



26th European Congress of Psychiatry E-Poster Viewing

Anxiety disorders and somatoform disorders

EV0006

Can doctors apply treatment strategies for patients with bodily distress syndrome

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Introduction.– Patients with bodily distress syndrome (BDS) with multiple unexplainable somatic symptoms are prevalent in all medical settings and challenge the health care system in time and economically aspects. Despite that documented effective treatment for this patient group is available, doctors appear to struggle to apply these strategies both in primary and secondary care. For the individual doctor, it is essential to know and manage the patient related as well as the doctor related factors that could prevent proper treatment for this patient group.

Objectives.– This case report presents a 65-year-old man with multiple unexplainable symptoms, which have caused substantial consequences for the patient and for the health care system. We identify which factors related to the patient, the doctor and health care system that lead to this man's intensified condition of BDS. Furthermore, we discuss whether the involved doctors were able to follow the common treatment strategy.

Conclusions.– Discussion and conclusion is available after the research work.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0009

Obsessive-compulsive disorder with obsessive-compulsive personality disorder – A case report

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Introduction.– Obsessive-compulsive disorder along with anankastic personality is a diagnostic challenge for the experienced clinician too [1]. Untreated OCD and OCPD are risk factors to develop in other psychiatric problems pushing the patient to seek treatment. They do exist together and must be carefully diagnosed

and appropriately treated. Here, I present a case report of such an unusual case and its treatment.

Objectives.– To highlight that OCD and OCPD can co-exist and needs to be carefully teased out and a need for appropriate treatment.

Results.– The patient's diagnosis was carefully done and patient was successfully treated [2] with antidepressants and low-dose anti-psychotic, along with behavioural therapy to address both OCD and OCPD.

Conclusions.– Obsessive-compulsive disorder should be carefully teased out from Obsessive-compulsive personality so appropriate treatment can be administered.

Disclosure of interest.– The authors declare that they have no competing interest.

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- [2] Mancebo MC, Eisen JL, Grant JE, Rasmussen SA. Obsessive-compulsive personality disorder and Obsessive-compulsive disorder: clinical characteristics, diagnostic difficulties, and treatment. *Ann Clin Psychiatr* 2005;17(4):197–204.

EV0010

Released-active drugs as a modern tool of psychiatric and neurological diseases therapy

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To date, there are many modern drugs for psychiatric and neurological diseases treatment. However, almost all of them have different side effects that limit their use in ambulatory practice. Moreover, uncontrolled long-term use of such drugs creates a high risk of mental and physical dependence.

The alternative is to use innovative released-active drugs presented on the Russian and CIS pharmaceutical markets, for example, Tenoten, Divaza, Brizantin, Kolofort and Proproten-100. The peculiarity of these drugs is that due to special manufacturing

process – the consecutive reduction of the concentration of initial drug substance (different antibodies), new structures emerge in the solution. These new structures are derivatives of the initial antibodies, but possess a different type of the activity: they retain specificity of action, however, do not neutralize their target, but modify it. This activity has been named released-activity, and the derivatives of the antibodies – released-active form of antibodies. Released-activity allows to biochemical correct the violations of integrative activity of the brain. The spectrum of pharmacological activity of the released-active drugs has been shown in the numerous experimental and clinical studies conducted in the leading research centers of Russia and Europe. For example, it was proved that released-active form of antibodies to S100 protein has anxiolytic, antidepressant, anti-stress, anti-aggressive, nootropic (anti-amnesic, neuro-protective) and neuro-trophic activities without sedative and muscle relaxant effects and any type of dependence.

Thus, application of innovative market-proven released-active drugs could be considered as a modern effective and safe tool of psychiatric and neurological diseases pharmacotherapy.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0012

Emotional disturbances in anxiety disorders patients

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It was inspected 136 patients with anxiety disorders (AD). The inspected were divided into 3 groups according to heading of ICD-10: 35 patients with panic disorder (PD) (episodic paroxysmal disorder (EPD)), 34 patients with generalised anxiety disorder (of GAD) and 67 patients with the mixed anxiously-depressed disorder (of MADD). For EPD pathognomyc is predominance of paroxysmal somatic-vegetative and emotional violations on a background the high indexes of personality anxiety and in relation to the normal indexes of reactive alarm. For GAD more inherent connections of permanent and paroxysmal somatic-vegetative and emotional violations are on a background the high indexes of reactive alarm and in relation to normal-personality anxiety. For MADD inherent interference connection of both clinical and pathopsychological displays. From data of methodology of Spilberger scale in most patients there was a high level of reactive alarm in all three groups. From data, got by methodology of K. Leongard, considerable predominance of anxious type was determined for all patients. On the basis the got results, by us reasonable and worked out system of psychotherapy and psychocorrection of sick EPD, GAD and MADD, built on the systems and multilevel principles. The base method of realization of medic-psychologic rehabilitation of sick GAD and MADD, was group psychotherapy. The decline of general level of anxiety, internal anxiety was attained in most patients. On the whole considerable improvement it was attained in 72% patients of I group, in 68% patients of II group and in 78% patients of III group. *Disclosure of interest.*– The authors declare that they have no competing interest.

EV0013

Body-centric healing of extreme trauma

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Introduction.– The Extreme Abuse Survey report on endritual-abuse.org (run by US Clinical Psychologist Dr Ellen Lacter) outlines numerous extreme offences and complex trauma symptoms. Traditional Psychiatry and Psychology, often failing to acknowledge the formation of dissociative disorders by neglect and abuse in early childhood, have little to offer. Energy oriented approaches (e.g. Kurz & Fecht, 2016) provide an alternative. Drawing on the unique experiences of a survivor of extreme abuse, this paper outlines a body-centric healing method.

Objectives.– The presentation provides a personal perspective on abuse and symptoms experienced as well as healing.

Aims.– The aim of this presentation is to disseminate information about the impact of extreme offending on mental health and survivor-informed techniques for healing.

Methods.– Release of traumatic memories triggered a period of self-reflection and self-healing that resulted in a technique that could potentially benefit others.

Results.– The method consists of focusing one's awareness on the physical body, and from there locating and healing wounds in the energy body until the energy body is repaired, and health is restored. There are seven umbrella elements: self-care, self-monitoring and recording, caring for your word, caring for your actions, a strong intention for self-healing, arranging your life so that you can heal, and persistence. There are seven detailed stages of the process.

Conclusion.– This self-healing approach was an isolated individual's solution for dealing with the debilitating somatoform dissociation caused by trauma. It is referenced with published literature, other survivors' accounts, and catalogues anomalous autobiographical phenomenological experiences.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0014

The prevalence of adult separation anxiety disorder in outpatient clinic in Egypt

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Background.– Prevalence of adult separation anxiety disorder (ASAD) is still under estimated, and its risk factor is unclear.

Aim of the work.– This study aimed to assess the prevalence and risk factor associated with ASAD in psychiatric outpatient clinic.

Methods.– Four hundred and ten patients diagnosed with any anxiety disorders according to DSM-V. We assess their sociodemographic data, Hamilton for depression, Hamilton for anxiety and the Separation Anxiety Symptom Inventory).

Results.– Patients with social phobia show higher prevalence of ASAD and this co-morbid was elevated in female than male. Early separation anxiety scores but this association was unique in females only. ASAD was also co-morbid with depression and low educational level.

Conclusions.– Prevalence of ASAD is under estimated and clinicians diagnose it as another anxiety disorder especially social anxiety or depression.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0015

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Conclusions.– Prevalence of ASAD is under estimated and clinicians diagnose it as another anxiety disorder especially social anxiety or depression.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0016

Acting upon misperceptions of one's own body

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One may believe the perception of one's own body to be trustworthy, or even immune to errors, since it is about "the same old body always there", as William James (1890) put it. However, bodily awareness can be impaired in several psychiatric conditions. Patients with body hallucinations, for instance, misperceive their own body. They feel their organs rot in the Cotard syndrome, and during Alice in Wonderland hallucinations they sometimes even perceive and see their body parts changing shape (Todd, 1955). Impaired body perceptions also occur during the phantom limb phenomenon, among patients with somatic symptom disorders when they report sensations that are inconsistent with their objective physical lesions, and in anorexia nervosa. Those symptoms may be influenced by how patients act with their body, insofar as actions influence body perceptions and vice versa (Pitron and de Vignemont, 2017). One major question then arises: to which extent can actions help to reverse impaired body sensations in psychiatric conditions? Interestingly, it is possible to mimic psychiatric bodily symptoms in healthy volunteers with the rubber hand illusion paradigm that makes participants perceive their own body part with another shape or in a different position (Botvinick and Cohen, 1998; Van der Hoort et al., 2011). After describing how actions can reshape body perceptions during the rubber hand illusion, I shall discuss the circumstances under which action-oriented treatments may offer good opportunities for bodily symptoms of psychiatric patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0017

Marital satisfaction in patients with anxiety disorders

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Background.– Marriage satisfaction and the quality of partnership play an important role in the occurrence of psychiatric disorders. Anxiety disorders affect the family everyday functioning, require greater demands for adaptation and re-evaluation of the existing habits of family members and consequently may result in family dysfunction due to anxiety disorders, especially in marital relationship or partnership.

Method.– The relevant studies were identified through the Web of Science, Pub Med, and Scopus databases, within the period 1990–2017.

Results.– Dissatisfaction in a relationship can act as a trigger for the development of anxiety disorders and could also be responsible for the modulation and maintenance of these disorders. However, this dissatisfaction may also be the consequence of manifestation of the anxiety disorders. The individuals with the anxiety may feel guilty about their partners because of the tolerance and help (does not matter what kind and quality of the help he/she provides), sometimes they are submissively grateful because of the support, they may feel inferior, tend to serve him/her. On the other hand, he/she begins to rebuke partner's supposed negative attitudes; the patient may start to use his psychological problems as an excuse and expect others to help him and solve the situation. Consequently, he/she starts to check and criticize the partner and this tense situation may lead to problems in marriage and disturbs family functioning.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0020

Asthma and panic disorder: Two conditions, one presentation

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Introduction.– Panic disorder and asthma frequently co-occur.

Objectives.– The aim of this study is to review the current literature about the co-occurrence of asthma and panic disorder.

Methods.– We conducted a literature review searching the terms "asthma" AND "panic" in Pub Med. The search strategy was limited to articles written in English and that used adult human samples. Bibliographic references of the identified articles were also included.

Results.– Asthma increases the risk of developing anxiety disorders, including panic disorder. Several factors may explain this phenomenon. Medications typically used in asthma management, such as adrenergic agonists, theophylline and steroid medications have anxiogenic properties. In anxiety prone patients, the frightening experience of having repeated asthma attacks may pre-

cipitate a panic disorder, with typical cognitive distortions. On the other hand, anxiety can impact asthma-related outcomes. In patients with asthma, anxiety-related hyperventilation can lead to hypocapnia, which in turn induces bronchoconstriction and asthma symptoms worsening. Interventions based on cognitive-behavioural techniques and respiratory rehabilitation has been proposed to treat patients with both conditions.

Conclusions.– The recognition of symptom overlap between asthma and panic attacks is important for the differential diagnosis and the identification of comorbidity. The understanding of underlying mechanisms is important for treatment success.

Disclosure of interest.– The authors declare that they have no competing interest.

Bipolar disorders

EV0022

Co-existence of bipolar disorder and OCD: A case study

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Bipolar disorder is considered a serious life long mental illness and often with other comorbidities like Anxiety disorder, substance use disorder and OCD (Obsessive-compulsive Disorder) OCD, which was grouped under Anxiety disorder in DSM IV, has become a separate disorder with several underlying disorders. This case report will present a case of a patient seen in outpatient setting with a diagnosis of Bipolar disorder and who also displayed symptoms of Obsessive-compulsive disorder. We will present the likelihood of having both these disorders at the same time, how do they present clinically and their treatment options. We will also discuss the fact that often when the bipolar disorder symptoms like mania or depression are controlled with treatment including the use of medications the OCD symptoms still persist. Will also outline the new advances in diagnostic imaging for OCD and what different treatments can be available for these patients in future.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0023

When bipolar disorder faces Twitter

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Introduction.– Twitter is a social media platform with growing activity and impact on public opinion. Major mental disorders seem to be a frequent topic of interest in Tweets during the recent years. **Objective.**– To analyze Tweets referring to bipolar disorder from the Twitter accounts of prominent US mass media outlets.

Methods.– A qualitative analysis of Tweets selected among a representative sample of American communication media outlets in Twitter. We selected the 15 accounts with the highest number of followers. Tweets were selected if they made any reference to Bipolar disorder. This study focused on the Tweets from 2007–2016.

Results.– Eighty-two Tweets were selected and divided into three categories. 66% were testimonies from patients (“Carrie Fisher’s openness about her bipolar disorder motivated me to talk about

mine”, “Catherine Zeta-Jones talks about her struggle with bipolar disorder”), 30% focused on medical advancements or epidemiological facts (“HEALTH: Study: Breast Cancer Drug May Treat Bipolar Disorder”) and a minority had a condescending tone towards these disorder. Tweets referred to personal testimonies had the highest number of retweets. Peaks in the number of tweets have been observed when celebrities were subjects of the news.

Conclusions.– Bipolar disorder has been the topic of a variety of Tweets among US mass media Twitter accounts, reflecting a social interest on this disorder, most especially when testimonies and news are related to celebrities.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0025

Partial empty Sella syndrome and bipolar affective disorder: Two case reports

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Empty sella syndrome is an illness characterized by filling of cerebrospinal fluid in the pituitary fossa. Due to reduction of pituitary gland, hypopituitarism may occur 20% to 50% of patients. There is a case report in the literature of a patient had manic attack due to hyponatremia according to syndrome of inappropriate anti-diuretic hormone (SIADH). Beside that another case report had been published of a patient had bipolar disorder and the empty sella syndrome incidentally.

Here we present two cases that have been treated in our inpatient clinic for manic phase of bipolar disorder, diagnosed for partial empty syndrome. During the investigations to rule out the organic cranial pathology, partial empty sella appearance has been noticed. There was no neurologic, visual dysfunction or laboratory abnormality in both patients. Thyroid dysfunction was ruled out. Patients should be investigated further for hypopituitarism. Patients have remitted less than 4 weeks of treatment with valproic acid and atypical antipsychotics.

Empty sella syndrome coexisting with bipolar disorder is a very occasional condition. Our knowledge is not enough to claim that the empty sella syndrome is a cause of bipolar disorder. But we should investigate patients with bipolar disorder carefully for organic pathology.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0028

Early-onset bipolar disorder: descriptive study among 48 bipolar patients

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Introduction.– Bipolar disorder is a mood disorder. Symptoms of mania and depression in adolescents may manifest themselves through a variety of different behaviours.

Objective.– To study different characteristics of early onset bipolar disorder.

Methodology.– It was a descriptive retrospective study of all bipolar patients with early onset hospitalized between January 2008 and December 2016 in the psychiatry department in Monastir and had a minimum follow-up of six months

Results.– The study was involved 48 patients with 28 men. The average age was 33.75 years. The mean age of onset of the disease in our study population was 16.1 years with extremes ranging from 13 to 18 years. A stressor preceding the first episode was present in 41.7%. These were mostly family conflicts (14.6%). The average number of years of study was 8.9. 79.1% were single and 4.2% were divorced. The family history of mood disorder was found in 50% of patients and schizophrenia in 29.2. 22.9% of the patients had a criminal record as well as addiction to a substance in 31.3%. The nature of the first episode was predominantly manic in 81.2%. The delay between the 1st episode and the 1st relapse had a median = 12 months. The average number of access per year was 0.54. We found a higher frequency of manic episodes with a mean of 5.1 ± 3.6 . A dominant polarity of the manic type was found in 97.9% and 72.9% had psychotic symptoms in their relapses.

Conclusion.– Our study suggests that early onset bipolar disorder presents some differences in clinical expression.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0030

The coexistence of arachnoid cyst with bipolar disorder: A case report

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Introduction.– It has been reported that AC occurred in about 1% of the general population and even more prevalent in psychiatric patients.

Objectives.– To present a clinical case illustrative of the relationship between the presence of an arachnoid cyst(AC) and psychiatric symptoms.

Methods.– We used a multidisciplinary approach to the patient and reviewed the literature about the theme.

Results.– Male 57-year-old, with previous psychiatric disorders and a history of AC and hepatitis C, was admitted at the emergency department with grandiose delusions, insomnia, increased activity, social disinhibition, behavioural disorganization and heteroaggressiveness, that begun three months ago. A cranial computer tomography(CT) revealed the presence of the already documented AC in the left frontal lobe. After consultation with Neurosurgery, conservative management was proposed. He was admitted into the Psychiatric Service and started in sodium valproate, olanzapine and diazepam. During his stay at the hospital, the patient's psychotic symptoms persisted with frequent periods of mental confusion and behavioural disorganization. He repeated the cranial CT that show no new changes and did an electroencephalogram with normal result. The treatment was adjusted and the patient was discharged after two months of hospitalization with mild improvement in symptomatology. We started a follow-up outpatient care, including psychiatric and neurosurgical appointments.

Conclusions.– Some articles suggest that there is an etiologic relationship between AC and psychiatric disorders, however it is difficult to be absolutely certain whether the lesion had influence on the patient's psychiatric symptoms or not. More research is

necessary to establish the relationship between cyst lesions and psychiatric symptoms in bipolar patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0031

May serum uric acid levels help us distinguish between bipolar and unipolar depression? – An exploratory study

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Introduction.– Recent studies have found a correlation between serum uric acid (UA) levels and the mood disorder diagnosed, with lower UA levels found in unipolar disorder and higher levels in bipolar disorder (BD).

Objectives.– Assess if serum UA levels in patients admitted for unipolar depression can predict later evolution to BD.

Methods.– We retrospectively analysed UA levels in patients hospitalized in our Psychiatry Department with a diagnosis of depressive disorder over a 3-year period (June/2006 to June/2009), including all patients who had an UA measurement. Patients above 40 years old, with conditions and taking medications that alter UA levels were excluded. We subsequently identified the patients who received the diagnosis of BD later on.

Results.– Overall, 1074 patients were hospitalized with a diagnosis of depression within the stated time interval. 72 met inclusion criteria. 60 (83.3%) had the diagnosis of unipolar depression and 12 (16.7%) the diagnosis of BD. We found a positive correlation between UA levels and diagnosis with higher UA in patients who were later diagnosed with BD. In multivariate analysis, a positive correlation with statistical significance was also found.

Conclusions.– We found a positive correlation in inpatients with unipolar depression between serum uric acid levels and later diagnostic conversion, with higher levels of uric acid in patients later diagnosed with BD. Our results suggest UA as a possible risk biomarker for BD in patients with unipolar depression.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0032

Differences within the psychosis spectrum: A preliminary study

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Introduction.– There is increasing evidence of an overlap (biological, genetic and phenomenological) between the chronic psychosis spectrum disorders, including bipolar disorder (BD), schizoaffective disorder (SA) and schizophrenia (SCZ), thus bringing into question the “traditional” dichotomy between schizophrenia and bipolar disorder.

Objectives.– To comparatively assess patients with “stable” BD, “stable” SA, patients who have shifted from BD to SCZ (BD-SCZ) and patients who have shifted from SCZ to BD (SCZ-BD).

Methods.– Thirty-three inpatients with BD, 32 inpatients with SA, 31 inpatients with BD-SCZ and 31 inpatients with SCZ-BD, hospitalized in the Timisoara Psychiatric Clinic between 2014 and 2017 were included in our study. All patients were diagnosed in accordance with ICD-10 criteria. We used the MINI Interview and the BPRS to assess all patient groups.

Results.– We found statistically significant differences in our 4 patient groups regarding: educational level (SCZ-BD and BD-SCZ patients had higher educational levels than BD and SA patients); a positive family history for chronic alcohol consumption (higher for BD and BD-SCZ patients); alcohol abuse (higher in BD and SCZ-BD patients); supportive social network (lower quality in SCZ-BD patients); intrafamilial violence (highest in BD and BD-SCZ patients); age at onset (BD patients had a higher age at onset than the other patient groups); number of episodes (patients with SCZ-BD had a significantly higher number of episodes than SA and BD-SCZ patients).

