

EV0267

Misdiagnosis of loin pain hematuria syndrome as a somatization disorderL. De Jonge^{1,*}, S. Petrykiv², J. Fennema³, M. Arts⁴¹ Leonardo scientific research institute, geriatric psychiatry, Bergen op Zoom, The Netherlands² University of Groningen–university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands³ GGZ Friesland, geriatric psychiatry, Leeuwarden, The Netherlands⁴ University of Groningen–university medical center Groningen, department of old age psychiatry, Groningen, The Netherlands

* Corresponding author.

Introduction Loin pain hematuria syndrome (LPHS) is a rare kidney disease with a prevalence of ~0.012%. Its clinical features include periods of severe uni- or bilateral loin pain, accompanied by (microscopic) hematuria. It is often misdiagnosed as a psychiatric condition, particularly under the heading of a somatization disorder.

Objectives We describe the case of a patient who developed depressive symptoms after decades of suffering from severe intermittent bilateral loin pain.

Aims To report a case-study, describing LPHS as a cause of severe chronic pain and persistent depressive symptoms.

Methods A case-study is presented and discussed, followed by a literature review.

Results A 55-year-old female was referred to a psychiatrist for her depressive symptoms and persistent periods of severe unilateral or bilateral loin pain and intermittent hematuria for over 25 years. There she was diagnosed with a depression and somatization disorder. She received amitriptyline for many years, without any effect. Finally, the patient opted for a second opinion in an academic hospital in Belgium where it was quickly discovered. After surgery, including renal denervation and kidney autotransplantation, her somatic problems and depressive mood disappeared.

Conclusions The awareness of LPHS is still very limited in medicine. This may lead to incorrect diagnoses, including psychiatric disorders such as somatization disorder. More awareness could lead to earlier diagnosis and prevent the consequences of severe debilitating pain.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.597>

EV0268

Lithium toxicity after bariatric surgeryL. De Jonge^{1,*}, S. Petrykiv², J. Fennema³, M. Arts⁴¹ Leonardo scientific research institute, geriatric psychiatry, Bergen op Zoom, The Netherlands² University of Groningen–university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands³ GGZ Friesland, geriatric psychiatry, Leeuwarden, The Netherlands⁴ University of Groningen–university medical center Groningen, department of old age psychiatry, Groningen, The Netherlands

* Corresponding author.

Introduction Bariatric surgery is globally increasingly being applied in patients with morbid obesity to achieve permanent weight reduction. More than fifty percent of these patients have a psychiatric disorder in their history and over thirty percent take psychotropic medication. The prevalence of bipolar disorder in patients who undergo bariatric surgery is around four percent, and most of them are treated with lithium.

Objectives & aims To report and discuss the effect of bariatric surgery on changes in lithium absorption.

Methods We present all published case studies and literature review on lithium toxicity after bariatric surgery.

Results To date; only two case-reports were published with dramatic changes in lithium level after vertical sleeve gastrectomy and Roux-en-Y bariatric surgery. Within a period of two to five weeks, the patients were presented to the emergency department with signs of dehydration and acute kidney failure.

Conclusion Clinicians should be aware of dramatic and possibly even life-threatening pharmacokinetic changes in drug absorption that may occur after bariatric surgery. Careful monitoring and even reduction of lithium dosage before and after surgery could potentially prevent serious complications.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.598>

EV0269

Depression in people with multiple sclerosisF. Ellouze^{1,*}, W. Bouali¹, B. Hidouri², S. Younes¹, M. Nasr¹¹ CHU Tahar Sfar, Psychiatry, Mahdia, Tunisia² CHU Tahar Sfar, neurology, Mahdia, Tunisia

* Corresponding author.

Introduction Depression is the most common syndrome associated with Multiple Sclerosis (MS) with a high prevalence during a lifetime.

Objectives To assess the prevalence of depression in patients treated in neurology for MS.

Methods We performed a retrospective study on 17 patients diagnosed with MS and confirmed with the criteria of Mac Donalds 2010 with a follow-up in the neurology department of the EPS Mahdia for a period of nine years (2006–2014), then addressed to a psychiatric consultation for depression.

Results In total 17 patients were hospitalised in the neurology department during the study. Ages ranged from 20 to 39 years with an average of 33 years. The average course of the disorder is 5 years. We objectified a female predominance with 82%, a professional activity was found in 76% of patients. The comorbidities found are mainly hypertension, diabetes and asthma, respectively in 11%, 5% and 5%. Depression was clinically confirmed in 9 patients, that to say, 52% of our sample addressed in the psychiatric consultation, whose 6 received an antidepressant (fluoxetine) and 3 received paroxetine. An anxiolytic was given to the half of these patients.

Conclusion The association between MS and depression would, therefore, be neither fortuitous nor only related to non-specific factors of any chronic disease. Specifying the relative share of these explanatory factors is probably one of the challenges for future researches in this area.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.599>

EV0270

The impact of type D personality on the quality of life and on microangiopathic and macroangiopathic complications in outpatients with type 2 diabetes mellitusV.R. Enatescu^{1,*}, I. Papava¹, R.S. Romosan¹, A. Grozavu¹,V. Enatescu², I. Enatescu³, L. Diaconu⁴¹ “Victor Babes” university of medicine and pharmacy Timisoara, psychiatry, Timisoara, Romania