** To expose the relation between social bonding and AD, via the latest neurobiological findings in the EOS. To propose a theoretical framework which may allow a clinical approach based upon respect and no stigmatization.

**Methods** Literature review in MEDLINE database with the keywords "opioid", "polymorphism", "object attachment", "addictive behavior", "personality".

**Results** Polymorphisms in the mu-opioid receptor gene lead to different attachment behaviors in primates. The EOS in humans has been related to pain and placebo effect and recently, to social rejection and acceptance. Thus, some authors talk about "social pain". Interestingly, the EOS has a role in harm avoidance and in the reward system. These traits of personality (harm avoidance and reward dependence) predispose to AD, and likely, pathological models of social bonding may drive to a need of palliating excessive discomfort originated by an altered opioid function through addictive behaviors. The origin of AD must be focused on the individual vulnerability rather than in the addictive substance/behavior.

**Conclusions** The latest findings in the EOS yield concrete evidences that support the classical hypothesis of an opioid nexus between social attachment and AD, and shift the spotlight from the addictive object to the vulnerable subject. This theoretical framework may ease a clinical approach based upon respect and no stigmatization.

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#### EV385

### Mental disturbances in patients with acute medical condition

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Contemporary remains understudied health issue - the psychological aspect of the acute therapeutic diseases problem. Among the most common diseases - coronary heart disease (CHD), myocardial infarction (MI), crisis states in patients with arterial hypertension (AH), transient ischemic attack (TIA) and acute stroke (AS), gastric ulcer and duodenal ulcer (GU&DU). Clinical features of the structure, dynamics, current and immediate link with the medical conditions is not fully understood. The basis of our research, the purpose of which, was to identify mental disturbances in patients with acute therapeutic diseases. One hundred and eighty-seven patients were examined, 34 CHD patients, 37-MI, 38 - TIA, 39-AH, 39 - GU&DU, 65% male and 35% female aged 20 to 60 years. The main research method was clinical and psychopathological. A high-level affective and neurotic disorders in these patients was observed. Structured analysis allowed identifying four main options disturbances: nosogenic neurotic reaction-68 patients; somatogenic asthenic syndrome-46 patients; reaction psychological maladjustment-34 patients; acute stress reactions-39 patients. Stratification of structure psychopathological syndroms allowed systematizing them in 4 different groups: asthenic-24%; anxiety - 46%; subdepressive - 11%; somatoform - 19%. That was the basis for the determination early psychotherapeutic correction program, formed by integrative model. The high efficacy was shown in 74% patients, middle range-in 15%, low-in 11% patients.

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#### EV386

### Prevalence and clinical correlates of comorbid drug use and ADH

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The prevalence of drug use in patients suffering ADH is very high. The main purpose of this paper is to make a review of the recent literatura in this field.

We make a review in PUB Med using "ADH" and "drug abuse", selecting papers not older than 5 years.

The conclusions are that adult patients suffering ADH presents higher prevalence of drug use and/or dependence, showing that ADH is a risk factor for this comorbidity.