Conclusions.– The identified parameters might have partial predictive value in regards to the outcome of patients with psychotic spectrum disorders.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0033

Isoniazid: Prophylaxis treatment of tuberculosis. Does it increase the risk of psychosis? Case report

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Isoniazid is a drug related to psychiatric symptoms such as mania or psychosis, being these infrequent, appearing sometimes prodromes of anxiety and emotional lability. Its etiology is unknown, believing the relation between isoniazid and deprivation of vitamin B as a possible cause. The main action is to withdraw isoniazid along with antipsychotic treatment. It's important to rule out any causal relationship despite the patient's antecedents towards to a more specific therapeutic approach

The aim of this case is to show the possible relation between isoniazid and psychotic symptoms in a patient with bipolar disorder. Its a 36 year old male with bipolar disorder and B27 + ankylosing spondylitis with axial and peripheral involvement who enters into psychiatry unit for manic decompensation with psychotic symptoms. Usual treatment: lithium 1800 mg, isoniazid 300 mg, calcium foliate, methotrexate and certolizumab. The patient takes isoniazid for 3 months as a prophylactic treatment after the finding of positive Mantoux test with negative chest radiograph prior to starting certolizumab. Lythimia before the entry: 1.01. The patient suffers insomnia, delirious ideation of megalomaniac content as well as phenomenon of telepathy with famous people. Starts treatment with dispersal in increasing dose until 12 mg, being insufficient to control the symptoms. Thus rheumatology is consulted, which after a negative quantiferon test discard the presence of a latent tuberculosis suspending isoniazid. After it, starts treatment with 400 mg of valproic acid as a second mood stabilizer. Progressively the remission of symptoms occurs along with the euthemia of the patient

Disclosure of interest.– The authors declare that they have no competing interest.

EV0034

Social cognition and predominant polarity in euthemic bipolar disorder

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Introduction.– Deficits in social cognition (theory of mind and emotion recognition) have been detected in manic, depressed and euthemic bipolar subjects. The effect of clinical variables other than mood ratings (especially manic symptoms) on social cognitive performance of bipolar patients is understudied.

Objectives.– We investigated whether predominant polarity (PP) affects social cognitive performance of euthemic bipolar patients.

Methods.– We compared 36 healthy controls (HC) with no family history of major psychiatric disorder in their first-degree relatives and 54 euthemic (Hamilton depression and Young mania scores ≤ 7) bipolar I or II patients (30 with depressive PP, PP-D; 24 with manic PP, PP-M) on two social cognition tasks: Faux-Pas Recognition Task and Reading the mind in the Eyes.

Results.– There were not significant differences in gender, age, and education among the three groups or in CGI severity, Hamilton depression and Young mania scores among the two patient groups. Significant differences among the three groups were detected on Faux-Pas detection score (ANOVA, $P=0.027$, $\eta^2=0.08$). In specific, PP-M performed significantly worse than PP-D (post-hoc Bonferroni $P=0.028$) but neither patient group differed significantly from HC. No significant differences were recorded on Eyes.

Conclusions.– Euthemic bipolar subjects with manic PP display worse theory of mind performance compared to those with depressive PP. Further research is warranted to investigate whether this is the result of a distinct temperament profile or of the cumulative effect of manic/hypomanic episodes.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0035

Patients with bipolar disorder referred to a consultation-liaison psychiatry service

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Introduction.– Consultation-liaison psychiatry (CLP) is required when inpatients with medical or surgical processes need psychiatric evaluation or treatment. More studies about the approach of bipolar patients in these settings are needed.

Objectives.– To describe the main clinical features of bipolar patients according to DSM-IV-TR criteria attended by a CLP service in a general hospital.

Methods.– Retrospective analysis of clinical records of patients treated by CLP service of Hospital Clinic of Barcelona over a 10-year period (from January 2005 to December 2014).

Results.– Over a 10-year period, 187 bipolar patients were asked for consultation and 51,3% were men. On average, they were aged 56.5 ± 15.1 years old. 78.1% of them had psychiatric history of bipolar disorder, and 25.7% of patients were referred from a General Medicine service. The most common physical problems were intoxications or poisonings (16.6%), infections (10.7%) and fractures (9.1%). Some of the reasons for referral were suicide attempt or

risk (13.4%), anxiety (2.7%), depression (2.7%), psychosis (3.7%) and treatment adjustment or mental state examination (62%). Regarding the main pharmacological treatment, 39% received mood stabilizers, 8.5% antidepressants and 41.1% antipsychotics. At discharge, 69.5% were linked to a mental health consultation and 13.4% were admitted to the psychiatric department.

Conclusions.– According to previous data, 21.9% of patients were diagnosed of bipolar disorder by our CLP service. Suicide attempt or risk assessment is a frequent reason for referral in a CLP service, being the main reason in 13.4% of bipolar patients. In 13.4% of cases from our sample an admission to a psychiatric department was needed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0037

Association of multiple sclerosis and bipolar disorder: A case report

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Introduction.– Multiple sclerosis (MS) is an autoimmune condition, which affects central nervous system causing neural demyelination and degeneration. It causes impairments in sensation, motor function, and cognition. Patients with MS develop neuropsychiatric symptoms during the course of the disease such as: depression, anxiety, apathy, disinhibition, hallucinations, euphoria and bipolar disorder (BD).

Objectives.– We aim to illustrate the comorbidity of multiple sclerosis with bipolar disorder.

Methods.– A case report and a review of literature.

Results.– Mrs A.B.H is 29 years old. The patient was diagnosed with multiple sclerosis in her remitting-relapsing form, at the age of 20. She was treated with interferon (beta 1a). Two years after the diagnosis of MS, the patient was hospitalized in psychiatry department for the first time, for a manic episode with psychotic features, that occurred simultaneously with a relapse of her immune disease. She was treated with haloperidol and valproate. The patient was hospitalized 6 times for manic relapses always following the cessation of her treatment. The prevalence of bipolar disorder in multiple sclerosis at the time of diagnosis and across time was estimated to 16%. BD is twice as common in MS. It can be explained by a biological and inflammatory mechanism and also by emotional distress from being diagnosed or living with a chronic medical condition.

Conclusion.– Among individuals with multiple sclerosis (MS), mental health comorbidities damage the quality of life and play a significant role in contributing to secondary disability.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0038

Memory evaluation in bipolar disorder patients

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Introduction.– Memory plays a very important role in cognition and is often equated with it. The memory impairment during the symptomatic phase of bipolar disorder is well documented but few studies that have an interest in mood stabilization. The goal of this study was to assess memory function in euthymic bipolar patients comparing with controls.

Subjects and methods.– A cross sectional study case-control, conducted among 50 bipolar patients and 50 euthymic subjects healthy volunteers matched *selon l'âge*, sex and educational level. The evaluation of the memory is based on 3 validated scales: Hopkins verbal Learning Test (HVLT) of the Span test figures and test categorical semantic verbal fluency.

Results.– The evaluation by HVLT showed a mean score of the total immediate recall chez bipolar patients significantly lower than in controls (6.80 vs. 21.98 + 23.82 + 3.707, $P=0.048$). The average score of the span direct numbers of patients and the control subjects were comparable (4.78 ± 1.18 vs. $4.80 + 1.01$, $P=0.66$). The evaluation of memory testing by influence verbal categorical semantics showed an average of better words generated significantly in control subjects ($P=0.004$).

Conclusion.– This work has shown impairment of memory function in bipolar patients even if PHA mood stabilization. The presence of these residual cognitive impairment is associated with a lower level of functioning and then with a poor prognosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0039

C-reactive protein level in tunisian bipolar patients

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Introduction.– Studies exploring the relationship between serum levels of CRP and bipolar disorder (TB) are few and inconclusive.

Objective.– This study was to evaluate serum levels of CRP in 50 euthymic bipolar patients compared to a control group.

Subjects and methods.– This is a cross-sectional study among 50 bipolar patients and euthymic 50 witnesses volunteers and healthy subjects matched for age and sex. The assessment is made using a questionnaire exploring the socio-demographic and clinical data and ladders psychomé internationally validated cutdgets.

Results.– The average rate of the CRP us in bipolar patients was $2.82 + 3.04$ mg/l (0.53 to 9.66) versus 1.63 ± 2.22 mg/l (0.61 to 7.20) in controls ($P=0.03$). The rate of CRP did not seem to be affected by the age of disease onset ($P=0.31$), disease duration ($P=0.45$), the type of mood stabilizer ($P=0.17$) or the mean dose of antipsychotics ($P=0.36$). We have no significant correlation between the average rate of CRP and the average scores of various psychometric tests used in the clinical evaluation.

Conclusion.– Our study showed that the rate of CRP is higher in euthymic bipolar and does not vary with socio-demographic and clinical parameters which means it is a parameter of the disease.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0040

The art of wellness

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Kevin shares his story of hope and celebration of life. Kevin Hines is a mental health advocate, global speaker, best-selling author, documentary filmmaker and entrepreneur who reaches audiences all over the world with his story of an unlikely survival and his strong will to live. Two years after he was diagnosed with bipolar disorder (at 19 years of age), he attempted to take his own life by jumping

from the Golden Gate Bridge. He is one of only thirty-four (less than 1%) to survive the fall and he is the only Golden Gate Bridge jump survivor who is actively spreading the message of living mentally healthy around the globe.

Kevin discusses his evidence informed recovery toolkit which plays a crucial role in his recovery. He shares his process for wellness, resilience and recovery. In order to be self-aware and cognizant of his mental wellness, Kevin has developed a 10 step regimen to stay on track and monitor the signs of falling off track. Clinical studies are discussed that prove why these are important to maintain wellness for everyone, not just those with a diagnosed mental illness. Audiences come away with a knowledge of how to build their own toolkit for maintaining their mental wellness, as well as the wellness of their loved ones.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0041

The effectiveness of attention process training on sustained attention deficit in partially or remitted patients with bipolar mood disorder

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Introduction.– Impaired sustained attention is a robust feature of the manic and depressive state and sustained attention deficit persists during the euthemic phase of bipolar mood disorder and disrupting the patients' function.

Objectives.– The aim of present study was to investigate the effectiveness of attention process training on deficits in sustained attention in bipolar patients.

Methods.– The participants of this study were six bipolar patients which were treated with mood stabilizers in Amirkabir hospital, Arak, Iran. Participants were assessed at baseline, during treatment, and 1 month follow-up. Participants after various baseline spots (3,5, and 7 spots) were randomly arrived to attention process training program, that consisted of 15 20-minute sessions twice a week. Sustained attention was measured by continues performance test. Data were analysed based on recovery percentage and visual inspection.

Results.– All participants showed fewer Omission and Commission errors after intervention. Percentage of Non-overlapping Data (PND) for all cases was above 76%. All participants showed better performance in reaction time. Percentage of Non-overlapping Data (PND) for all cases was above 66%.

Conclusion.– It seems that attention process training can be an effective supplementary treatment for improving sustained attention deficit in patients with bipolar mood disorder.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0047

Typical and atypical antipsychotics in acute mania: Comparison of effectiveness

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Introduction.– Mania is challenging to treat. Typical antipsychotics may be more efficient compared with atypical antipsychotics, however, with unfavorable side effects.

Objectives.– To investigate the course of acute manic episodes and the correlation between change in severity of mania by type of antipsychotic treatment.

Methods.– This retrospective case record study included patients admitted with mania (International Classification of Diseases 10th revision code F30, F31.0, F31.1, F31.2 or F31.6) at the Department of Affective Disorders, Aarhus University Hospital from 2013–2016. The dose of typical and atypical antipsychotics was standardized as defined daily dose according to the World Health Organization's guidelines. The severity of mania was measured daily with the Modified Bech-Rafaelsen Mania Scale (MAS-M). We applied a linear regression in a mixed model.

Results.– We included 56 admissions. MAS-M varied between patients—both daily variation and change over time. Patients receiving typical antipsychotics had a higher baseline MAS-M, more recent admissions, more mechanical constraint and higher dose of antipsychotics. The daily change in MAS-M score was -0.18 points/day for typical antipsychotics and -0.22 points/day for atypical antipsychotics. Thus, the MAS-M reduction-rate was 0.04 (95% CI 0.02; 0.06) points/day higher in the group receiving atypical antipsychotics only (adjusted for age, gender, mechanical constraint and dosage of antipsychotics).

Conclusions.– The improvement-rate of mania was similar in the two groups which supports a preference for atypical antipsychotics to reduce risk of severe side effects. The results may reflect confounding by indication.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0048

Bipolar disorder and behavioral addictions

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Background.– Behavioral (or non-chemical) addictions can be explained as disorders characterized by repetitive behaviours beyond the control of the person. Few studies have looked for the potential association of behavioural addictions and emotional disorders. Behavioral addictions can be explained as disorders characterized by repetitive behaviours beyond the control of the person. Few studies have looked for the potential association of behavioural addictions and emotional disorders.

Aims.– To study the sociodemographic characteristics among patients with bipolar disorder comorbid to any kind of behavioural addictions and set up then a profile of these patients.

Methods.– The sample is made of 100 patients with behavioural addiction in at least one field. These patients are consultants (outpatients) or are hospitalized (inpatients) at Arrazi psychiatric Hospital. We did a symptoms screening of mood disorders in these patients. Screening instrument: MINI (Mini International Psychiatric Interview) These patients have been compared to a control group.

Results.– About 80% of patients with behavioural addiction have been diagnosed with a bipolar disorder, especially manic episode. Behavioral addictions are more frequent in bipolar patients than in controls. This association can be explained by high levels of impulsivity and individual and social immaturity.

Conclusion.– Bipolar disorder poses a risk to the individual's physical and emotional well-being. Those afflicted with bipolar disorder have a higher rate of relationship problems, economic instability, accidental injuries and suicide than the general population. They are also significantly more likely to develop a behavioural addiction as well as to drugs or alcohol.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0049

A gender perspective in bipolar disorder

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Introduction.– In connection with Bipolar Disorder, some gender differences are known. Evidence has reported an increased risk of type II Bipolar Disorder in women. There are also differences in associated diagnoses, so alcohol abuse is more frequently present in men and anxiety disorders in women. No differences were found in prevalence, incidence, age of onset, severity of symptoms or suicidal behaviour.

Objective.– To study whether there are differences in relation to diagnosis, age, number of admissions, average hospital stays or toxic consumption between women and men with Bipolar Affective Disorder.

Methods.– Descriptive, epidemiological and retrospective study that analysed the medical histories of all hospitalized patients with a diagnosis of type I and II Bipolar Disorder, Schizoaffective Disorder and Bipolar Disorder induced by substance or medical condition in the Hospitalization Mental Health Unit of Seville (between January 2013 And December 2016). Variables collected: age, sex, residence (urban or rural), number of admissions, mean hospital stay and toxic consumption. SPSS was used for statistical analysis.

Results.– Out of a total of 2953 admissions, 88% had one of the referral diagnostics. 56,5% were female and 43,5% were male. There were no statistically significant differences in relation to age, diagnosis, residence, number of admissions or length of hospital stay. There was statistically significant difference ($p < 0.05$) in relation to toxic consumption, finding that the percentage of toxic-consuming patients is higher in males.

Conclusions.– We could observe variations in each gender that should be taken in account when addressing the Bipolar Condi-

tion holistically, so further studies on gender in Bipolar Disorder are necessary.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0051

Bipolar disorder and emergency, the role of LAIs

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The psychiatric emergency is an important clinical practice, it is necessary to know what are the most frequency pathologies that visit us to improve our attention and to avoid this kind of attention and also the ingress.

Methods.– We analysed all the patients that visit to emergency in our hospital, first of all we build a data base and then we analysed these data with SPSS program.

Results.– In this year 1143 patients have been attended in our emergency (95,25 patients/month). We choose a random month (January), in this month 52% were people between 30-49 years old, 44% were women. Years. One of the most important and frequent reasons for visiting an emergency room (and even precipitating hospitalization) is that the patients leave the treatment and that precipitates decompensation of the underlying pathology. In the case of bipolar disorder it is not an exception

Conclusions.– After having analysed this population of bipolar disorder we concluded that we need treatments than improve the adherence (like injectable antipsychotics), decrease secondary effects and improve quality of life, and secondary decrease the need to go to emergency.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0052

Transient ischemic accident during manic phase of bipolar disorder

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We present the case of a 45-year-old female patient diagnosed with type I bipolar disorder, who entered psychiatry due to behavioural disturbance, disorientation and possible psychopathological decompensation. She was diagnosed with bipolar disorder since 2012, type II diabetes, dyslipidemia and hypertension. She had been hyperthymic, irritable, insomnia, very disorganized and incoherent language. During admission with the readjustment of psychopharmacological treatment, there is evidence of an improvement in clinical status; but abruptly it begins again with symptoms of disorientation, including memory loss, requiring consultation by Neurology. Cranial Magnetic Resonance showed small ischemic subcortical lesions dispersed by supratentorial white matter

Given the history of cardiovascular risk and the persistence of disorientation intermittently, a neurological study of the patient was necessary, demonstrating the existence of brain lesions. Numerous psychiatric symptoms are common in patients with lesions in the Central Nervous System, so it is important to carry out the differential diagnosis, since the symptoms of psychopathological decompensation can mask the physical condition. In this case it could be epileptic seizures, cerebrovascular disease or drug abuse, concomitantly with the manic episode. Finally, with the complementary tests and the neurological study performed, it was determined that they were transient ischemic accidents. In this case we chose to use asenapine, because of its intermediate risk of metabolic syndrome, unlike other antipsychotics, and due to the intolerance to extrapyramidal effects risperidone that she had previously experienced.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0053

Verbal fluency in patients with bipolar I disorder

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Introduction.– Cognitive deficits are present in bipolar I disorder (BDI) during the acute phase of illness and euthymic Areas such as attention, memory and executive function are involved. Verbal fluency (VF) tasks afford rapid and reliable assessment of both verbal ability and executive functions. Studies using these tasks have however yielded discrepant results.

Objectives.– Determine the extent of the VF impairment in euthymic BDI patients. Explore the effect of clinical and treatment-related parameters on VF.

Methods.– Twenty five euthymic patients with BDI were matched to 25 healthy community controls. Demographics, clinical characteristics and current treatment were collected. Letter and category tasks have been applied. VF was assessed in BDI patients and compared with healthy individuals.

Results.– BDI patients were male in 60% of cases. The mean age was 40 ± 8 years. Forty eight per cent of the patients were single. Among our cohort, 16% had university level and 28% had stable professional activities. The mean age at onset was 22 years and the mean length of illness was of 14 years. The number of hospitalizations had a median value of 4. Twenty four patients received mood stabilizer and 20 patients received antipsychotics. As compared to the control group, BDI patients reached significantly lower scores in both letter ($p = 0.003$) and category tasks ($p < 0.001$). We didn't find any significant relation between clinical and therapeutic features and cognitive deficits in BDI patients.

Conclusion.– VF impairments are observed in BDI and seem to be independent of clinical and therapeutic factors.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0054

Psychoeducation in bipolar disorder:

A case study

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Introduction.– Bipolar disorder is a chronic, recurrent, life-long disease that requires treatment. Because individual and social adjustment is difficult, and morbidity and suicidal risk are high, careful consideration of the patient and family is required. It is stated in the literature that the application of psychoeducation besides the medication applied to the patient improves the adaptation process of the patient and the number of recurrent hospitalizations decreases.

Objectives.– This study was conducted to evaluate the efficacy of psychoeducation applied to the patient in the manic period who uses her drugs irregularly, spends her money uncontrollably rusts to newly recognized people easily, needs to travel frequently, and is hospitalized recurrently.

Methods.– 10 sessions of psychoeducation were applied to the patient once a week and 'Young Mani Assessment Scale' was used to evaluate the manic condition of each seanstain. In the psychoeducation, information about the biological nature of the patient's illness was assessed, the patient's stratification was assessed, the natural coping mechanisms of the patient were defined, the existing support mechanisms were actuated, the family process was assessed, and the contents were regulated according to the patient's individual characteristics and disease findings.

Results.– The awareness of compliance with the drug use, belief in healing, and illness symptoms has increased after the psychoeducation. Recurrence was not observed in the patient after discharge.

Conclusion.– It has been observed that adaptation to the illness has increased and psychoeducation practice is recommended together with drug treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0055

Use of benzodiazepines and hypnotics in maintenance phase of patients with bipolar disorder in an outpatient setting

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Keywords: Bipolar disorder; Maintenance treatment; Benzodiazepines and hypnotics

Background and aims.– Guidelines for the maintenance treatment of bipolar disorder generally do not include the use of hypnotics, in particular benzodiazepines. In the acute phase of mania, benzodiazepines are useful for anxiety, agitation and insomnia. The aim is to describe the use of hypnotics in patients with bipolar disorder in remission seen at an outpatient clinic in Singapore.

