

EV0319

Which are the possibilities of psychiatric liaison-consultation in dentistry? By the way a qualitative study on symbolic meanings reported by dentists on handling of dental-carries

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Dental caries is the main oral disease and there is a possible psychological resistance from dentists to change clinical practice towards in sense of health promotion as opposite to invasive mechanical practice. We hypothesized that the discussion of their practice with mental health professionals, highlighting the humanist view in approaching patients, would imply reviewing usually invasive practices.

Objective To understand the psychological meanings attributed by dentists to the treatment of dental caries considering the frequent invasive treatment.

Method Clinical-qualitative method derived from qualitative designs proper to human sciences and applied in assistance settings. Sample composed of all available dentists (ten participants) within an area of basic health units of Piracicaba, São Paulo state. Semi-directed interview with open-ended questions, in-depth, was used. After full transcription of the interviews, qualitative content analysis was carried out, including floating readings to emerge core of meanings with consequent categorization for discussion.

Results Two categories show conflicts in the interpersonal relationship: psychological discomfort due to a perspective of care different from patient and presence of an ideologically vertical relationship. One category showed a successful approach: the patient through openness.

Conclusions There were feelings of impotence in face of difficulties in interpersonal communication. It was possible to observe the influence of bio-power that weakens the possibility of empowering patients. In this way, a mechanical way of practice “saves” professionals from thinking about these human dilemmas. On the other hand, the liaison-consultation psychiatry, at primary care, allows dental professionals to have a personal affective support to rethink approaches on use of technology.

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EV0320

Sjogren's syndrome in a patient previously diagnosed as seasonal affective disorder

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Introduction Sjogren's syndrome (SS) is a common autoimmune disorder that is characterized by chronic inflammation of lachrymal and salivary glands. The well-known clinical manifestations of SS are dry eyes and dry mouth. However, the disease may first present itself with psychiatric symptoms, such as depressed mood, agitation or irritability.

Objectives Our objective is to highlight the importance of systemic examination, including detailed biochemical workup in psychiatric patients with somatic complaints like fatigue and those patients with partial response to treatment.

Methods We present a 35-years-old woman who had depressed mood, obsessions and compulsions, chronic fatigue, generalized muscle and joint pain, balance problems, weight loss, dry mouth and dry eyes for the past few years. Her symptoms would worsen during spring. She was diagnosed with seasonal affective depressive disorder and chronic fatigue and was started on mirtazapine 30 mg/day and venlafaxine 75 mg/day. She was partially responsive to this treatment. The detailed biochemical workup came 1/320 positive for anti-nuclear antibodies (ANA). The oral biopsy showed Sjogren's disease. Gluten sensitivity was found as well.

Results The patient was started on hydroxychloroquine sulfate 400 mg/day in addition to her anti-depressant medication. She was put on a gluten-free diet. She was in full remission in a month and had no depressive attack in spring. Her ANA decreased to 1/80.

Conclusion Psychiatric syndromes may arise from different pathologies of the central nervous system. In patients with recurrent psychiatric syndromes or patients who are partially responsive to conventional treatment approaches further systemic evaluation of the patient is needed.

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EV0321

The psychological signs of the patients who receive treatment in the general clinic

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Background For most of the physical illnesses, behavioral, emotional, cognitive and inter-personal reactions develop. These psychiatric conditions and reactions are actually the adjustment process of the organism.

Objectives Study is conducted in order to identify the psychiatric signs as well as findings of the patients who receive treatment in the general services of hospitals.

Methods The study was carried out with a total of 500 patients who receive treatment in the general service of a hospital of a ministry of health in Turkey between February and May in 2015 by descriptive cross-sectional method. For collecting the data; patient charts, SCL 90-Rand general health questionnaire as well as hospital anxiety and depression scale were utilized. Kolmogorov Smirnov Normality test was applied for the average SCL90R and general health. Questionnaire, as a result of the test, it was detected that both scales did not meet the assumption of normality Therefore, Kruskal Wallis test of non-parametric was used.

Results The study showed no significant difference among the lengths of stay in the hospital according to the average SCL90-R and general health questionnaire It was observed that the patients in the cardiology, neurology, and plastic surgery departments had a higher rate of signs of obsessive compulsive disorders; that the patients in the plastic surgery and internal diseases departments had a higher rate of depressive signs; that the patients in the neurology and plastic surgery departments had a higher rate of paranoid ideation; and that the patients in the neurology service had a higher rate of psychoticism.