Method.– The case notes of patients with bipolar disorder in remission, seen by a single psychiatrist (author) in an outpatient bipolar disorder clinic in a general hospital unit from Dec 2014 to Mar 2015 were studied. Data describing the age, sex, type of bipolar disorder and psychotropic medications prescribed, was obtained.

Results.– Overall, 42 patients were included, of which 13 (31%) were male and 29 (69%) were female. The age ranged from 23 to 82, with mean age of 47 years. Of these 17 (40%) had Bipolar I and 25 (60%) had Bipolar II. There were a total of 12 patients on long-term use

of hypnotics (28.6%). Of these 4 were Bipolar I and 8 were Bipolar II. There were 6 patients on benzodiazepines; 1 on zolpidem; 1 on hydroxyzine; 1 on both benzodiazepines and zolpidem; 2 on both benzodiazepines and hydroxyzine; 1 on zolpidem, benzodiazepines and hydroxyzine. There was no pattern of escalating usage of hypnotics in all of them.

Conclusion.– About one third of the patients were prescribed hypnotics as adjunctive medication for maintenance treatment, mostly on benzodiazepines.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0056

Internet psychoeducation in bipolar patients (e-PROBAD)

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Objective.– The internet is an important source of information and exchange for patients and can exert considerable influence on their health-related behaviours and decisions. Internet-based therapy typically involves the interaction between a consumer and therapist via the Internet and incorporates the use of a structured Web-based treatment program for consumers to access in conjunction with therapist assistance (usually by email. Over the past decade, Internet-based treatments have been found effective for a variety of physical health conditions and mental health disorders, such as headache, encopresis, tinnitus, depression, panic disorder, social phobia, GAD and posttraumatic stress disorder.

Aims.– The purpose of this open study will be to test the efficacy of therapist-assisted internet 12 module 4 month long self-help program based on cognitive behavioural approach (IB-CBT) with the treatment as usual (TAU) for bipolar affective disorder patients who are medicated with thymostabilisers.

Method.– Participants who recruit from the patients of the Psychiatric clinic Olomouc at time of start the maintenance pharmacological phase of the treatment of bipolar affective disorder will be randomized to the TAU (treatment as usual) and IB-CBT (12 modules of internet based CBT+ TAU). All participants will complete a clinical diagnostic interview, and a set of questionnaires to assess affective symptoms at four time periods (start of the maintenance treatment period and at follow up: 6 month, 12 month and 24 month. The study will be done in open conditions.

Results.– The results from the start of the maintenance treatment period will be present.

Conflicts of interest: Supported by grant IGA MZ ČR NT11047.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0059

MHPG as a biomarker for bipolar disorder

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Introduction.– The lifetime prevalence of bipolar disorder is about 4%. Bipolar disorder has many clinical implications, such as high rates of suicide. Using blood levels of a biomarker should be a very useful tool in clinical practice to know if a patient is in remission or not. Several biomarkers have been studied among the past decade. 3-methoxy-4-hydroxyphenylglycol (MHPG) is a metabolite of noradrenaline. This metabolite is reduced in plasma levels after treatment with antipsychotic drugs.

Methodology.– A review was conducted aiming to clarify the relationship between MHPG and affective disorders, including depressive and manic disorders. The literature search was conducted in Pub Med data reviewing articles dating between 2009 and 2015.

Results.– 1. MHPG levels in plasma are related with noradrenaline levels in the brain. 2. Higher levels of MHPG are related with manic states. 3. Low levels of MHPG are associated with higher rates of depression. It could also be related with higher rates of suicide.

Conclusions.– The MHPG level is likely to reflect the clinical characteristics of the switch process in bipolar disorder, and has prognostic significance for the treatment of manic and depressive states. The MHPG level is associated with the severity of the illness. The MHPG level can vary from one individual to another, it is important to know each patient's levels from one to another state. There are no studies with high evidence on this relationship, but it could be an useful marker with a significant clinical correlate.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0060

Measurement and dimensionality of subjective well-being in bipolar disorder

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Introduction.– In bipolar disorder (BD), affective status is significantly associated with subjective well-being. That relationship is particularly significant for depressive symptoms. However, a “good” subjective well-being in manic patients mirrors the pathological euphoric mood.

Objective.– Analyze whether it is appropriate the use of the Subjective Well-Being under Neuroleptic Scale (SWN-K) among patients with BD.

Method.– Forty-nine outpatients were recruited. Subjective well-being was evaluated using the SWN-K. Current symptomatology was rated using the Hamilton Depression Rating Scale (HAM-D) and the Young Mania Rating Scale (YMRS).

Results.– In our sample, there is a strong inversely correlation ($|r| > 0.7$, $p < 0.01$) between the score on the HAM-D and the total score on the SWN-K. HAM-D and SWK are linearly related and that relationship is inverse, declining an average of 2.46 points on the SWN-K, for each point increase on the HAM-D. There is a modest

direct correlation ($0,30 \leq r \leq 0,70$, $p < 0,01$) between the total score on the YMRS with the total score on the SWN-K. Both variables are linearly related and this relationship is direct, increasing an average of 0.94 points in the mental function subscale, for each point increase in the YMRS. In each subscale of the SWN-K is detected this relationship with the YMRS, and in all of them the relation is moderated and direct.

Conclusions.– Affective status is associated with subjective well-being in bipolar patients and that relationship is particular significant for depressive symptom. Further investigations are necessary to assess subjective well-being in acute mania, to determine whether SWN-K is a good tool for it.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0061

Introjections, projection and disintegration of the ego in paranoid paroxysms

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Bipolar affective disorder is expressed differently according to the premorbid personality, which will also influence the evolution of the first axis disorder in terms of establishing the therapeutic alliance, compliance with treatment and social functioning.

Objective.– This case consider a bipolar affective disorder characterized by severe manic episodes with psychotic phenomena, alternating with moderate depression. Ith axis disease overlaps with a paranoid personality, which imparts a particular function of the patient, both in illness and in remissions. The paranoid personality determines the legal-medical complications of the case more than its manic episodes, and the psychotic phenomena overlapped with severe mania are also the transition from paranoiac to paranoid functioning, which requires a detailed differential diagnosis with delusional disorder.

Methods.– Hospitalization in a psychiatric service, study of legal documents, repeated psychiatric assessments for legal medical expertise, psychological examination, follow-up of psychotropic treatment, monitoring of therapeutic alliances and tremendous feelings in counter-transfer.

Results.– The patient presents a predominantly defined symptomatology at the level of thinking, affectivity and attitudinal behavioural sphere. The absence of phenomenology in the perceptual area and its translation to the thinking plane implies paranoid character. The function of the patient is dominated by delirious interpretations, tangentiality, multiple words meaning, denial and projection mechanisms, dysphoria, raptus potential, pulse fixations in pathological jealousy spectrum.

Conclusion.– The legal-medical complications of the case are mainly determined by its paranoid side and by the inability to disinvest what he loved, the manic episode giving him the power to act and to behave violently.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0062

Mania secondary to HIV: A case report

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Introduction.– The World Health Organization (WHO) estimates that 37 million people were living with human immunodeficiency virus (HIV) at the end of 2016. HIV is a multisystem illness related to profound immune dysregulation, but it can also cause several neuropsychiatric disorders, such as cognitive impairment, behavioural difficulties or other psychiatric symptoms. Mania is an uncommon clinical presentation, but can complicate any stage of the infection and it has prognostic implications.

Objectives.– Clinical description of an acute mania episode secondary to HIV infection and description of the appropriate treatment used.

Methods.– Case report of a patient admitted in our Short-Term Hospitalization Unit.

Results.– Our patient was a 44-year-old, with 3-year history of HIV infection, admitted to our Unit due to an agitation episode and delusions. He had no prior history of psychiatric illness. The family reported he experienced progressive impairment during the last year. Psychiatric evaluation revealed religious and grandiose delusions, inappropriate affect and accelerated thinking and speech. It is diagnosed as a maniac episode and antipsychotic treatment (Haloperidol) is initiated, but due to extrapyramidal symptoms it is changed to Olanzapine 30 mg/24 h. Valproic acid 1500 mg/24 h was used as a mood stabilizer. He was discharged from the hospital on this treatment and on antiretroviral therapy and he continued follow-up.

Conclusions.– This condition is often undiagnosed because of its low prevalence. Early psychopharmacological treatment can improve the quality of life for these patients, due to enhanced adherence to antiretroviral treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0063

Screening for psychiatric disorders with self-administered questionnaires

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Introduction.– To improve diagnostic recognition, self-administered screening scales have been recommended. A problem with much of the research effort on screening scales is the confusion between diagnostic testing and screening. It is important for a screening test to have high sensitivity because the more time intensive/expensive follow-up diagnostic inquiry will presumably only occur in patients who are positive on the initial screen.

Objectives.– Investigators vary in how they analyze their data in determining the recommended cutoff score on a self-administered screening questionnaire. To illustrate this, in the present report we examined how often each of the different approaches towards determining a cutoff score on bipolar disorder screening scales were used.

Methods.– We reviewed 68 reports of the performance of the 3 most commonly researched bipolar disorder screening scales to determine how the recommended cutoff on the scale was derived. **Results.**– Most studies recommended a cutoff point on the screening scale that optimized the level of agreement with the diagnostic gold standard. Only 11 (16.2%) studies recommended a cutoff that prioritized the scale's sensitivity.

Conclusions.– It is important for clinicians to understand the difference between screening and diagnostic tests. The results of the present study indicate that most studies of the performance of the 3 most commonly studied bipolar disorder screening measures have taken the wrong approach in deriving the cutoff score on the scale for the purpose of screening.

Disclosure of interest.– The authors declare that they have no competing interest.

Child and adolescent psychiatry

EV0064

Eating the teddy bear: A pica case report

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Introduction.– Pica is defined as the persistent eating of non-nutritive substances for at least one month. It occurs particularly in children and pregnant women. Pica has been associated with iron deficiency or serious affective deprivation.

Objectives.– We report a case of an 8-year-old girl with pica for foam rubber.

Results.– An 8-year-old girl was referred to child and adolescent mental health consultations after being treated in the hospital emergency department for abdominal pain and vomiting in which foam rubber content was detected. The patient admitted to having ingested part of a stuffed toy in the context of anxiety after receiving a reprimand from her parents for bad grades. The pica disorder as reported by parents starts at age 3 but they had not previously consulted. As a medical history the patient was born with intestinal malrotation that required surgical intervention. She also presented low levels of ferritin (7 ng/mL) and iron supplements were prescribed. The mother refers to difficulties in parenting and depressive symptoms during the first two years of life. The mother had an anxious bond with the girl with overprotection and guilt. These difficulties in relation to attachment and the anxious component of the mother may be influencing the child to eat the stuffed toys. Due to the anxiety component of the symptom, relaxation therapy and psychotherapeutic support consultations were recommended.

Conclusion.– Pica is probably a pattern of behaviour that responds to multiple factors. Many treatments have been described with varying responses. It is important to be aware of this common but often overlooked disorder.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0065

Risk factors for Autism Spectrum Disorder (ASD) in Saudi Arabia

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Introduction.– Autism spectrum disorder (ASD) is a complex neurodevelopmental disorder with unknown etiology. Several studies have reported some environmental factors associated with developing ASD. However, there are only few studies addressing that in Saudi Arabia.

Objective.– To assess some of the environmental factors associated with ASD.

Methods.– Case control observational study ($n=293$, ratio = 1:1.5). ASD cases ($n=115$) were approached through autism schools in Riyadh. Age and gender matched controls ($n=178$) were obtained from primary and intermediate schools. Data was collected through an Arabic questionnaire filled by the parents. It contains several questions addressing demographics and evaluating potential risk factors in both, child and parents.

Results.– Presence of psychiatric disorders in the parents or their families were reported more in ASD group compared to controls with highly significant statistical difference. For instance, 10.4% ($N=12$) of ASD group mothers had psychiatric disorder with only 1.0% ($N=2$) in control group ($OR=10.303$, $p<0.0001$). Moreover, 23.5% ($N=27$) of the ASD group father's family has a psychiatric disorder compared to only 2.2% ($N=4$) in control group ($OR=13.4224$, $p<0.0001$). However, consanguinity marriage and parents mean age at time of child delivery was not statistically significant compared to controls. Complications during pregnancy of ASD group mothers were reported significantly higher (37.9%) compared to control group (10.7%) ($OR=4.9978$, $P<0.0001$). For example, 26 mothers (22.6%) in ASD group had gestational diabetes mellitus compared to 10 mother (5.6%) in control group.

Conclusion.– ASD was associated with some environmental factors. Such as, family history of psychiatric disorders and pregnancy complications.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0066

Which side does the mass media take on the debate on ADHD?

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Introduction.– Information on health and disease is one of the priority interests of people in countries with high economic development. Increasingly, patients and their families seek information about it on the internet and on social networks.

Objective.– To conduct a qualitative analysis on the Tweets that refer to ADHD from the Twitter accounts of prominent US mass media outlets.

Methods.– Fifteen US news media outlets were selected and analysed. These outlets were chosen based on the number of followers

on their Twitter accounts and were narrowed down to those with the most followers. The Tweets were selected if they made any reference to ADHD (ex. ADHD from @nytimes). This study focused on the Tweets from 2007–2016.

Results.– Overall, 208 Tweets were selected and divided into four categories. 50 focused on general interest (“Common symptoms of women with ADHD”), 92 were testimonies from patients (“Simone Biles proudly opens up about having ADHD”), 38 revolved around scientific advancements (“Research shows Omega-3 fatty acids helped improve attention spans of boys with or without ADHD”) and 28 had a condescending tone towards these disorders

Conclusions.– The rise in ADHD diagnosis has been one of the most controversial issues in psychiatry in the past ten years. Twitter perfectly reflects this truth by presenting both sides of the argument. On one hand, users turn to Twitter to reinforce the existence of ADHD by giving personal testimonies and statements. Conversely, doubters use Twitter to not only express their disbelief in the disorder, but also attack both doctors and patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0067

Common mistake in a common case – Depression in Alzheimer disease – The usual suspect

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Introduction.– Alzheimer disease (AD) is the most common type of dementia. The memory loss and the cognitive decline usually starts slowly and worsen over time. As a neurodegenerative affects people over 65–70 years old, and only rarely onset begins earlier of the fifth decade of life. Depression is a symptom of dementia or it's often met as a prodromal stage of AD.

Objectives.– Herein we present a case old a 58year-old man who get the diagnosis of depression instead of AD.

Methods.– A 58year-old man, owner of a security company referred to a psychiatry due to “forgetfulness” and behavioural changes. His wife mentioned that he became anxious with sleep disturbances and also jealous. He admitted to have difficulties in many daily activities. He was diagnosed with depression and got a prescription for SSRIs. The next ten months he deteriorated and he was almost unable to work, to drive home alone, to pay the bills or to remember his appointments. The neurological examination with Mini Mental test and MoCa test, the CFS examination and brain MRI established the diagnosis of AD, excluding other causes of dementia. Cholinesterase inhibitors were prescribed.

Results.– This case although the patient's family remarked the memory decline the physician overlooked it and didn't include at the differential diagnosis dementia.

Conclusions.– Dementia has an insidious onset and psychiatric disorders, like depression, are a part of dementia's spectrum. Physicians should keep a high level of suspicion of AD to figure out if psychiatric symptoms are part of dementia or are isolated disorders.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0068

BMI reduction observed with outpatient use of clozapine, General Hospital of Santorini

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Background.– The use of Clozapine, is widely linked in literature with an increase in BMI1 and consequent negative metabolic changes2. The protocol of outpatient initiation of Clozapine followed by the psychiatric department of our hospital allowed the observation of patients at their usual non-restrictive environment.

Objective.– To observe whether outpatients' BMI, starting on clozapine, would be affected by their treatment.

Method-Material to achieve this, an interview with the clinical dietician was performed at the date of Clozapine initiation followed by monthly observations. The procedure was the same each time: BMI measurements were taken and the same sets of questions were asked about habitual nutrition, in the form of a food frequency questionnaire, appetite changes and physical activity routine. Data collected from 9 patients with treatment resistant schizophrenia. All were on depot treatment (thus excluding unsatisfactory response due to non-compliance) at the minute of initiation. They were observed for 6 months, by when the dose of clozapine had been fully adjusted by the psychiatrist.

Results.– An overall initial raise in BMI appeared at the first month, which declined the following months and then stabilized during the last month. By the end of the 6 month period, 7 patients' BMI was below their initial BMI. All patients mentioned raised appetites and physical activity that did not exceed the one before their treatment with Clozapine. No relation was observed between BMI reduction and PANSS score.

Conclusions.– Further research is needed to explain the unexpected BMI reduction at 6 months while appetite for food was being increased and physical activity remained unchanged

Disclosure of interest.– The authors declare that they have no competing interest.

EV0070

Relationship between the Rorschach Perceptual Thinking Index (PTI) and the Structured Interview for Prodromal Symptoms (SIPS) in a sample of helpseeker adolescents

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Introduction.– Rorschach Perceptual and Thinking Index (PTI) has been proved effective in differentiating adolescents at clinical high

risk for psychosis from non-psychotic patients, evaluated with the Structured Interview for Prodromal/Psychosis-risk Symptoms (SIPS). However, the relationships between SIPS and PTI criteria have not been explored.

Objectives.– The aims of this study were to investigate the relationships between the five PTI criteria, their main variables (X-%; WSum6; M-) and the SIPS subscales (Positive, Negative, Disorganization and General Symptoms).

Methods.– A sample of 117 help seeking adolescents, 68% females, aged 14–19 years, with anxiety, mood and bipolar spectrum disorders were included in the study. All were recruited at the first visit and evaluated with the Rorschach (according to the standard Comprehensive System Method) and the Structured Interview for Prodromal Symptoms (SIPS).

Results.– PTI Total score and PTI1 significantly correlated with SIPS negative, disorganization and general subscales (r_s 0,2–0,4; $p < 0.05$); PTI2 with disorganization and general subscales (r_s 0,2–0,4; $p < 0.05$); PTI3 with positive subscale ($r_s = 0,22$; $p = 0.02$); PTI4 with positive, negative and disorganization subscales (r_s 0,2–0,4; $p = 0.02$) and PTI5 with disorganization and general subscales ($r_s = 0,2$; $p < 0.02$). WSum6 significantly correlated with positive and disorganization subscales ($r_s = 0,2–0,3$; $p < 0.01$); X- with disorganization and general subscales (r_s 0,2–0,3; $p < 0.02$) and M- with disorganization subscale ($r_s = 0,2$; $p = 0.02$).

Conclusions.– Rorschach PTI criteria and their main variables (X-%; WSum6; M-) show a mild to moderate correlation with specific SIPS subscales and might be helpful in identifying adolescents at risk for psychosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0074

What about masturbation among Tunisian adolescents? Cultural influences

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Introduction.– Sexuality remains till now for Tunisian teenager a ‘taboo’ subject, despite the society emancipation and development. **Objective.**– The objective was to study masturbation practice and knowledge among Tunisian adolescents.

Methodology.– A cross-sectional study was conducted on 77 adolescent (43 ♀, 34 ♂) attending a high school in Essalama City, Tunisia. They completed a questionnaire exploring different items: demographic data, knowledge about masturbation and possible masturbation activities.

Results.– The mean age was 13.8 years. Five girls and 19 boys tried masturbation at least once. The average starting age was 12.8 years for boys and 12.2 years for girls. Concomitant pornography viewing was founded for 6 boys. The non-practice of masturbation reasons were: religious forbidden (“hram”; 86%), masturbation ignorance (66%), losing virginity fear (42%) and venereal diseases fear (37%). For half of girls and 44% of boys, masturbation was a “dirty” act. 67% of girls and 18% of boys believed that people who masturbate to be “mentally ill”. For 56% of girls and 44% of boys, masturbation could damage the genital tract and compromise fertility. Eleven adolescent believed that masturbation is a criminal act punishable by law. Nine girls thought that masturbation could make them pregnant.

Conclusion.– Sexual education is a necessity among Tunisian children and teenager. It will help to bring down the cultural taboos and provide clear information adapted to each age and life period.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0075

The impact of the smartphone use in Tunisians adolescents: What do parents think?

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Introduction.– Recently, smartphone has become an important tool for accessing information, interaction, and entertainment in modern society. However, the impact of smartphone use on individuals, especially among adolescents, has become a great concern.

Objectives.– Describe the perception of tunisian parents of the impact of the smartphone use on their adolescents.

Methods.– Cross-sectional study by the team of the child Psychiatry department, in the Mongi Slim Hospital (Tunis, Tunisia) during September 2017. An anonymous questionnaire was published on social networks for parents concerning the use of smartphones by their adolescents aged between 12 and 18 and its repercussions.

Results.– Overall, 185 mothers and 67 fathers replied to the questionnaire. The mean age of their adolescents was 14.3 years and the sex ratio was 0.94. The mean age of smartphone acquisition was 11.9 years. According to 34.6% of the parents, teenagers spent 3 to 6 hours per day using the smartphone. The main uses reported were: Facebook (66.7%), playing games (60.2%) and taking photos (49.6%). As per parents, the use of smartphones by their children had an impact on their sleep (43, 1%), their family relationships (55.3%), their friend relationships (23,7%) and their school performance (44.6%). 45, 9% of parents reported at least 3 consequences of the smartphone use. More than half of the sample thought that their children were addicted to the smartphone.

Conclusions.– It seems important to understand adolescent smartphone use patterns and their associated risks. The role of parent is important in order to control use and to detect any abuse.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0076

Effects of gender differences on smartphone use according to parents: A Tunisian study

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Introduction.– Smartphone have become increasingly popular in recent years among teenagers. However, the role of individual characteristics in the smartphone use is far from clear.

Objectives.– Examining the effect of gender differences on smartphone use according to tunisian parents.

Methods.– Cross-sectional study by the team of the department of child Psychiatry, in the Mongi Slim Hospital (Tunis) during September 2017. An anonymous questionnaire was published on social networks for parents concerning the use of smartphones by their adolescents aged between 12 and 18 years. A comparison between genders was made, using Pearson’s chi-squared test.

Results.– A total of 255 responses were retained. 73.4% of them were from mothers. The sex ratio was 0.94 and the mean age of adolescents was 14,3 years. The mean age of smartphone acquisition was 12 years for girls and 11, 8 years for boys. According to the parents, teenagers would spend 3 to 6 hours per day using the smartphone (34.6%). No significant difference between gender on duration of smartphone use has been found ($P = 0,757$). Taking photos for girls and playing games for boys were statistically the main uses reported by parents. No gender differences were found

in the control exercised by the parents. 53% of boy's parents and 60% of girl's parents felt that their children were addicted to the smartphone ($P=0,288$).

Conclusion.– Teenagers, both boys and girls, seem to use their smartphone in a similar way according to their parents. A direct survey will confirm or deny this parental observation.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0077

“Conditio sine qua non” for anorexia of female adolescents: different blood types mother/daughter with traumatic contact between mother/daughter blood during pregnancy and/or birth

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Introduction.– My new theory is that Anorexia of the Female Adolescent, in addition to the girl's psychological causes, needs a necessary but not sufficient condition: Different mother/daughter blood types (O, A, B, AB) and traumatic contact between the two blood types during pregnancy and/or birth.

Objectives.– Reducing the mortality rate and the consequences of anorexia by providing a theory that allows us to have early and predictive diagnosis.

Methods.– Twenty-four years ago, in a purely casual way, I found the blood type difference between an anorexic patient and her mother. Pregnancy had been with placental detachment and birth was traumatic, presumed cause of a mother/daughter blood contact. From that day on, I checked, in the case of female adolescent anorexia, the anorexic and her mother's blood types.

Results.– In my collection of data (more than 100 cases in 24 years): only the girls who have a different blood type (O, A, B, AB) from the mother are anorexic and from the patient's history we could think of a mother/daughter blood contact. There are no exceptions in my data.

Conclusions.– Female adolescent anorexia recognizes some psychological causes of the girl and her family, but requires a “sine qua non conditio”. Recognizing this condition allows us an early diagnosis, a predictive hypothesis and a right view of mother/daughter relationship, that is not conflicting but is simply disturbed by an immunological alarm.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0078

The problem of child's rehabilitation under conditions of disease of unclear etiology, pathogenesis and prognosis

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Causes, treatments and prognosis for opsoclonus myoclonus syndrome (OMS) remain unexplored that determines difficulties in social and psychological rehabilitation of the children with OMS. The research was conducted in the group of 21 OMS-children and included both them and their families.

Our aim was to explore systematically the connection between hypothetical disease etiology and course of disease (severity,

treatment and prognosis), on the one hand, and mental development of children, their emotional state and relationship in “mother-child” dyad, on the other hand.

The following methods were used: observation of a) patient's development, b) state dynamics in hospital, c) relationship in “mother-child” dyad; analysis of parent-child relationship based on semi-structured interviews with mothers; assessment of psychosocial and intellectual development and its psychological features.

Conducted research demonstrates heterogeneity within the group: children differ drastically in severity of the disease as well as treatment methods differ. The medical prognosis is indefinite as well as the parents' attitude toward the child's future. The influence of psychological and social factors on course of disease and prognosis was underestimated. The potential of psychosocial rehabilitation almost was not used in treatment.

In treatment planning for idiopathic diseases and its prognosis, not only biological, but also psychosocial approach seems important. Rehabilitation of patients should be based on the psychological knowledge and understanding of curing features possessed by psychological intervention. It is possible and necessary to involve both children suffering from such diseases and their parents into psycho-preventive and socio-psychological rehabilitation programs constructively using the biopsychosocial model of disease and its treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0079

Influence of disease onset time on mental development of children with opsoclonus myoclonus syndrome

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Opsoclonus myoclonus syndrome (OMS) is a rare disease understudied from clinical-psychological perspective. The disease onset time should be considered in psychological analysis; achieved data could help in organization of psychocorrectional work.

The aim of the research was to explore the dependence of cognitive and psychological development on disease onset time. The research included 21 children with OMS aged from 2,5 years to 10,5 years.

The following methods were used: analysis of patient's development and medical record, psychological interview with parents, neurological state assessment and pathopsychological assessment. Patients were divided into three groups according to disease onset time: 1) disease onset before the age of 1 year ($n=3$), 2) disease onset of 1–3 ($n=15$), 3) disease onset at the age 3–5 ($n=3$). The developmental delay was discovered in most cases ($n=12$), several children were diagnosed with intellectual disability ($n=5$). Intellectual retardation depends on early disease onset time (before the age of 1 year, $n=2$), number of disease recurrences (more than 5 times) and their severity. Normal intelligence level was diagnosed in 4 cases: with late disease onset (at the age 3–5, $n=3$), mild severity ($n=1$), without disease recurrence ($n=1$). The normal intelligence level was diagnosed in 1 case with early onset of the disease (aged 1 year).

The developmental delay is connected with early disease onset, but not directly. Other factors such as treatment duration and quality, time from disease onset to diagnosis should be analysed more carefully to understand their role in mental development of the children with OMS.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0080

Comparison of executive functions indicators in school children from two regions of Brazil: A preliminary investigation

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Introduction.– The regions in Brazil present economic and social discrepancies. In the southeast, there are higher income rates and better index of social development, whereas the northeast shows lower development indexes and more poverty indicators. In this context, it is important to understand how the executive functions (EF) profile, as an important cognitive ability to manage self-control, is associated to regional differences.

Objective.– Compare executive functions indicators of school children from two regions of Brazil. *Methods:* Descriptive study involving children (6 and 7 years-old) enrolled in the first year of primary education in two public schools from Maceió (northeast) [$n=69$; 45 male and 24 female], and one private school from São Paulo (southeast) [$n=43$; 23 male and 20 female]. Different dominium of EF were assessed using WISC-IV (working memory index), trial making test, and a questionnaire answered by the teachers about difficulties in EF (Work Memory–WM; Inhibitory Control–IC; Flexibility – FL; Aversion to Delay – AD and Regulation–RG).

Results.– *T* tests indicated significant difference between all indexes (Table 1), with the best results pointing to the schools in the south-easter.

Conclusions.– Children from schools in the southeaster of Brazil presented better performance in EF tasks and on teachers' reports if compared to children from the northeast. Considering that superior performance on EF is a predictor of better mental health, it is necessary the improvement of EF training programs at schools to reach a greater number of children.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0081

Association of cyberspace/digital games related factors with psychopathology and cyber issues in adolescents: A preliminary report

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Intoduction/objective.– However studies suggest that internet addiction and digital gaming addiction (as a form of internet addiction) may cause psychopathologies and cyber issues, the factors

playing role under these conditions have not been clear yet. In this study, we aimed to define these factors and to guide the clinicians improve preventive basic interventions.

Method.– For this preliminary report, 47 adolescents aged from 12 to 18 years were analysed. All cases were assessed with Revised Children's Anxiety and Depression Scale (RCADS), Internet Addiction Scale (IAS), Digital Game Addiction Scale (DGAS), Cyber-Bullying Scale, Cyber-Victimization Scale, Sensivity to Cyber-Bullying Scale, Conners'-Wells' Adolescent Self-Report Scale Short (CASS:S). Children's parents were assessed with Eysenck's Personality Inventory (EPI). All cases were evaluated for psychiatric diagnosis with Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL) and clinical evaluation.

Results.– There was a significant positive correlation between IAS scoring, and RCADS total anxiety subscore, RCADS total anxiety-depression subscore, CASS:S scores, Cyber-Bullying Scale scores, Cyber-Victimization Scale scores ($r=0.522$, $P<0.001$; $r=0.468$, $P=0.001$; $r=0.500$, $P<0.001$; $\rho=0.398$, $P<0.05$; $\rho=0.353$, $P<0.05$). Likewise there was a significant positive correlation between DGAS scoring and the same scales ($\rho=0.357$, $P<0.05$; $\rho=0.309$, $P<0.05$; $\rho=0.295$, $P<0.05$; $\rho=0.341$, $P<0.05$; $\rho=0.353$, $P<0.05$).

Conclusions.– Internet and gaming addiction correlated with anxiety, depression and ADHD. As the level of Internet and gaming addiction increases, being cyber bullying and victimization levels are also increasing. The study sample will be expanded to illuminate sociodemographic variables and the research will continue.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0085

Treatment of psychotic features in suicidal adolescents with complex psychopathology in an ASS crisis intervention unit

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Objectives.– To propose a transdiagnostic treatment approach in adolescents with complex ASS.

Background and aims.– We were impressed by the complexity of comorbid clinical features in adolescents with ASS who had imperative hallucinations to suicide and marked traits of Anorexia Nervosa. These combinations made it virtually impossible to start treatment of ASS. A sense of urgency was felt to prioritize treatment focus in order to prevent detrimental impact on Team cohesion.

Materials and methods.– Patients were mainly under the age of 18. Signs that might be interpreted as obsessive thoughts, presumably connected to autistic thinking, were treated as imperative hallucinations, monitoring plasma levels of antipsychotics for dose adjustment. In the selection procedure, as a pilot study, patients were visited in their referring clinic to give advice concerning treatment of psychotic features in relation to suicidality. Disturbances in behaviour were scrutinized for the possibility of another explanation than ASS.

Results.– In two patients a marked improvement occurred using haloperidol and a combination of aripiprazole and pimozide, respectively. In a third patient frequent outbursts of rage were seen as possible indication for Intermittent Explosive Disorder and treated with Lithium with good result. In a fourth patient with comorbid Reactive Attachment Disorder interactions with group

members were conceived as paranoid and treated successfully with a low dose of pimozide. Patients with severe eating disorders were further excluded from admission.

Conclusions.– Eventually the specific climate designed for ASS patients might be used with more specific benefit by ASS patients in which comorbidity in the sense of transdiagnostic psychiatry is treated as much as possible, in advance.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0086

Emotional experience of parents in a situation of child's hospitalization in a psychiatric hospital

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Introduction.– Hospitalization of the child in psychiatric clinic often appears for parents tough decision. Understanding of this by experts is an important factor of successful cooperation

Objectives.– To determine the parents' most popular strategies for emotional regulation and to evaluate their effectiveness at the time of hospitalization of their child in psychiatric clinic.

Methods.– A total of 89 parents have participated in a research. Research techniques: The Beck depression questionnaire; Test "Study of anxiety"; Questionnaire of cognitive regulation of emotions.

Results.– Parents demonstrate high rates of situational and personal anxiety (64% and 53%); 46% of them have symptoms of depression. The most popular (an average rank 7,3 and 6,7) were "Positive revision" and "Planning" strategy. However neither they, nor any other strategy were connected with decrease in level of anxiety and a depression. The positive correlation of symptoms of a depression and such strategy as "Rumination" and "Katastrofization" ($r=0,538$ и $r=0,498$, $P=0,01$); signs of situational anxiety and strategy "Acceptance", "Rumination" and "Katastrofization" ($r=0,419$, $r=0,484$, $r=0,487$, $P=0,01$) is noted. There are no differences in symptoms of emotional trouble and in the patterns of regulation in mothers and fathers and also at those whose child is hospitalized for the first time and repeatedly.

Conclusions.– Expression of symptoms of a depression and anxiety demonstrate that hospitalization is stressful for all family. The lack of effective regulation strategy in this situation sets for experts a separate task of helping not only to the child, but also to all his family.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0089

Neurodevelopmental and childhood-onset schizophrenia in an adolescent presenting inherited 10q26.3 duplication

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Introduction.– Childhood-Onset Schizophrenia (COS) is defined by an onset of schizophrenia positive symptoms (delusions, hallucinations, disorganized speech or behaviour) before age 13. A higher rate of neurodevelopmental and cytogenetics abnormalities is observed in COS compared to adult onset schizophrenia. The exact pathogenic mechanism remains unknown.

Case description.– We describe a 17-year old girl without ante- or perinatal history despite uncomplicated caesarian section. The family history was marked by the violent father's death in early patient's childhood. The developmental history revealed delayed motor milestones, communication, intellectual (IQ = 74) and learning impairments. She presented tantrums and poor social interactions since the age of 7 and delusion and visual hallucinations at age of 12, and was diagnosed with COS. EEG, cerebral MRI, standard blood analysis and metabolic screenings were normal. A chromosomal microarray analysis revealed interstitial 324 kb duplication (10q26.3). Familial segregation revealed the presence of this microduplication in both patient and her mother, associated with schizophrenia spectrum disorders, and the absence in the asymptomatic 22-year old sister.

Conclusion.– Our report is the first description of an association of 10q26.3 duplication, so far described in autism, with Childhood-Onset Schizophrenia. The mother's psychotic disorder evolved since adolescence (15 years) while her daughter presented an early and neurodevelopmental form of schizophrenia. This case argues in favor of the schizophrenia "two-hit hypothesis" where the second hit, an early childhood psychotrauma, might explain the early neurodevelopmental clinical presentation.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0090

A qualitative study of how legal guardians experience deliberate self-harm among adolescents under their custody

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This study was conducted in partial fulfillment of a master's degree at the University of Malta.

Background.– Deliberate Self-Harm is the intentional act of causing harm to oneself in the absence of suicidal intentionality, however it's repetitive nature increases the risk of fatality having severe repercussions on global public health. The overall aim was to explore the lived experience of legal guardians of adolescents who deliberately self-harm.

Method.– Heideggerian Hermeneutic Phenomenology underpinned the study while Interpretative Phenomenological Analysis guided the extrapolation and interpretation of results. Four participants and one pilot study were recruited, consisting of mothers in care of adolescents who received care from the Child Guidance Unit and engaged in Deliberate Self-Harm in the past year. In-depth

semi-structured interviews were carried out and transcripts were produced. These were analysed and themes were extrapolated through abstraction.

Results.– Results demonstrated the anguish and distress experienced by legal guardians due to social, financial and familial circumstances faced. Guilt and feelings of defenselessness and helplessness were reported as devastating while trying to cope and maintain an adequate level of function-ability.

Discussion.– The background of these individuals and socio-economic factors hugely impact the development of their circumstances, however the dedication of these legal guardians assisted them in enduring their difficult familial stresses.

Conclusion.– Further support and education for the legal guardians should be provided from the psychiatric services. Studies recruiting adolescents coming from different cultural backgrounds and investigating any possible discrepancies and a longitudinal study exploring the skills learned and satisfaction gained from services utilized should be conducted.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0091

Underage admissions to a brief psychiatric hospitalization unit

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Introduction.– At least 20% of children and adolescents have some mental disorder. When they require admission, there is usually a greater impact on family, social and school functioning.

Objectives.– To know the epidemiological characteristics of the children inpatients.

Methods.– A cross-sectional study on the prevalence of psychiatric disorders in a Brief Hospitalization Unit. Description of the sample. Inclusion criteria: younger than eighteen years admitted between May 2007 and May 2017. Variables: age, sex, health care district, days of stay, diagnosis. Quantitative variables are described with averages and standard deviation, and qualitative variables with percentages.

Results.– Patients admitted: 1006. Average age: 13.7 (14.2). Gender: female: 521 (52%), male: 485 (48%). Average age according to gender: woman: (14.2), male: (13.3). Prevalence of diagnosis by gender: Psychotic disorders: female: 35.23%, male: 64.77%. Eating Disorders (ED): female: 83.60%, male 16.40%. Autism spectrum disorder: female: 13.43%, male: 86.57%. ADHD: woman: 29.73%, male: 70.27%. Other diagnoses: female: 54.28%, male: 45.72%. Ávila 56 (6%), León: 95 (9%), El Bierzo: 74 (7%), Salamanca: 66 (7%), Valladolid West: 124 (12% Valladolid Este: 294 42 (4%), Burgos: 82 (8%), Palencia: 85 (9%), Segovia: 33 (3%). Days of average stay: overall: 23.87. ED: 39.68. Rest of diagnoses: 20, 14.

Conclusions.– The most frequent causes of admission were ED, anxiety disorders, ADHD, psychotic and affective disorders. Males were admitted more frequently, except in cases of ED. The mean age was lower in males. The mean stay was higher in cases of ED. Admissions were greater in our health care district.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0092

Optimize clinical drug performance for the treatment of ADHD using response surface analysis

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The objective of this paper was to develop a novel model-based methodology utilizing the response surface analysis and a non-linear optimizer algorithm to maximize the clinical benefit of drug treatments. The response to a treatment was described by a drug-disease model accounting for multiple components such as the dosage regimen, the pharmacokinetic characteristics of a drug (including the mechanism and the rate of drug delivery), and the exposure-response relationship. A convolution-based approach was used to characterize the pharmacokinetics of the drugs used and an indirect-response modeling approach was used to link the drug exposure with the clinical response.

A case study is presented to illustrate how the performances of drug treating the attention deficit hyperactivity disorder (ADHD) can be improved. The results of the analysis indicated that a substantial improvement in clinical benefit was expected when optimal strategies were deployed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0093

Inflammation and its part on treating non-responders in schizophrenia

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Inflammation has been playing an important part in our understanding of psychiatric disorders, for at least a decade now.

In this oral presentation, we are trying to achieve an understanding of how anti-inflammatory drugs can reduce psychotic symptoms in schizophrenic patients, who are not responding to antipsychotic treatment.

In order to do so, we have overviewed all publications of the last 5 years of research, that contain the words “inflammation” and “Schizophrenia”.

The aim is to outline the fact that (and explain how) most non-responders, have a lot of specific inflammatory cytokines on circuit and that this blocks most antipsychotics.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0095

Childhood subclinical characteristics in schizophrenia – Toward the early screening for the risk of schizophrenia

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Background and aims.– The subclinical behavioural and psychological characteristics of schizophrenic children have not been

sufficiently investigated to present specific evidences. This study is a retrospective report of childhood neurobehavioural assessment in adult patients with schizophrenia and healthy controls using the CBCL to elucidate the subclinical characteristics of schizophrenic children and to find out indicators which predict later development of schizophrenia.

Method.– Schizophrenia outpatients in his/her twenties who fulfill DSM-IV-TR criteria and who present now mainly negative symptoms after passing an acute stage were investigated. Normal healthy subjects were also examined as sex- and age-matched controls. By modified use of the CBCL as a retrospective assessment questionnaire, the parents of the patients and of control subjects rated their childhood (aged 6–8 years) behaviours.