Conclusions Overall, it has been observed that the patients hospitalized in the neurology and plastic surgery services had more physiological signs compared to those receiving treatment in the other services.

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EV0322

Evaluating quality of sleep in patients with diagnosis of chronic obstructive pulmonary disease

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Background Multicenter study showed that sleep disorders was diagnosed in approximately 40% of patients with chronic obstructive pulmonary disease. COPD is a condition that is most widely investigated regarding its relation with sleep.

Objectives Our study is a complementarily one that is carried out to determine how COPD affects the quality of sleep.

Methods This study enrolled 300 patients with COPD, who receive treatment in an occupational diseases hospital of ministry of health, Turkey, and control group of 100 healthy volunteers. This definitive, cross-section study was conducted between 01.02.2016–31.04.2016. Socio-demographic details form, epworth sleepiness scale and Pittsburgh sleep quality index are used to gather the study data. Any disease that affects sleep structure (Obstructive sleep apnea syndrome, substance abuse, irritable leg syndrome, depression, anxiety disorder, peptic ulcer) and a treatment that can affect sleep patterns (antidepressant, anxiolytic, diuretic) and to work all patients who were planned to receive Hamilton depression and were assessed with anxiety scale and anxiety, depression those who have high points to think of the reins are not included in the study.

Results Score obtained from Pittsburgh sleep quality index–A subjective test - was significantly high in the COPD group. Actigraphic sleep parameters that include ‘actual wake time’, ‘actual wake %’, ‘total activation score’ and ‘fragmentation index’ were significantly high in the COPD group comparing to control group. Among actigraphic sleep parameters, ‘actual sleep time’, ‘actual sleep’ and ‘sleep efficiency’ were significantly lower in the COPD group comparing to control group.

Conclusions The study demonstrates that chronic obstructive pulmonary disease poses negative influence on the quality of sleep and leads to sleep disorders.

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

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EV0323

Prevalence frequency of disabilities and psychological symptoms in patients diagnosed chronic obstructive pulmonary disease

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Background Chronic obstructive pulmonary disease (COPD) is a major cause of morbidity and mortality chronic obstructive pulmonary disease can cause intense psychological distress due to the caused problems that individuals experience in their lives. COPD is among a number of medical disorders associated with a high rate of depression and other psychological problems.

Objectives In this study, it is aimed to evaluate the prevalence of psychological symptoms and disability in patients with chronic obstructive pulmonary disease.

Methods The study includes 100 volunteers as a control group and 200 patients diagnosed with COPD who are being treated

in a hospital for occupational diseases of the Turkish ministry of health. It is performed as definitive-cross-sectional between 12.03.2016–30.04.2016. In gathering the data; socio-demographic Information form, brief disability questionnaire and Beck depression scale and SCL 90 R scale are applied. The mean age of the COPD group is 49.2 ± 3.4 (25–78) and the control group is 45.1 ± 2.4 (27–60).

Results In our study, depression was detected in 56% of cases with chronic obstructive pulmonary disease. Mean brief disability questionnaire score was found 7.28. Mild disability was found in 21%, moderate disability in 38% and severe disability in 29%. Moreover, It was also found that obsessive-compulsive and depressive symptoms were higher in COPD cases in comparison with the healthy group.

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EV0324

Exploring sources and types of information about Huntington disease received by affected families

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Introduction While revealing the presence of Huntington Disease (HD) within the family setting has received considerable research interest, the sources of information and the detail of which aspects of the illness are discussed remains unexplored. This study's primary aim was to identify HD information sources, both professional and family, and to describe the types of information received by members of affected families, with the hypothesis that some aspects of the disorder would be more fully addressed than others.

Method Clients drawn from a specialist genetic unit looking after families with HD ($n=46$) were engaged in structured interviews and completed standardized questionnaires, including: the psychological adjustment to genetic information scale (PAGIS); and a current psychological distress measure (K10). Participants obtained HD related information from a mean of 4.76 sources (49.3% professional).

Results As expected, genetic and neurological symptoms were more frequently described (97.7% and 86.4% respectively) than cognitive and psychological/psychiatric (63.6%; 52.3%). Regression analyses were used to identify potential predictors of current distress, adjustment, and information satisfaction. Rated satisfaction with information received was higher among participants with a gene positive family member. Across the PAGIS subscales, there were differential associations with the predictors examined.

Conclusions Given that HD is a multi-faceted condition affecting the entire family, needs would be better addressed if information provided went beyond discussion of genetic and movement disorders, and extended to the cognitive, psychological and behavioral aspects which are strongly associated with quality of life.

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