Results.– A logistic regression using the eight CBCL syndrome subscale T-scores adequately classified 85.8% of the population. Among the eight subscale T-scores, those of Withdrawn, Thought problems and Aggressive behaviour were significantly associated with risk of schizophrenia, although any of these mean scores were not in clinical range. Concerning Aggressive behaviour, patients showed a significantly lower score than controls.

Conclusion.– The results suggest that subclinical neurobehavioural characteristics of schizophrenia already exist in the patients' childhood. The combination pattern of these subclinical characteristics would predict later development of schizophrenia. Quite early screening for risk of schizophrenia could be possible with some instrument using obtained logistic regression model.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0101

Depression, anxiety and eating disorders: Prevalence and association among adolescents studying in public schools of Delhi

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Introduction.– Data on prevalence of mental health disorders indicates that 4.5% and 3% of the Indian population is suffering from depression and anxiety respectively. Depression is ranked by WHO (2015) as the single largest contributor to global disability, therefore there is a need to investigate the maturation patterns (gender specific) & it's relationship with psychosocial & nutritional factors which impact overall health of an adolescent.

Objectives.– The present research was designed to study the prevalence & association of depression & anxiety with eating disorders & BMI among adolescent boys & girls (aged 13–16 years) studying in public schools of Delhi.

Method.– Three hundred adolescents participated in this cross-sectional study. For the assessment of depression and anxiety & eating disorders Child Behavior Checklist (CBCL; administered to the parents) and Three Factor Eating Questionnaire (TFEQ; administered to the subjects) were used respectively. Data were also collected on socio demographic profile, physical activity, dietary practices & consumption pattern, food intake (24hr recall, Food Frequency Questionnaire), body image perception, locus of control & anthropometric (Weight, Height, BMI, Body fat %) profiles.

Results.– Prevalence of depression & anxiety is 37.5% and eating disorders (restrained, uncontrolled & emotional) is 18% respectively. Anthropometric data revealed that 18.3%, 7% and 20% of the subjects are underweight, overweight and obese respectively. 58% of the malnourished subjects are suffering from depression & anxiety.

Conclusion.– This study highlight's the association of mental health with eating disorders & nutritional status of adolescents. It will also serve as a strategic tool for mental health prevention & management policies designed for adolescents.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0103

Weakness in holistic processing in children with specific language impairments

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Background.– Children with specific language impairments (SLI) have deficit in producing and understanding language (Bishop, 1997). The nature of this developmental disorder is still not understood. We have shown that children with SLI at the age of 6–7 have weakness in holistic processing (Kiselev et al., 2017). The goal of this research was to examine the hypothesis that children with SLI at the age of 4–5 have also deficit in brain holistic mechanism.

Method.– Experimental group included 17 Russian-speaking children with SLI at the age of 4–5. The control group consisted of 17 children. The children from experimental and control group were matched for IQ, gender and age. We used the Rey-Osterieth Complex Figure Test to assess the brain holistic mechanism in children. It was proposed that part-oriented strategy in copying Complex Figure is related to weakness in holistic processing (Luria, 1973).

Results.– In comparison to children from control group the majority of children with SLI (63%) had immature (part-oriented) strategy in copying Complex Figure. In view of the obtained results it can be assumed that preschool children with specific language impairment have deficit in the specific brain mechanism responsible for holistic processing. We hope that our results will help to elucidate the nature of impaired mechanism in specific language impairment in children.

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Disclosure of interest.– The authors declare that they have no competing interest.

EV0104

Deficit of memory in delayed recall condition in preschool children with ADHD

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Background.– It was shown that children with ADHD have deficit in prefrontal cortex function including deficit in working memory (Martinussen et al., 2012). In our previous research we have revealed that ADHD children at the age 8–9-years have deficit in memory in delayed recall condition (Kiselev et al., 2017). The goal of this research was to examine the hypothesis that preschool children with ADHD have the same deficit in memory in delayed recall condition as children at the age 8–9-years.

Method and participants.– The experimental group included 13 children with ADHD at the age 5–6-years. The control group included 13 typically developing children. The children from experimental and control group were matched for IQ, gender and age. Children from both groups were assessed with visual memory subtest from Luria's

neuropsychological assessment battery. This subtest is designed to assess the ability to perform visual memory for objects in immediate and delayed conditions. Two-way ANOVA was used to reveal group differences in reproducing the objects in two conditions.

Results.– We have not revealed significant differences between children from experimental and control group in the reproducing the objects in immediate condition. However, the interaction of condition type and group was significant ($p \leq 0,05$). ADHD children were less successful in reproducing the objects in delayed condition. In view of the obtained results, it can be assumed that preschool children with ADHD have specific deficit in memory in delayed recall condition.

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Disclosure of interest.– The authors declare that they have no competing interest.

EV0105

Characteristics of psychological development of toddlers with congenital heart disease subjected to heart surgery

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The situation of pediatric heart surgery is a major psychological stress for toddler with congenital heart disease (CHD) and his family, connected with a long stay in a hospital, pain, early separation from mother, movements and play limits. Much attention is now being placed on the psychological and social outcomes of these children.

The participants of our research were 84 diads: toddlers with severe CHD subjected to heart surgery and their mothers. Mean age: $14,52 \pm 1,50$ months old, 43,50% - girls. Center for Epidemiologic Studies Depression Scale was used to measure depression rate in the mothers. State-Trait Anxiety Inventory–for anxiety rate in the mothers. The level of psychological development and functioning of the toddlers was measured two days before the surgery by The Diagnosis of Neuro-Psychological Development of Infants (DNPDI) designed by Pantuhina G.V., Pechora K.L., Fruht E.L.

We've found out that 34,8% of the infants with CHD had 1 epicrisis period delay in their psychological development; 43,5% - had 2 epicrisis period delay. Among the mothers–40,1% had heightened level of state anxiety, 26,6% had high level of state anxiety. 65,2% of the mothers reported depressive symptomology. We've shown that the higher level of depressive symptoms in the mothers from the study group correlated with bigger delay in the psychological development of toddlers with CHD subjected to heart surgery ($R = 0,835$, $p = 0,000$).

The further research in this field suggests the search for techniques helping to improve the mothers' psychological functioning as it plays a great role in toddlers development.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0108

A novel way of analyzing facial emotions processing in children with Autism spectrum disorders

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Emotion perception in autism spectrum disorders is one of the most researched topics of the past decade, being extremely important for monitoring the therapy progress. Facial emotions processing can be done using eye-tracking devices. However, these can sometimes be hard to wear for the child. Stating from this observation, it becomes important to device other ways of studying facial emotions processing in autism spectrum disorders

The aim was to develop a program that will help identify the pattern in which image processing occurs.

Eighteen children (8 neurotypical) were included in this study, based on informed consent. They were asked to press on some images displaying facial emotions and the order in which they touched the different features of the faces in the photos was quantified and then analysed.

The data was analysed using Spss 22.0 and non-parametric testing was employed for non-continuous variables.

There were differences between the two groups for the emotion of “surprise” p Wilcoxon $< 0,05$. The children in the control group also had significant differences from one press to another on the same picture, for the emotion of surprise ($\chi^2(8,3) = 9,18$, $P = 0,02$). In the group on children with autism spectrum disorders, this trend of difference was observed for the emotion of “fear” ($\chi^2(10,3) = 7,92$, $P = 0,04$)

These results suggest that the test of showing children facial emotions might be an efficient manner of analyzing emotional processing in children with developmental disorders. Another important conclusion is that not all emotions are processed in the same way in both typical and non-typical children.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0110

The use of oxytocin in autism spectrum disorder: A literature review

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Objective.– Autism Spectrum Disorder (ASD) is a neuro-developmental disorder that affects 1% of the general population and involves persistent deficits in social communication. It is also characterized by the presence of repetitive behaviours, restricted interests and inflexible adherence to routines. One possible treatment for the social communication deficits observed in Autism involves the use of Oxytocin.

Method.– Our literature review shall involve a comprehensive look at published data on the use of Oxytocin in individuals for the amelioration of social cognitive deficits, and we shall review the mode of administration, doses and treatment regimens used for this purpose, and suggest a possible treatment plan involving oxytocin for

patients who have ASD, and what the expected responses to such a treatment regimen might be.

Result.– Once daily usage of Intranasal Oxytocin, at 24 International Units (IU) may help with social cognitive deficits, although the magnitude of this effect is small. There is little evidence on whether this effect persists after cessation of Oxytocin.

Conclusion.– Oxytocin may be a useful adjunct to social skills training and early intervention strategies for individuals with Autism and Social Cognitive Deficits.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0111

Trauma-based mind control and Istanbul protocol for torture diagnosis

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Introduction.– This paper reviews the applicability of the Istanbul Protocol for Torture Diagnosis to extreme child abuse cases as outlined on the website traumabasedmindcontrol.com.

Objectives.– The presentation outlines the difficulty of tackling a suspected Organised Ritualised Crime Network (ORCAN) with conventional Psychiatry and Psychology skills and offers alternatives from torture research.

Aims.– This presentation aims to explore research based alternatives to the ‘Discourse of Disbelief’ where allegations of extreme abuse and authority compromise are simply denied.

Methods.– Document reviews yielded a disturbing picture of an extreme abuse network comparable to the Marc Dutroux case in Belgium and promising diagnostic methods that could be deployed to properly investigate allegations.

Results.– A small child showed flashbacks and signs of dissociation after repeated contact visits to his biological father. Review of case materials suggested the operation of a high-level extreme abuse ring involving prominent mental health professionals, business leaders and politicians. Child disclosures covered bizarre as well as sexually exploitative abuse acts that a child would be rather unlikely to come up with without corresponding experiences. Authority representatives alleged that the mother was mentally unwell and took the child into care without proper examinations. The detailed guidelines contained in the Istanbul Protocol for Torture Diagnosis could probably lead to the identification of suitable proof to prosecute suspected offenders.

Conclusions.– Extreme abuse torture of small children appears to be met with denial when actually workable diagnostic approaches are available.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0115

New paradigms in child and adolescent psychodermatology: A case series from India

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Introduction.– There is sparse literature available in context of Child and Adolescent Psychiatry and Dermatology from India.

Objectives.– To report an interesting case series on Child and Adolescent Psycho-dermatology where patients were referred from Dermatology to Psychiatry.

Methodology.– Case Series. Case 1 was a 7 year old boy with Trichotillomania referred for further management. Case 2 was a 3 year old boy with Neurofibromatosis referred for developmental problems. Case 3 was a 4 year old girl with Tuberous Sclerosis referred for developmental problems. Case 4 was a 14 year old boy with Systemic Lupus Erythematosus referred for fearfulness. Case 5 was a 12 year old boy with Alopecia Totalis referred for counseling.

Results.– All the five cases were clinically diagnosed by the Consultant In charge in Child and Adolescent Psychiatry and advised further appropriate psychological assessments, referrals, treatment settings, pharmacotherapy and psychotherapy. Case 1 was diagnosed with Depressive Episode (Moderate with somatic syndrome) and received Syrup Fluoxetine 5 ml od and CBT. Case 2 was diagnosed with Autism with Self Injurious Behavior and received Syrup Risperidone 0.25 mg hso and Autism Training. Case 3 was diagnosed with Global Developmental delay and advised Child Occupational Therapy. Case 4 was diagnosed with Organic Psychosis and advised Tablet Olanzapine titrated to 7.5 mg daily. Case 5 was diagnosed with Severe Depression without psychosis and advised Tablet Escitalopram (10 mg) and CBT.

Conclusion.– We perceive that child and adolescent psychodermatology is a fascinating new area of clinical research and recommend further original research with better methodology.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0116

Alice in Wonderland syndrome. Case report

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Introduction.– Alice in Wonderland Syndrome is a neurological disorder usually diagnosed in childhood. This syndrome is characterized by body-image distortion and disordered perception of distances, size, shape and spatial relationships between objects.

Objectives.– To know the different etiologies, clinical characteristics and outcome of the patients diagnosed with this syndrome.

Methods.– We review recent literature related to a clinical case admitted to our Psychiatric Emergency Service. A 14- year-old girl presented with a sense of strangeness consisting on changes in shapes and in spatial relation amongst objects, whilst being aware of the illusory nature of her perceptions. This picture appears in the context of a migraine in neurological follow-up. The patient had psychological history and her neurologist appreciated that symptoms were stress-related.

Results.– After being evaluated by the Neuropaediatric Emergency Service, organic pathology is ruled out by EBV serological tests and imaging tests. Finally, Alice in Wonderland Syndrome was diagnosed in relation to migraine with atypical aura.

Conclusion.– We should take into account the Alice in Wonderland Syndrome when patients present with the described symptomatology. This picture is unfrequent but alarming, with benign nature and spontaneous resolution in most cases.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0117

The separation protocol during hospitalisation for suicidal behaviours in children and adolescents: A survey of French psychiatric practice

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Objective.– The study aimed to assess practices of French psychiatrists regarding the management of children and adolescents with suicidal behaviours, focusing on the use of the separation protocol. This framework, in which youth are separated from their relatives, appears to be a French practice, and is not formalized.

Methods.– We conducted an online survey. French psychiatrists caring for children and adolescents were asked to describe their practice of the separation protocol, via a questionnaire.

Results.– A total of 147 participants were enrolled in the study. Most of them worked in a university hospital. Children and adolescents who made a suicide attempt (SA) were systematically hospitalized in 61% of cases, compared to a rate of 20% in those presenting with suicidal ideations (SI). A separation protocol was set up systematically in 39% of cases, and on a case-by-case basis in 51%. The most common criteria cited were family relationship difficulties (78%). The mean age from which a separation protocol was indicated was 11.25 years. As for duration, 29% of participants reported a 24–48 hours period, and 21% a 48 hours period. Reasons given to justify use of the separation protocol were to allow a better clinical assessment (75%), and separate the child from a potentially harmful environment (57%). There were no significant differences between academic and non-academic practitioners regarding the characteristics of the separation protocol.

Conclusion.– This study confirms that the separation protocol is a widespread practice in France, despite the deprivation of liberty it implies. Studies need to be conducted to assess implications of this practice.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0118

“I am bigger than the sun”. Bipolar disorder in pediatric age

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With this case report we would like to make a review about pediatric bipolar disorder (BPD) and we want to describe the phenomenology and clinical characteristics of BPD in children. We present an 8 years old child who gets into our inpatient unit because of behavioural alterations.

Methods.– The parents describe symptoms like mood changes intense irritability and outbursts of anger. All of these symptoms are associated psychomotor restlessness and distractibility. He started to threaten his parents (“I’ll cut your head off”) and also verbalizes unusual contents, which impress of grandiloquence expressing their own omnipotence (“I am going to destroy the sun and the moon with spell”). Finally, the diagnose was an manic episode in pediatric age.

Results.– Most DSM-5 symptoms of mania were common in the children and adolescents with BPD with the most common symptoms being increased energy, distractibility, and pressured speech.

On average, four of five bipolar cases also showed threshold levels of irritable mood and grandiosity, and more than 70% of all cases showed elated/euphoric mood, decreased need for sleep, or racing thoughts. Roughly 69% of cases also showed poor judgment, whereas only half of bipolar cases demonstrated flight of ideas, and slightly more than one-third showed hypersexuality or psychotic features.

Conclusions.– The clinical picture that emerges is that of children or adolescents with periods of increased energy (mania or hypomania), accompanied by distractibility, pressured speech, irritability, grandiosity, racing thoughts, decreased need for sleep and euphoria/elation

Disclosure of interest.– The authors declare that they have no competing interest.

EV0119

Psychotherapy integrative model of mental and behavior disorders children moved out of “anti-terrorist operation” zone

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Introduction.– Contemporary one of the most pressing problems in the Ukrainian health care is children’s mental health. The reason of this problem is the increasing number of extreme situations (military operations in the territory of Ukraine). Due to this we established the training model of specialists capable of carrying out psychosocial rehabilitation to victims of “anti-terrorist operation” (ATO).

Objectives.– The mental and behaviour disorders children affected of ATO. We studied 280 family: 110 adults and 170 children. The aim of the project was to optimize the provision of psychosocial support for children with problems of the psychic sphere by developing a system of psychotherapy adjustment and psychological education at the Centre for psychosocial rehabilitation of children. The basic component was the creation of the necessary conditions that expand the comfort and a safe space for the child to enhance positive impacts and mitigate negative impacts of the social environment.

Methods.– The leading role was played by a combination of three areas of work: psychotherapy (individual and family) psychocorrection (trainings, art-, hyppo-therapy) and social work.

Results.– In 86.5% of the children showed stabilization of mental and emotional state, reducing aggression, increasing motivation to social activity. In 58.0% of families - reducing conflict relations. **Conclusions.**– The non-standard integrative psychotherapy model, psycho-correction allowed organizing a fruitful and creative leisure. Provided of this model resulted in the reduction of aggression and anxiety, increased motivation for the successful development of new activities and problem-solving skills and conflict situations with peers and family members.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0120

Use of asenapine in childhood, our experience

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Introduction.– In a childhood and adolescent inpatient unit, we could find different kind of pathologies (bipolar disorder, schizophrenia. . .) who need an hospitalization. In this study we are going to pay attention in those ones which we used asenapine like antipsychotic. In spite of the few studies presented to date, in our dairy practice we use them with efficacy and low secondary effects. Aim of the study: Analyze the use of asenapine in our unit. **Methods.**– We analysed all the patients minors under 18 years old (N=1117) who were admitted in our inpatient unit a between 2009–June 2016. Our data were analysed with the SPSS program. **Results.**– In the last 8 years (2009-2016), in our unit of hospitalization for children and adolescents (UHBJ), 1711 children were evaluated in our emergency room (we do not include the patients in review or consultation). 1117 have been hospitalized with different pathologies. (aproximate 139 admissions per year). We have reported, in last three and a half years, 14 cases treated with asenapine. Their diagnoses were 71,4% bipolar disorder, 7,1% Attention deficit disorder and hyperactivity, 7,1% schizoaffective disorder, and 14,2% disrupt behaviour. We also analyzed other parameters like treatment dose (since 5 mg yo 10 mg), evolution, sex, age. . . **Conclusion.**– The use of asenapine is a good treatment in patients who have mania and bipolar disorder but we find another uses (disrupt behaviour, schizoaffective disorder. . .) like others second-generation antipsychotic. **Disclosure of interest.**– The authors declare that they have no competing interest.

EV0121

Family functioning and socio-demographic features of children diagnosed with night terrors at a tertiary treatment center

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Introduction.– Besides the biological function of sleep is still largely unknown, sleep is seen as an important part of the healing process and is considered essential to life in the physical, neurological, and emotional areas. **Methods.**– Records of patients evaluated in the past year (i.e. August 2016– August 2017) at the Department of Child and Adolescent Psychiatry of the Abant İzzet Baysal University Medical Faculty were screened and those with a primary diagnosis of Sleep (Nigh) Terrors as per ICD-10 (F51.4) were recorded. The parents are contacted via telephone and General Functioning subscale of the Family Assessment Device (FAD) were completed. Data were entered into a database prepared via SPSS Version 20.0 (IBM Inc.) and descriptive statistics were used for analyses. **Results.**– Within the study period 22 patients (59.1% female) with a mean age of 7.8 (S.D = 3.1) years were diagnosed with Sleep Ter-

rors. Mean ages of mothers and fathers were found to be 36.1 (S.D = 6.7) and 38.3 (S.D = 6.9) years; respectively. Comorbidity with other psychopathology as well as family history of psychopathology were rare (9.1%; each). Mean score of FAD- General Functioning was found to be 1.6 (S.D = 0.6) and 72.7% of parents of children rated their family general functioning in the pathological range. Half of the children received symptomatic treatment (i.e. hydroxyzine) while others received psychoeducation and supportive therapy. **Conclusion.**– Sleep terrors in school age children in our sample were mostly without comorbidity although symptoms were long-lasting and family functioning was poor. **Disclosure of interest.**– The authors declare that they have no competing interest.

EV0122

Retrospective follow-up data on the use of intramuscular paliperidone palmitate in adolescents and young adults

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Introduction.– Paliperidone palmitate, in its monthly and trimestral intramuscular administrations, has shown efficacy in the long-term treatment schizophrenia-spectrum disorders in adults. Data is scarce on off-label use in other disorders and in younger patients. **Objective.**– To describe sociodemographic, clinical and follow-up data from adolescents and young adults in treatment with palmitate paliperidone. **Methods.**– We conducted an observational retrospective follow-up collection of sociodemographic, clinical and outcome data from patients with ages ranging 15–30 years old and in treatment with monthly and trimestral palmitate paliperidone in our department of Psychiatry. **Results.**– A total of 23 young patients received monthly or trimestral palmitate paliperidone. Most frequent primary diagnosis (61%) was oppositional defiant disorder (ODD); the rest where schizophrenia, bipolar disorder, substance abuse and others. Average age of patients was 21 years, and average duration of treatment was 8.9 months. Final dose widely varied from 50 to 150 mg/month. 87% of patients achieved antipsychotic monotherapy with this treatment. 77% required no psychiatric hospitalization after initiation of treatment; the rest were hospitalized once. 4% discontinued treatment due to adverse effects. **Conclusion.**– Palmitate paliperidone has been safely used in adolescents and young adults in our clinical setting. The most associated diagnosis was ODD, and overall results suggest good tolerability and efficacy. More clinical trials with palmitate paliperidone and other long acting antipsychotic should be conducted in these populations in order to establish its clinical indications. **Disclosure of interest.**– The authors declare that they have no competing interest.

EV0123

An overview of recent findings on social anxiety disorder in adolescents and young adults at clinical high risk for psychosis

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Background.– Some studies showed that anxiety is particularly frequent in the Clinical High Risk (CHR) for psychosis population. Notably, social anxiety disorder is identified as one of the most common anxiety disorder in CHR adolescents and young adults. Despite this, the frequency and the clinical significance of social anxiety in this population have been underestimated.

Methods.– A selective review of literature published between 2011 and 2017 on social anxiety disorder in CHR adolescents and young adults.

Results.– Five studies are included. In particular, three studies demonstrated that CHR adolescents and young adults have higher levels of anxiety compared to controls. Furthermore, anxiety, including social anxiety, is related to the severity of psychotic symptoms. The other studies included show inconsistent results regarding the possible relationship between social anxiety and social functioning.

Conclusions.– Social anxiety disorder was common in CHR adolescents and young adults and correlated with more severe attenuated psychotic symptoms (e.g. suspiciousness). Thus, assessment of social anxiety disorder, along with other anxiety disorders, should be standard for all CHR adolescents and young adults presenting for help. Future longitudinal studies on larger samples of CHR adolescents and young adults are essential to examine the relationship between anxiety disorder and transition to psychosis

Disclosure of interest.– The authors declare that they have no competing interest.

EV0125

Some questions of therapy of vegetative disorders in children and adolescents with depression

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Background and aims.– Vegetative dysfunction is one of the central manifestations of the affective pathology in children. Despite numerous studies concerning vegetative disorders treatment in children with depression, it remains a pressing problem at present. **Materials and methods.**– A total of 120 children aged 12 - 14 with depression were involved in the study. Clinical psychopathological, somatic neurological, psychological (CDRS-R rating scale for depression in children, B. Mendelevych Test for the assessment of the neurotic status, scheme of investigation for recognizing the signs of vegetative disorders' by Vein AM, and neurophysiological methods (multidimensional linear and nonlinear investigation of brain dynamics -Kolmogorov-Sinai entropy (KSE)) have been used in the study.

Results.– It has been established that formation of clinical manifestations of vegetative dysfunction in children during puberty is based on emotional stress, imbalance of self-regulation processes, and depressive disorders somatization. The level of vegetative disorders, depression, asthenia and anxiety in adolescents corresponds to the criteria of the disease. A reduced adaptive capacity for loading (intellectual tests) has been diagnosed, which confirms a decrease in HRV parameters. The results obtained enable the authors to substantiate the strategy of intervention for correction of vegetative dysfunction in children with depression, precisely administration of neuropeptide (Semax, 0.1%) in combination with cognitive-behavioural therapy and low-power physiotherapy (electromagnetic radiation of millimeter range).

Conclusion.– The proposed complex provides regulation, anti-stress, vegetal stabilizing, adaptogenic, and neuroprotective effects in a very short time without pharmacobiologic load on the child's organism at puberty with preserving compliance and quality of life.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0130

Personal constructs of adoptive parents with the experience of care for children with significant developmental and emotional-behavioural disorders

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Introduction.– The current social policy in Russia actively encourages adoption and fostering of children with developmental abnormalities. The discrepancies between parental expectancies and attitudes with child's behaviour, disillusionment with their perceived ability to cope with problems arisen increases the risk of family crisis and eventual placement failure.

Objective.– To study how the experience of care for children with serious developmental disorders or mental illnesses is related to expectancies and parental attitudes.

Methods.– A modification of repertory grid technique was used, with parents ranking the pictures of supposedly parent-less children, as well as own family members. Quantitative indexes of construct differentiation and element distances, content-analysis of constructs and qualitative analysis of each grid were employed. Responses of parents of 16 families with adopted children with serious developmental and behavioural disorders (all resulting in stationary psychiatric care necessity) were compared to 12 control adoptive families and 20 families without adopted children.

Results.– No significant differences on single indexes between groups were found. The parents from under investigation group were both low and high scorers defined by interquartile range. Qualitative analysis permitted to describe some characteristic patterns of how the experience of care for difficult children influence construing: the simplified construing (with use of problematic children as reference element or stigmatizing), the monolithic construing with fusion of images of self and adopted children, loosened construing with projection of idiosyncratic beliefs.

Conclusions.– The impact of experience of care for seriously disturbed children isn't unimodal. It is not determined by severity of child disturbances only.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0133

A case report of how abuse can spark mania in children

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Introduction.– According to a recent meta-analysis, the overall rate of Bipolar Disorder (BD) among youth aged 7-21, is 1.8%. It is also known that certain traumatic experiences such as abuse can trigger the symptoms.

Objective.– To emphasize that all forms of abuse need to be questioned, regardless of the provided reasons for the patient's referral.

Aim.– To provide an example of a complicated case of how abuse and trauma may end up in a chain of full-blown manic episodes (BD 1).

Methods.– Literature review in scientific database and case report presentation.

Results.– A 7-year-old girl was brought to our clinic with complaints about irritability, grandiose manners, attention problems, lack of sleep and increased talkativeness which were going on for the last 3 weeks with on-off periods. She had numerous relatives -including her father- who were suffering from psychosis/BD. No organic pathology could be detected through neurological testings (EEG, MRI) or blood tests. When further questioned, her mother told the girl had been molested by a man some weeks ago. These mood swings had started right after this incident. She went through another manic episode until being stabilized by Aripiprazole.

Conclusion.– It can be difficult to suspect/question abuse when the child is admitted to the clinic with seemingly irrelevant complaints. Yet, it is of vital importance that a child psychiatrist keeps in mind that abuse might be the underlying reason for many cases of psychopathology.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0135

Emergency referrals to liaison psychiatry department in a busy Dublin Pediatric Hospital, with a focus on deliberate self harm presentations, 2011–2015; trends over time

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Introduction.– The Paediatric Liaison Psychiatry Department in the Children's University Hospital (CUH) serves one of the busiest Emergency Departments in Europe for children under 16 years of age.

Objectives.– To analyse all referrals to the Paediatric Liaison Psychiatry Department in the Children's University Hospital (CUH) with a particular focus on deliberate self-harm (DSH) presentations. In terms of service need, demographic and clinical and characteristics and service use. To compare these DSH presentations in terms of socio-demographic and clinical characteristics with a previously published cohort from this centre.

Methods.– Clinical database and chart reviews. Descriptive and analytical statistics using SPSS version 23

Results.– In terms of service need, there were 1256 presentations involving 1087 individuals who were referred for a psychiatric

assessment to the Liaison Psychiatry Service. There has been a five-fold increase in DSH presentations compared with the earlier study. There was a high rate of non-school attendees (10%). The most common method of self-harm was an overdose with paracetamol. The rates of self-cutting which increased from 15% ($n = 33$) in 2012 to 25% ($n = 67$) in 2013. In terms of service use, the rate of admission to CUH for continuing care was 43% ($n = 533$) over the five year period, and the average length of stay was 2.11 days.

Conclusions.– The majority of these cases were discharged to the community after a psychosocial and psychiatric assessment and those requiring admission were discharged in under 3 days reflecting the crisis nature of many of these presentations.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0136

Effectiveness of treatment for children with ADHD and autism with noofen

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Attention Deficit Hyperactivity Disorder (ADHD), especially when it is in comorbidity with autism, is a challenge in psychiatric treatment. Noofen has been found to have demonstrated a positive effect on ADHD children by improving cognitive, self-control, focus, attention distribution, and verbal memory. The purpose of this study was to assess the effectiveness of Noofen in the treatment of Hyperactivity and Autism in children ages 4-11. Participants were children who have sought medical help at the Mental Health Center for Children and Adolescents.

In this pilot study are included 12 children, and it was done during 2016, over a period of three months. 10 of the participants were male and two females. The average age of the participants was $M = 7.08$ ($SD = 2.46$). Children have been diagnosed with childhood psychiatric hyperactivity disorder and are treated with NOOFEN with an average dose of 250 mg to 500 mg. The NOOFEN Dosage was made according to a psychiatric preparedness scheme. The results showed that 11 children had improved symptoms of hyperactivity, while one of the children reported improvement, but was discontinued due to the anaesthetical effect (headache). Participants were also monitored through CBCL in improving the symptoms of hyperactivity as well as through direct interviews with parents.

This pilot study has shown that treating the symptoms of hyperactivity with attention deficit as well as some of the symptoms of autism is effective in the short term, especially in attention and language but we do not currently have the effects for a longer time.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0140

Psychosocial aspects related to adolescent fatherhood: A systematic review

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Introduction.– The physical and psychosocial risks of teenage pregnancy have been described broadly, but studying the mental health and life experiences of adolescent fathers has been neglected.

Researchers have shown some negative effects, like decreasing years of schooling, early marriage, and jeopardizing on labour market outcomes. A systematic review may contribute to add solid evidence about this issue.

Objective.– To understand the psychosocial issues related to adolescent fatherhood.

Methods.– Following the PRISMA Checklist, original articles were included. Participants were adolescent fathers between 10 and 19 years old. Psychosocial aspects were described as: negative emotional disorders, externalizing behaviours, self-esteem, meanings related to fatherhood, emotional experiences, interpersonal relationships, and social support. MEDLINE, EMBASE, PsycINFO, Web of Science, and CINAHL were accessed, using the terms: (paternity OR fatherhood) AND adolesc*. Studies published from 2012 to 2016 were included. Two authors screened the titles and abstracts independently, as well as the full text. A senior author accessed disagreements.

Results.– In short, 536 records were identified, 99 full-text articles were assessed, and 16 studies were included. We provided a narrative synthesis and 8 categories emerged: (1) Fatherhood: role of provider, feelings, and expectation; (2) Contraception, love, and sex; (3) Family and social relationships; (4) Education: a look to the future; (5) Commitment and access to partner and baby; (6) Identity and gender role; (7) Mental health; and (8) Criminality and externalizing behaviour problems.

Conclusions.– Main results point out adolescents assume fatherhood as transformative, besides facing difficulty on becoming fathers, especially considering the role of provider.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0142

Problem behavior management through the use of informative material and shared reading stories among four-year olds in a Brazilian school

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This study investigated and intervened in behavioural difficulties among 37 four-year-old children from a municipal school in Santos/SP, Brazil. The Inventory of Behaviors of Children and Adolescents - Report for Teachers (C-TRF) was used for behavioural assessment. Descriptive statistics showed a preponderance of externalizing behaviours, evidencing aggressive behaviour and attentional problems. Inferential analysis showed that aggressive behaviour and attentional problems were correlated, which was expected once both are classified as externalizing ones. The internalizing behaviour “withdrawn” was correlated to “attentional problems” and “aggressive behaviour” suggesting that once the child cannot keep his/her attentional focus to what is happening, he/she disconnect of the environment and withdraws. The externalizing behaviours were the most cited by the two teachers, perhaps because they are the most easily identifiable and those that cause the most need for management. Positive Behavior Support (PBS) was used focusing on the management of problem behaviours and on the promotion of prosocial behaviour. Teachers were instructed through printed material created by the second author based on the PBS model and also through the proposal of shared reading children’s books, highlighting sociocognitive aspects of the chosen stories. The effectiveness of the interventions was verified through a questionnaire answered by the teachers,

which was qualitatively analysed. The results showed attentional improvement and a broader interest for shared reading. The need for more effective school administrative support for the teachers to use and develop those strategies was pointed out and should be addressed in future research.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0143

Emotional dysregulation in our adolescents is it a risk of depression?

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The World Health Organization (WHO) has defined: Depressive disorder will be the main cause of incapacity for industrialized societies in the year 2020 (WHO,2001). In the same way, the WHO draws attention when describing that between 15% and 20% of Adolescents would have this kind of pathology in the course of their lives (Labelle et Bedwani, 2011).

Emotional dysregulation can be observed within the normal process of biopsychosocial neurodevelopment during childhood and specifically during adolescence (Mc. Elroy,2015). However, emotional dysfunctional dysregulation is a characteristic of many child & adolescents mental disorders. In fact, the emotional dysfunctional dysregulation could be found in depressive disorders, where the family dysfunction plays an important role (Bienvenu et Davydow,2011).

The objective of this article is to describe a clinical case in our practice and work in mental health with children and adolescents. We would like to identify the symptoms and signs of emotional dysfunctional dysregulation in an adolescent, a diagnostic hypothesis, a psychotherapeutic plan, the psychoeducation and the psychopharmacological option.

Finally, We would like to conclude as the emotional dysfunctional dysregulation in adolescents is obligatory study of comorbidity and specialized clinical approach to avoid the chronically irritability and the possible consequences both epigenetic and biopsychosocial.

Keywords: Emotional dysregulation; Depression; Dysfunctional; Adolescent

Disclosure of interest.– The authors declare that they have no competing interest.

EV0144

Impulsivity, emotional dysregulation and bipolar spectrum in adolescents. Evolution and treatment in one adolescent with comorbidity between odd, ADHD, impulsivity, emotional dysregulation and bipolar spectrum

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Introduction.– The irritability and Emotional Dysregulation are causes of consulting that increase day by day in our services of Child & Adolescent Mental Health. This irritability and impulsivity dysfunctional in adolescents, must be studied in their overall states.

Background.– There is a high comorbidity between the impulsivity, frequent irritability, outburst of anger, inattention, hyperactivity

and greater degree of oppositional defiant behaviour seen in Externalizing disorders, and Bipolar Spectrum or Bipolar disorder (BD), being a challenge to diagnosis and treatment in adolescents.

Objective.– Demonstrate by reviewing a case, the diagnostic comorbidity between Oppositional Defiant Disorder (ODD), Externalizing Disorders, Attention Deficit Disorder with Hyperactivity (ADHD), associated with a pattern of Bipolar Spectrum, its effective psychotherapeutic and psychopharmacological treatment.

Methodology.– A twelve-years-old adolescent, with a four year history of hypoprosexia, hyperactivity, inattention, and impulsivity in the context of family dysfunction. There was also occasional hyperphagia. He had received psychotherapeutic and psychopharmacological treatment to ODD, then to Attention Deficit Disorder with Hyperactivity and increased symptoms. We needed to change the psychopharmacological treatment, because still the symptomatology with irritability, distractibility, restlessness, anger outburst, hyperactivity, grandiosity and dysphoria. In the test of Young Mania Rating Scale and HCL-32, the results were compatible with BD. The new pharmacological treatment were with Antipsychotic. He had psychotherapeutic management-social skills- and family therapy. HAS (Haute Autorité de Santé). Now the prognosis is better (CHIP-AE), and there is absence of irritability.

Conclusions.– The irritability dysfunctional, emotional dysregulation and impulse control deficits, have a high etiopathogenic relationship with Bipolar disorder in Adolescents, where the same psychotherapeutic treatment could be effective. However, the psychopharmacological treatment is a challenge and should be monitoring step by step.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0147

Resignation syndrome in refugee children in Sweden

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Introduction.– Sweden has the highest rate of refugees per capita in Europe. Many traumatized refugee children have been affected by a longstanding disorder: “resignation syndrome” during the last two decades.

Objectives.– The aim is to describe the background, onset, course, and recovery of the disorder.

Methods.– A total of 50 children are examined and followed from onset and through recovery.

Results.– Most children come from ethnic minorities in the former Soviet Union or Balkan States. Flight from their homeland has been due to severe trauma to family members which was witnessed or directly experienced by the later sick child. The first symptom is the child’s resistance to eat and drink, and he/she becomes mute. General mobility is lost and so is sensibility for pain. The children usually come to the hospital in a stupor or catatonia-like state. After hydration, tube-feeding is initiated. When establishing a confidence that they are safe and secure, usually with a residency permit, which can take years, the children slowly begin to recover. The tube can usually be removed after 3 months and return to school after 6–12 months. Depressive symptoms are common long after “recovery”.

Conclusions.– The acute threat of deportation back to a place where the children experienced a severe trauma re-activates their unbearable fear and stress and causing the catatonia-like condition. The onset can be acute in connection with a negative decision in their

asylum process or as a result of a progressive depression during the long waiting time for a decision.

Disclosure of interest.– The authors declare that they have no competing interest.

Classification of mental disorders

EV0149

Towards depsychiatrisation of transgender identity: A French study for ICD-11

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Introduction.– As a part of the development of ICD-11, WHO recommended to remove gender identity disorders from the chapter on mental and behavioural disorders to a non psychiatrising chapter. Current classifications consider that the presence of psychological distress and impairment are necessary and sufficient to consider transgender as a mental disorder. It implies that they are universally reported and determined by gender incongruence per se. A first study, conducted in Mexico showed that they are not always present and are predicted by experiences of social rejection

Objective.– The aim of this study was to replicate the Mexican study in a French context, assuming that distress and impairment will not be reported by everyone, and that they may have other determinants than gender incongruence.

Method.– A total of 72 transgender adults, mostly trans-women (60%), were asked to answer a questionnaire related to their experiences of gender incongruence, distress, functional impairment, social rejection and violence, during their adolescence.

Results.– As in Mexican study, most French participants reported having experienced psychological distress (88.4%) or functional impairment (85.5%). But both features were not reported by everyone. Moreover, distress was related to work and scholastic dysfunction, and participants who experienced dysfunction also reported more experiences of social rejection, particularly from schoolmate and/or coworkers.

Conclusion.– Results confirmed the overall pattern observed in Mexico and support the suggestion to classify transgender incongruence outside of the category of mental disorders in future ICD-11. This could improve access to treatment, and contribute to reduce stigmatisation and victimisation.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0150

From pseudologia fantastica to psychogenic psychosis: A case report

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Introduction.– Both Pseudologia Fantastica (PF) and Psychogenic Psychosis (PP), are two entities described between late 19th century and early 20th. Their concepts have been poorly defined and understood.

Objectives We conduct a review of the literature about PF and PP in current classification systems, as well as the development of PP in patients with PF symptoms.

Methods.– We describe and analyse a clinical case of PF which developed PP, conducting a literature review of both disorders and their relationship.

Results.– PF is an entity that consists on a disproportionate falsification that may be extensive and complicated. Frequently, PF has its onset during the adolescence and presents over a period of years or even a lifetime. In current diagnostic systems, PF is included within Factitious Disorder. On the other hand, PP are the varied clinically independent psychoses, whose distinctive feature is that they are caused by psychic factors (psychic trauma). They typically have an acute onset and early remission. Currently, these psychotic episodes are diagnosed as “acute and transient psychotic disorders”. Certain individuals diagnosed of PF slowly develop delusional doubts (‘doutes délirantes’) and when a stressful event occurs, they suffer a PP episode.

Conclusions.– PP diagnosis has almost disappeared since the introduction of ICD-10 because of the elimination of aetiological factors in this classification. This diagnosis is now mainly subsumed under “acute and transient psychotic disorders”. Furthermore, more reviews and studies about PF diagnosis in current classifications, and its relationship with other disorders are required.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0151

Ganser’s syndrome. Classification challenges and differential diagnosis throughout a case

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Introduction.– Ganser’s Syndrome (GS) is classified as dissociative disorder in CIE 10 and DSM 5. It was first described as a hysterical reaction, result of an unconscious effort to escape an intolerable situation. Differential diagnosis involves psychosis, factitious disorders and simulation.

Objectives.– To outline the persistence of controversies about Ganser’s symptoms. To emphasize the role of cognitive impairment and organic disorders. Make differential diagnosis between GS, factitious disorders and simulation.

Methods.– A 50-years-old male, prison inmate, with personal history of HIV, HCV, cirrhosis, COPD, cognitive impairment. Former IVDU and alcoholic, he currently takes tobacco, cannabis and amphetamines. First admission to our unit with diagnosis of substance induced psychotic disorder, neuroleptic depot was prescribed. Second admission subsequent to agitation and disorganized language plenty of neologisms. After a few days he admitted simulation in order to achieve probation. At third admission he was agitated, provided approximated answers and behaviours.

Results.– Deterioration of somatic and neurological processes was not demonstrated by clinical examination, brain imaging and blood

analysis. Drugs were not detected. Symptoms continued for weeks despite a cancelled trial that was supposed as a stressor.

Discussion.– Psychosis, SG and simulation can overlap. Relevance of organic pathology, especially neurological, in Ganser’s symptoms, as described in most of the reviewed literature. Conceptualization of GS as a polymorphic clinical presentation with multiple causality, in which there is a difficulty in cognitive and emotional elaboration of conflicts, under the confluence of personality factors, low IQ or cognitive impairment and organic damage.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0152

A surf through “mixed states” or “features” in mood disorders

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Introduction.– In spite of the progress in understanding their pathogenesis, “mixed states” remain challenging to recognize and to treat. In fact, The higher rates of misdiagnosis and therefore inadequate treatment in patients experiencing mixed symptoms are well documented. A better understanding of “mixed states”, through a literature review, is thus probably useful.

Objective.– To examine the different dimensional and nosological descriptions and classifications proposed to define the mixed symptoms in mood disorders.

Methods.– The literature attempting to describe or define the mixed states had been explored using the Medline database and the following keywords: “mixed states”, “mixed features”, “mixed episode”, “bipolar disorder”, “affective disorder”, “classification” and “nosology”. A bottom-up search from the articles obtained had been also pulled.

Results.– Pub Med research returned 252 results. The number of articles has remarkably increased in the last decade. Indeed, mixed symptoms have been described since the antiquity with Hippocrates and Aretaeus of Cappadocia. Then, Kraepelin succeeded with other authors shed light on this concept in the late eighteenth. In this era, the Kraepelinian model was the dominant one until the introduction of the DSM III in 1980. Finally, the DSM 5 introduced the new nosological entity, mixed features, and denied its pathognomonic character of bipolar disorder.

Conclusion.– While progress has been made in its neurobiological specification, the clinical diagnosis of mixed states didn’t stop evolving in order to be more adapted with the statistical findings and clinical presentations.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0155

A psychopathological evaluation of frequent attenders of acute psychiatric award

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Introduction.– The problems of admission and readmission is very current worldwide and is a problem that concern different level of care. A retrospective observational study was conducted in a

psychiatric award in Switzerland in a period of 4 years (2012–2016). The purpose of this study is to determine the clinical and psychopathological characteristics of the frequent attenders of psychiatric service during the period of 2012–2016. We propose a literature review.

Method.– We conducted a systematic retrospective study of the admissions in the psychiatric clinic in Ticino during the period of 2012–2016. We review the literature with the use of the principal database (Pub Med, Enbase, PsychInfo). We use the definition of frequent attenders that are used in literature.

Results.– Sociodemographic characteristics year by year are explained in the table. Frequent attenders are associated significantly with male gender ($p < .001$), younger age ($p < .001$), caucasian race ($p < .001$), psychiatric diagnosis of schizophrenia ($p < .001$) or bipolar disorder ($p < .001$), dependence comorbidity for alcohol ($p < .001$) or cocaine ($p < .001$), high frequency of admission more of 8 admission/year ($p < .001$).

Discussion and conclusion.– Frequent attenders are a problem of the psychiatric service [1,2]. Effects of the readmission determine an increase of health costs and force to consider in worldwide health care a resolution that is valid for the personal care and in terms of pharmaeconomy. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations are considered.

Reference(s)

[1] Jacob R et al., 2016.

[2] Reid S et al., 2003.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0156

An exaggerated physical reaction in misophonia

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Misophonia is described as a condition in which negative emotions and negative physical reactions are triggered by particular sounds. The patients with misophonia demonstrate hatred and extreme intolerance against specific non-dominant and repetitive sounds. It is a severe psychiatric disorder rather than a mere obsession. Its symptoms may vary from mild to severe. Although some patients can dissemble and passed out, some may lose their control. In severe cases, involuntary physical violence may be observed. Although it is usually perceived as a spoil by the society, it may cause the patient's life become unbearable. In this paper, the physical violence of a misophonia patient directed to a dinner guest who smacks his mouth during eating was reported. Unfortunately, the patient could not achieve to exclude himself from the source of disturbance before exhibiting the adverse physical reaction. Therefore, this case becomes important in demonstrating the extreme involuntarily reactive nature of misophonia. Misophonia is a profoundly disturbing disorder for a patient which might exhibit spontaneous unwanted physical reactions as in this case. There is no surgical or pharmacological treatment. It has a devastating effect on the patient's quality of life. Misophonia is not classified among the current disorders in DSM-5 and ICD-10. Therefore, it should be considered as a distinct psychiatric disorder within the forthcoming editions. Unique diagnostic criteria should also be constituted to improve the recognition of this disorder by the health professionals as well as to encourage further scientific studies.

Disclosure of interest.– The authors declare that they have no competing interest.

Comorbidity/dual pathologies

EV0157

Cannabis use and psychiatric disorders in youth

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Objectives.– To study the percentage of youth seeking inpatient treatment in a 30 bedded psychiatric nursing home for cannabis use and study associated mental health conditions.

Significance.– Despite the use of cannabis being associated with various psychological disorders, its consumption is on a rise, especially among the youth. According to the World Drug Report, 2017, among the people undergoing treatment for various drugs, 39% (highest global average) are those who are in treatment for cannabis use.

Methodology.– Out of 68 patients aged 15–29 years consecutively admitted over a 2 year period for various mental health concerns, a sample of 18 patients with cannabis use was drawn.

Inclusion criterion.– Youth aged 15–29 years, fulfilling the ICD 10 Criterion for cannabis dependence, seeking inpatient treatment. **Exclusion Criterion:** Other psychoactive substances (excluding nicotine), or any pre-existing neurological illness.

Results.– Out of the 68 patients, 17 (25%) were users of cannabis. All 17 patients had associated psychological and psychiatric morbidity. 58.8% were found to have associated schizophrenia/psychosis, 17.6% had a motivational syndrome, 11.7% manifested affective disturbances, 5.8% manifested with anxiety disorder and 5.8% with cognitive impairments.

Conclusion.– Significant psychiatric morbidity is associated with the use of cannabis with schizophrenia/psychosis rates the highest, followed by amotivation syndrome and affective disturbance. The high rates of association illustrate the need for creation of awareness among the youth on the harmful effects of cannabis and the urgency to seek treatment to prevent further harm. There's a role of providing aid to policy makers to regulate the supply of cannabis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0158

Aspiration pneumonia in Catatonia. An omitted vital risk and a required prevention. A series of 3 cases

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Introduction and case description.– In a 6-month period, three patients were admitted to a psychiatric hospitalization unit presenting with catatonic symptoms of different etiology. A patient with persistent depressive disorder, a patient with schizophrenia and a patient with type II bipolar disorder. During hospitalization all three patients showed aspiration pneumonia (AP) as a clinical com-

plication. All three patients fulfilled catatonia criteria at admission, according to the Bush–Francis Catatonia Rating Scale.

Objectives and methods.– The main goals of this work are to determine whether AP may pose at risk patients with catatonic symptoms, studying the clinical consequences on the evolution of hospitalized patients and evaluating the need of establishing prophylactic measures. Therefore, we conducted a research on hospitalized patients during a half year period presenting with catatonia and secondary AP and studied the cases.

Results.– All the patients required oxygen therapy, two of them intensive care and a patient died after secondary complications. In two patients this intercurrent condition lead to delay on electroconvulsive therapy (ECT) onset, slowing down the psychopathological remission and prolonging hospitalization. After less than 6 ECT sessions, the catatonic symptoms remitted ad interum in the 2 surviving patients.

Conclusions.– AP in catatonia is a poor described entity in literature. It entails an important vital risk, can lead to delay on ECT onset and can prolong hospitalization. Prophylactic measures or prevention protocols have not been published in order to manage this entity. This case series evidences the need to attend this matter and consider the establishment of prophylactic preventive measures.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0159

Improving care for people with multimorbidity through workforce development and blended learning approaches

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Multimorbidity, the presence of two or more long-term conditions in an individual, is a significant problem across healthcare systems. In the UK, multimorbidity presents a considerable challenge, while guidance has targeted improving care for people with multimorbidities (NHS England, 2016; NICE, 2016). Multimorbidities often involve the physical health of people with severe mental illness, and the mental health of people with long-term physical conditions. Tackling this problem requires service development and health promotion, but also up-skilling of healthcare workforces, with such work underway in South London.

To evaluate the clinical impact of a workforce development initiative targeting healthcare staff through blended learning approaches using multiple interventions.

A blended learning programme of training interventions to tackle multimorbidities was implemented across healthcare settings, including e-learning methods, face-to-face training, and mental health simulation. A sequential transformative mixed-methods design was employed. Organisational level measures of training access, uptake, and confidence ($n = 750$) were undertaken via surveys. Evaluations were undertaken for each intervention, focusing on quantitative measures of knowledge, confidence, attitudes, and skills, and qualitative analyses of perceived impact of training.

Analyses identified improvements in access and uptake of training, as well as staff confidence in addressing multimorbidities. Further evaluations suggested that simulation training was the most effective way to improve skills, attitudes, and confidence, while e-learning, seminars, and face-to-face training improved knowledge. Qualitative analyses highlighted the benefits of interprofessional collaboration, system navigation, and 'networking'.

Blended learning approaches to multimorbidities involving mental illness can support workforce development, with simulation training the most effective educational intervention.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0160

Prevalence of post traumatic stress disorder in patients attending national drug treatment centre Ireland

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Aim of this research is to meet a few objectives which are: Firstly, to look at prevalence of post-traumatic stress disorder (PTSD) in Substance Use Disorder patients. Secondly, to compare and self-rating of PTSD and clinical judgment. Thirdly, to compare trauma exposure between individuals with substance use disorder (SUD) and dual diagnosis patients. Fourthly, to perform an analysis of the characteristics of SUD/PTSD patients was performed. Fifthly, to review treatment programme based on analysis

Study method.– Cross Sectional design.

Sample.– Current attendees at National Drug Treatment Centre of 2 clinical teams.

Results.– The study is currently ongoing and preliminary results will be presented at the conference in 2018.

Conclusion.– It is a known evidence that there is a link between addiction and history of trauma. Further evidence from this study would help inform the need for further resource and parallel treatment for marginalised cohort of patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0162

Sleep disturbance in individuals with alcohol use disorders

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Introduction.– Subjects with sleep disorders tend to self-medicate with alcohol to promote sleep or to treat anxiety symptoms. Alcoholism can, in turn, cause sleep disturbances, which can result in relapse. The chronic use of alcohol can decrease sleep time, increase sleep latency and wake time after sleep onset, and cause a deficiency in slow-wave sleep generation, as well as affect Rapid Eye Movement (REM) sleep.

Objectives.– The authors assess the prevalence of sleep disturbance in alcoholic patients being treated in the outpatient clinic.

Methods.– This is a cross-sectional analysis conducted at the Dual Disorders Unit at Coimbra Hospital and University Centre. Subjects with active alcohol abuse/dependence and the ability to consent were recruited to complete a comprehensive sleep disorder questionnaire, including a general medical, psychiatric, and alcohol abuse/dependence history as well as validated scales (e.g., Insomnia Severity Index, Pittsburgh Sleep Quality Index and Epworth Sleepiness Scales).

Results.– Studies have reported that individuals with insomnia are more likely to consume alcohol to sleep, and the prevalence of sleep disturbance in alcoholic patients is higher than in general population. Preliminary results from our study confirm data in the literature.

Conclusion.– Alcohol abuse/dependence is a public health problem that interferes with physical and mental health. Insomnia and alcoholism are EVoccurring disorders. Therefore it is recommended a routine screening for sleep problems in subjects with alcohol use disorders, promoting an individualized and integrated treatment for each patient.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0164

The particular association between recurrent depression and persistent delusional disorder

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Introduction.– The association of two Axis I diagnoses in psychiatry is not a rule, but there are some exceptions and, in these cases the process till a correct and complete diagnosis is complicated.

Objectives.– The presentation of a clinical case that describes an unusual association of two Axis I diagnoses.

Methods.– A 53-year-old male, diagnosed with recurrent Major Depressive Disorder and Persistent Delusional Disorder (according to ICD-10 and DSM-5), known with alcohol abuse, had four depressive episodes, all of them severe. He was initially diagnosed only with Persistent Delusional Disorder and after one year the diagnosis of Major Depressive Disorder was established. Schizoaffective disorder was excluded.

Results.– Over the course of the illness, the clinical picture included systematized delusions of jealousy with congruent behaviour, associated with periods of real depressive episodes when the delusions were not present. Treatment consisted of high doses of antidepressants, atypical antipsychotics and mood stabilizers. As a particular aspect, the prescription of antidepressants did not worsen the delusional symptoms. These were constantly present between episodes more as a personality trait.

Conclusions.– The psychiatric disorders show variable clinical symptoms making it difficult to differentiate one from each other.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0168

“Broken hearts”: Cardiovascular mortality in bipolar disease – About a clinical case

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Introduction.– Bipolar disorder is associated with several medical conditions contributing to substantial morbidity and mortality

being the most common medical problems obesity, diabetes mellitus and subsequent cardiovascular disease (CVD).

Objectives.– To describe a clinical case paradigmatic of cardiovascular mortality in a bipolar patient and make a review of the literature on the subject. To call attention to the need to increase awareness and recognition about cardiovascular diseases in this patients population.

Methods.– Bibliographic research was conducted through the Pub Med in the Medline library and clinical information was obtained through medical records and clinical interviews with the patient.

Results.– A 47-year-old man with psychiatric history since his early twenties, when the first manic episode is reported. At that time, the patient started treatment with mood stabilizers and antipsychotics, which he continued for the next two decades. As medical history, the patient presented obesity and had unmedicated dislipidemia and hypertension. He also had history of stroke at age 40. At day 10 of the last admission for new manic episode (September 2015), the patient was found in cardio-respiratory arrest in the bed. Autopsy revealed, as cause of death, ischemic heart disease.

Conclusions.– Compared with individuals with no history of mental illness, individuals with bipolar disorder are at increased risk of premature death from CVD. Developments in the prevention, detection and treatment of metabolic risk factors and lifestyle changes in this group are essential in improving care and prognosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0169

The risk of thromboembolism in psychiatric patients: Review of the literature and clinical cases

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Introduction.– Arterial and venous thromboembolism are common causes of morbidity and mortality in the western world. Hospitalized psychiatric patients have some specificities such as: obesity induced by psychotropic drugs, physical restraint, possible catatonia, potential dehydration and treatment with antipsychotics or antidepressants. Some studies have shown that psychotropic drugs themselves may modify the risk of TE.

Objective.– Our aim is to correlate the clinical aspects of venous thromboembolism (VTE) with the clinical cases presented.

Methods.– We searched Internet databases indexed at MEDLINE using the keywords: (schizophrenia OR bipolar OR depression) AND (venous thromboembolism OR pulmonary embolism).

Results.– We describe two cases of pulmonary embolism (PE): a 79-year-old woman with antidepressant treatment hospitalized for EP, and a 56-year-old woman with schizophrenia and antipsychotic therapy hospitalized for severe bilateral EP. VTE is a serious disease that can be complicated by EP and is a major cause of morbidity and mortality in non-surgical hospitalized patients. Risk of VTE is increased in psychiatric patients, especially in schizophrenia and bipolar disorder. The associations between VTE and depression are less clear. Antidepressants and antipsychotics may be a risk factor. The risk of VTE with typical and atypical antipsychotics varies with type of drug and is highest just after starting the drug.

Conclusion.– Psychotropic drugs are widely prescribed, so understanding the association between TE and underlying pathophysiological mechanisms is of major importance. The prescription of

psychotropic drugs should be cautious and especially, it should be based on clinical assessments of the associated benefits and risks.
Disclosure of interest.– The authors declare that they have no competing interest.

EV0172

Dual diagnosis in the psychiatric emergency room: 20 years ago and today

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Dual diagnosis refers to an individual who suffers from both an addiction disorder and a mental illness. It is also known as EVoccurring disorders.

Objective.– Determine the prevalence of Dual diagnosis in our psychiatric emergency room today and 20 years ago.

Methods.– Data on 74 consecutive admissions visited in a psychiatric emergency room of a general teaching hospital during a period of six months in 1996 were collected and were compared with data on 74 consecutive admissions in a psychiatric emergency room in 2006.

Results.– A total of 122 admissions were included. 19 (22%) had dual diagnosis disorder, 9 (7%) had substance abuse disorder (SUD), and 94 (71%) had non-substance abuse disorder (NSUD). Alcohol, Cocaine, and cannabis heroin were the substances most frequently found respectively. Differences among groups of years (1996 and 2006) were found in age and type of illicit drug use. Cannabis-psychosis association were more frequently in 2006 than 1996.

Conclusions.– Dual diagnosed patients at the emergency psychiatric room presented as both clinical and social important problems.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0173

Suicidal behavior and alcohol intake admissions in the psychiatric emergency room

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Alcohol abuse is the commonest type of substance dependence worldwide. Suicide is major public health issue. Therefore, given the enormous socioeconomic burden of the latter, investigating their possible relationships is almost mandatory.

Objective.– Determine the relationship between suicidal behaviour and alcohol intake in patients admitted in the psychiatric emergency room. To outline the characteristics of the population.

Methods.– Data on 74 consecutive admissions visited in a psychiatric emergency room of a general teaching hospital during a period of six months were collected and analysed.

Results.– A total of 74 admissions were included. A positive correlation between alcohol intake and drug overdose as suicidal method was found. Drug intake by younger people (<25) is more frequently than older people. There was not significant difference between males and females.

Conclusions.– The admissions to the psychiatric emergency room for drug overuse and alcohol intake in young people is a common and important finding

Disclosure of interest.– The authors declare that they have no competing interest.

EV0174

Psychiatric susceptibility: Case report

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Introduction.– Steroids are drugs widely used in clinical practice, but are frequently associated with neuropsychiatric adverse effects as depression, mania, followed by psychosis, delirium and mixed states.

Objectives.– To present a clinical case that reflects the relationship between high doses of corticosteroids and the onset of psychopathology, especially in people with psychiatric background.

Material and methods.– Descriptive study of a clinical case and bibliographic review on the subject.

Results.– A 23-year-old woman with psychiatric background from the age of 18, due to toxic-induced Psychotic Disorder. Well-controlled since then with Paliperidona 6 mg, although at age 22, due to alcohol abuse, Antabuse was also prescribed. One year later, she was diagnosed with acute hepatitis, that after liver biopsy and autoimmune study, was diagnosed with Autoimmune Hepatitis. Antabuse and Paliperidone were withdrawn and Prednisone 60 mg daily was prescribed. After initial analytical improvement, the patient was discharged. However, two weeks later she presented manic symptoms severe enough to need admission in the Psychiatry Department. After ruling out other possible causes, she was diagnosed with Psychotic episode induced by corticosteroids.

Conclusion.– Treatment with corticosteroids may be associated with psychiatric disorders, especially when high doses are prescribed. Therefore, the dose of corticosteroids should be as low as possible, especially in patients with psychiatric background.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0176

Psychiatric symptoms in systemic lupus erythematosus: A case report

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Introduction.– Systemic lupus erythematosus (SLE) is a chronic, systemic autoimmune inflammatory disease. It can affect the nervous system. psychiatric and neurological abnormalities are common features of this disease, including cognitive changes, mood and anxiety disorders, acute confusional state and psychosis.

Objectives.– Illustrate the association of SLE and neuropsychiatric symptoms.

Methods.– A case report and literature review.

Results.– Mrs. A.S is a 46 year-old woman married at the age of 27 with no children. She was diagnosed with lupus at the age of 36, with a cutaneous, articular and renal involvement. she was treated with high-doses of corticosteroids. Two years after the diagnosis of lupus, she was transferred to the psychiatry department for disorders that have occurred in the past year. Psychiatric symptoms were atypical and were simultaneous with the renal relapse of SLE. It included delirium, behavioural disorders, care-

lessness, emotional indifference and auditory hallucinations. The brain scan did not show any lesions and the cerebral MRI has not been done. The patient was treated with chlorpromazine, and for her renal relapse with high doses of corticosteroids with a clinical improvement after 2 months of hospitalisation. The patient was then lost to follow-up. The psychiatric symptoms of this patient could be attributed to neurolupus, side effects of corticosteroids or a comorbidity between SLE and psychosis.

Conclusion.– It is estimated that up to 75% of patients suffering from SLE will experience neuropsychiatric manifestations at some point in the course of the disease. Neuropsychiatric symptoms are amongst the main causes of morbidity and mortality in SLE.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0177

Dual diagnosis and treatment: The experience of a multiprofessional team in mental health

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Introduction.– The work was developed with the transversal descriptive analysis of the data obtained with a population hospitalized in a psychiatric clinic in the city of Rio de Janeiro, in the period of five years. 1.832 patients were assessed, whereas 494 presented dual diagnosis, that is, an association between a psychoactive substance use disorder and another concomitant psychiatric diagnosis. **Objectives.**– The main objective of the research is to know, in the population of hospitalized patients, the distribution of the most prevalent psychiatric diagnosis associated with the psychoactive substance use disorders.

Methods.– The work consisted of the evaluation of all the patients who were admitted to the clinic in the period of five years, from 2012 to 2016, using the ICD 10 for the diagnosis of the dual pathologies. All the patients were evaluated by anamneses done by the multiprofessional team. Biochemical examinations were done and, when necessary, neuroimaging and neuropsychological examinations were requested. Patients were treated with the use of psychoactive drugs, cognitive behavioural psychotherapy, a 12-step program, art therapy and moderate physical activity.

Results.– In the evaluation carried out, the most frequent diagnoses associated with the psychoactive substance use disorders: depression (33,8%), bipolar disorder (24,5%), personality disorder (13,7%), schizophrenia (10,6%), non-schizophrenic psychosis (9,1%) and other diagnoses (8,3%).

Conclusion.– It was also evidenced the increase in the capacity of recognition of the dual diagnosis as this entity has been receiving more attention in national and international studies. The effectiveness of the proposed treatment will be evaluated in later work.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0180

Arachnoid cyst in patient with schizophrenia: A case report

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Introduction.– Arachnoid cyst is a rare intracranial condition that is usually detected by accident. The most common clinical manifestations are neurological, depending on the size and the localization

of the cyst. Psychiatric presentation seems to be uncommon. Yet, there had been few cases reporting the coexistence of arachnoid cyst and psychiatric disorder in the literature.

Objective.– This case report aims to investigate the coexistence of arachnoid cyst and psychotic symptoms and to discuss the possibility of a causal relationship between the MRI-identified lesion and a patient's psychiatric symptoms.

Method.– We analysed the case of 25-year-old patient who is suffering from psychotic symptoms and frequently admitted in our department for severe relapses.

Results.– We present the clinical report of 25-year-old patient with past family history of psychosis, characterized by the insidious development of psychotic symptoms: Delusion of persecution, auditory hallucinations and aggressive behaviour. The cerebral magnetic resonance imagery revealed the presence of a cyst in the left temporal lobe. The surgical intervention was refused by the neurosurgical department. The therapy consisted on atypical antipsychotic without obtaining full remission of psychotic symptoms. The fact that remission was obtained by performing neurosurgery in some reported cases leads to discuss the possibility that the lesion played a role in the pathogenesis of the psychiatric symptoms.

Conclusion.– More studies are required to determine an eventual etiological relationship between arachnoid cyst and psychiatric disorder and to optimize the therapeutic approach in cases involving their coexistence.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0181

Prevalence of psychiatric disorders in Thai patients with epilepsy

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Introduction.– Many studies have shown that there are higher psychiatric problems in patients with epilepsy (PWE) compared to those in the general population. In Thailand, however, the prevalence of psychiatric disorders among PWE has not been reported.

Objective.– To study the prevalence and characteristics of psychiatric disorders in Thai PWE.

Methods.– A cross-sectional study was conducted at Ramathibodi Hospital. A total of 170 patients (aged 18 years old or above) diagnosed as epilepsy by neurologists were recruited at the outpatient neurology clinic. Demographic and clinical characteristics were collected. Participants were evaluated for any psychiatric disorders according to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, using the Mini-International Neuropsychiatric Interview. Prevalence of psychiatric disorders was determined. Chi-square test and logistic regression were applied to analyse the associations between psychiatric disorders and associated factors.

Results.– Among 170 participants (mean age 43.5), 43 (25.3%) fulfilled diagnostic criteria for one or more psychiatric disorders. The prevalence of depressive disorders was shown to be highest at 10.0%, followed by psychotic disorders (8.2%), bipolar disorder (7.1%), anxiety disorders (5.3%), and obsessive-compulsive disorder (2.9%). Electroencephalogram (EEG) abnormalities in temporal lobe were found to be a significant predictor of having psychiatric disorders in PWE (adjusted odds ratio 4.01, 95% confidence interval: 1.47-10.92, P-value = 0.007).

Conclusions.– The prevalence of psychiatric disorders among Thai PWE was higher than in the general population. Screening for psy-

chiatric disorders in this population is recommended, especially in those with EEG abnormalities in temporal lobe.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0182

I am ill, but I am not; a case study on factitious disorder and malingering

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Introduction.– Factitious disorder (FD) is a psychiatric condition whereby a person creates signs/symptoms or induces injury/illness in themselves or others to assume the sick role. In malingering, the person does so for secondary gain, e.g. money. FD and malingering can be difficult to identify, differentiate and manage, taxing resources at times. Other medical/psychiatric Evmorbidities may exist and complicate the picture.

Objectives.– This case study covers a challenging case, investigating the patient's symptoms, obstacles faced by clinicians/allied health-care staff, and management.

Methods.– Case-notes and discharge summaries from psychiatric and general hospitals were reviewed.

Results.– A 37-year-old Chinese gentleman follows up with us for benzodiazepine and alcohol abuse and FD/malingering. He cuts himself, claiming he was attacked or holding a knife while intoxicated or having a seizure. He also self-induces haematemesis. He has visited psychiatric and general hospital emergency departments multiple times over the years, often refusing investigations and treatment and discharging against medical advice, at times merely hours after presenting. He asks for referral letters for investigations, only to decline them. Multiple scopes and imaging have been performed, and treatments given. At times he asks for social-service funding or to stay for “rest”. Other times there are no evident gains. A grand round was held, concluding that he had features of both malingering and FD. A multi-disciplinary team is now employed in his management.

Conclusion.– Further studies into FD and malingering are needed, for more data on clinical profiles and evidence-based management.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0183

Anxiety and depression in patients with substance use disorders

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Introduction.– Substance use disorders are commonly comorbid with other psychiatric disorders.

Objective.– To investigate the relationship between addiction, anxiety and depression.

Methods.– This is a descriptive and analytical cross-sectional study involving 50 patients with substance use disorders. They were compared to 50 control patients matched for age. The evaluation focused on demographic data, personal and family history, and characteristics of addictive behaviours. Anxiety and depres-

sion were assessed using the Hospital Anxiety and Depression Scale (HADS).

Results.– The average age of patients was 30.86 years (SD=8.07 years). The patients were single in 74% of the cases; 34% of the subjects were unemployed. The average age of onset of consumption was 22.42 years (SD=6.91). The primary substance of abuse, excluding tobacco, was cannabis (60%), followed by heroin for 20% of subjects, Buprenorphine (12%), psychotropic drugs (4%) and alcohol (2%); 42% of subjects reported polyconsumption. The mean duration of substance use was 8.24 years. Anxiety and depression were found in 46% and 38% of cases respectively. The comparative study found that patients with substances use had significantly higher scores of anxiety and depression than control subjects (p respectively=0.000 and 0.000). The depression score was correlated with early onset of substance use ($r=-0.260$, $p=0.05$) and polyconsumption ($p=0.007$).

Conclusion.– Our study showed that anxiety and depression were associated with substance use. An emotional evaluation of patients with substance use disorders is necessary in order to optimize the care of these patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0186

Somatogenic depression and comorbidity with cardiovascular diseases

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Contemporary tendention of increase of depressive disorders, due to somatogenic origin. We to studed clinical structure of somatogenic depression in 120 patients, (60 patients with myocardial infarction (MI) and 60 patients with cerebral stroke (CS). Examination of the patients was carried out in four stages.

The first stage in MI patients-pain (86,7%), phobic (83,3%), asthenic - anxious (43,3%) syndromes.

The second stage in MI pain (50,0%), phobic (40,0%) and asthenic - anxiety (33,3%) syndromes. The third stage asthenic-depressive (33,3%), pain (30,0%), anozognostic syndromes (23,3%).

During the fourth stage in MI patients -asthenic-anxiety syndrome in 13,3% of cases, phobic syndrome in 10,0% of cases and attitude to the disease in 16,7%.

The first stage in CS patients- cognitive syndrome (83,3%), asthenic syndrome (66,7%).

The second stage in CS patients -cognitive (66,7%), pain (53,3%), asthenic syndrome (40,0%), anozognostical (10,0%), depressive (33,3%), hypochondriac (10,0%), anxious (16,7%), hysterophorm (6,7%) syndroms.

The fourth stage in CS patients asthenic-depressive 33,3% of patients, asthenic-anxiety in 23,3%, asthenic-hypochondriac 13,3%, phobic 16,7% of patients, anozognostical 5,0% cognitive 73,3% syndroms.

The multimodal based system of psychotherapeutical correction of in MI and CS patients were developed.

The proposed system demonstrated a significant improvement in 80% of MI patients and 77% of CS patients, a partial improvement in 10% of MI patients and in 13% of CS patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0187

Traumatic experiences among alcohol users

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Introduction.– Single or repeated traumatic events, whether they are old or new are often found in the biography of addicted patients. Furthermore, post-traumatic stress disorder leads in many cases to the development of addictive behaviour with or without substance. The state of post-traumatic stress disorder is a major public health issue with a prevalence ranging from 1 to 9% in the general population. Important and complex relationship between alcohol and psychological trauma has been demonstrated by studies conducted mostly on the victims of aggression, or exaction, collective disasters, or among veterans.

Methods.– This is a descriptive cross-sectional study on a sample of 100 patients who have suffered from a psychological trauma in a moment of their life, from childhood to adulthood, and the alcohol addiction began after this life event. The objective is to study the psychopathological profile of these subjects, to improve their management which should be early and appropriate for a better prognosis. We used the Post-traumatic stress disorder Checklist scale.

Results.– A 90% of the alcohol users had experienced an adverse life event. 20% were women, whereas men were 80% of the sample. The traumatic events were: rape and child abuse (40%), car accident causing damage (30%), loss of a family member (10%), terrorist attack (1%), other traumatic events (9%)

Conclusion.– The results of the present study suggest that post-traumatic stress disorder is deeply connected to adverse life events, and the toughest is the traumatic event the more severe the alcohol abuse is.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0188

Long-term goals in psychological care for multiple sclerosis patients

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Introduction.– Multiple sclerosis (MS) is a chronic neurologic autoimmune disease with frequent comorbid psychiatric disorders. Its common symptoms are usually accompanied by problems in psychological functioning which require active psychological care. **Objectives.**– The aim was to determine long-term goals in psychological care for MS patients as the disease progresses.

Methods.– The study was done on the sample of 104 MS patients with the case history for 1–29 years who completed psychological questionnaires that covered their relevant symptoms and personality traits.

Results.– It was found out that at the initial stage of MS psychological care should be focused on psychological diagnosing and informing a patient through establishing an efficient contact with him/her, informing them about the disease and necessary lifestyle, identifying the patient's psychological status and current problem areas. As MS progresses the accent is placed on

promoting the patient's motivation and coping: motivation for attainable positive changes, correction of the disease representation and non-effective communication skills, and development of stress managing skills. The next step is associated with the emphasis on the patient's intrapersonal resources: working out coping strategies; neutralization of negative emotional experience; developing self-regulation skills, positive experience of interpersonal relations, positive self-attitude, and personality integration. On the stage of severe cognitive and physical dysfunction, the accent may be placed on supportive care: sustaining the obtained results, emotional support, and social support.

Conclusions.– The findings of this study may be taken into consideration when providing an appropriate psychological care to MS patients with prospects of long-term disease progression.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0190

Long-term antipsychotics in the management of patients with schizophrenia and HIV

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We present the case of a 50-year-old woman who attends emergency services due to agitation in the context of multiple toxic substances abuse and abandonment of psychopharmacological treatment. She was diagnosed of schizophreniform disorder due to multiple substance use, 10 year evolution of HIV without adherence to treatment, and hepatitis c virus. Finally, admission to psychiatry is indicated. There was difficulty in exploring the psychotic symptoms due to lack of collaboration, she was not approachable and very hostile, suspicious, irritable, and defiant, referring to kinesthetic hallucinations and self-referential ideas of prejudice. In analysis she presented anemia, leukopenia and thrombocytopenia, so interconsultation was carried out with the Hematology and Infectious Services for case evaluation.

Initially the patient refused any type of clinical intervention, she was informed of the need for treatment and follow-up given the risks presented (until then she had not correctly followed any antiretroviral treatment regimen). She was treated with prolonged-release antipsychotics (Paliperidone Palmitate 75 mg IM) given his lack of adherence and accepted. Subsequently, she shown a remarkable clinical improvement, and she begins to become aware of the severity of the physical and psychiatric conditions, agreeing to follow medical monitoring and treatment. We emphasize the importance in cases of difficult management the possibility of administering injectable treatment of prolonged release, because it allows to control the psychiatric symptomatology and in this case also allows to treat the organic disease. The paliperidone palmitate does not interact with antiretroviral treatment, so it would be indicated in these cases.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0191

Comorbidity between body dysmorphic disorder and schizophrenia

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Introduction.– Patients suffering from body dysmorphic disorder have an increased concern about their physical appearance. This concern may be related to either real or imaginary physical defects. On the other hand patients with schizophrenia may present delusional ideas about their body image.

Objectives and methods.– Our objectives were to illustrate and discuss the association of body dysmorphic disorder and schizophrenia throughout a case report.

Results.– We report the case of a 45-years-old male patient who has begun to have an exaggerated concern about his physical appearance since the age of 15. He was convinced that his chest looked feminine. This conviction yielded to behaviours of camouflage (wearing wide clothes) and verification (compulsive mirror gazing, multiple medical consultations). After an abdominal examination performed by a physician at the age of 19, the patient had a delusional conviction that his testes were displaced. Throughout the following years, other delusions came to surface (bewitchment, persecution, revendication, grandeur and erotomania). Additionally, social and professional functioning were altered (introversion, frequent employer changes, indebtedment). At the age of 45, the patient committed a homicide attempt against his work partner. The offense was motivated by bewitchment and persecution delusions. Body dysmorphic disorder's symptoms are currently present.

Conclusions.– Body dysmorphic disorder may precede schizophrenia then persist as a comorbid disorder. Early and close psychiatric management of adolescents with body dysmorphic disorder is mandatory. Screening for schizophrenia should be one of the main follow-up process axes in such patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0193

Hypoglycemic-induced hallucinations in a patient with pancreatic insufficiency

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Background.– Auditory hallucinations have been described in conjunction with many life circumstances and diseases, including religious phenomena, bereavement, drug intoxication, sensory deprivation, and near-death experiences, as well as psychiatric or neurological disorders (Nicolson et al., 2006). This case report aims to bring awareness to clinicians the identification and treatment of hypoglycemic-induced hallucinations and recounts the treatment course of a psychiatric patient with new-onset auditory hallucinations.

Methods.– The patient is a 35-year-old African American male with past psychiatric history of major depressive disorder, past medical history of diabetes mellitus and pancreatic insufficiency contextual to multiple gunshot wounds, who presented to our adult outpatient psychiatry clinic for evaluation and treatment of residual depressive symptoms and new-onset psychotic symptoms including auditory hallucinations and paranoia.

Results.– Patient's fasting blood sugar demonstrated a critically low value, thus the patient was contacted and subsequently brought to the medical emergency department for stabilization and observation. Patient's acute psychotic symptoms and paranoid features subsided after correction of hypoglycemia and his antidepressant medication was resumed. He was discharged to follow up with outpatient psychiatry for continued treatment of his residual depressive symptoms.

Conclusions.– New-onset auditory hallucinations in a 35-year-old man can have a broad differential diagnosis. Careful medical evaluation of psychiatric patients is crucial in determining the etiology of new-onset symptoms. Patients should therefore be informed of the possibility of new-onset symptomatology with coexisting medical comorbidities and should work with clinicians to formulate a plan to manage potential hypoglycemia-induced phenomena.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0195

A systematic review of dual disorders

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Introduction.– Dual diagnosis is a growing problem in the Western society, despite the fact that there are no relevant studies that examine this issue, non-specific protocols to address them.

Objectives.– Raising the awareness of the importance of dual diagnosis both its prevalence and special features that presents need a different performance plan from them separately.

Results.– In addition to that, a common point between depression and alcohol disorders lies in the deterioration of cognitive functions. Some complications in the treatment of patients with dual diagnosis are adherence, interference between the two treatments and the failure of medical or psychological prescriptions.

Conclusions.– Dual diagnosis has very specific characteristics that we must know in order to develop therapeutic strategies adapted to the present conditions. All this suggests that the combination of treatments for both diseases would be more effective, especially for those who claim to use alcohol as self-medication.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0196

Depression during an acute psychotic decompensation of schizophrenia: Diagnosis and management: A case report

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Introduction.– The prevalence of depressive symptoms in patients with schizophrenia ranges from 10% to 75% in different studies. Depressive symptoms are most often found during the first acute psychotic episode and in schizophrenics with several recurrences. Adequate management of depression aims to improve the prognosis of schizophrenia, as it is an important and decisive factor in recidivism.

Objectives.– Diagnosis of depression concomitant with an acute psychotic episode in schizophrenics. Management, efficacy and safety of antidepressants associated with antipsychotics.

Methods.– Through a clinical case, we will discuss the diagnosis and the management of depression concomitant with an acute psychotic episode in schizophrenic patients.

Results.– The patient is a 28-years-old woman hospitalized for suicidal ideation. The patient had a delirious syndrome with predominantly auditory hallucinations and a dissociative syndrome. The diagnosis of schizophrenia was evident according to DSM criteria. The patient also had a severe depressive symptomatology of sadness with self - depreciation, guilt ideas and a negative vision of the future. She had a Calgary score of 19 indicating the severity of the depressive symptoms. The patient was treated with an atypical oral neuroleptic at first but considering a categorical refusal to take her treatment and given the non availability of long-acting injectable atypical antipsychotic, she received Haloperidol decanoate. The prescription of antidepressants was not advocated because of the supposed risk of exacerbation of delirium.

Conclusions.– Adequate management of depression in the same rank of psychotic relapse should be advocated to ensure complete remission and rapid reinsertion of the subject.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0197

Can we prevent substance use disorder in ADHD patients?

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Introduction.– The prevalence of is about 5% in children and 2.5%. This disorder is sometimes infradiagnosed because of its multidimensional symptoms, which can confuse the practitioner to identify the core symptoms of ADHD. Validated assessment scales and high-yield clinical questions can help diagnose adults with ADHD. Patients with ADHD may be at high risk of developing a substance use disorder. It depends of many factors, such as impulsive behaviour, psychosocial problems, affective disorders or self-treatment of ADHD disorder with psycho-stimulant drugs.

Methodology.– A review was conducted aiming to clarify the triggers and possible mechanism of prevention in ADHD patients to prevent a EVoccurring substance use disorder. The literature search was conducted in Pub Med data reviewing articles dating between 2013 and 2017.

Results.– 1. Guidelines suggest that the most impairing symptom of ADHD should be treated first. But, for example, treating ADHD with SSRIs is related with an increase in substance-related events in short term. 2. Many studies have suggested that treating both adult and adolescents with stimulants for ADHD is related with a reduction of substance use disorder. 3. Treatment of ADHD has also been associated with a reduction of psychosocial problems that can lead to substance use disorders.

Conclusions.– Early detection and treatment of ADHD is an important fact to prevent the future development of a substance use disorder. Untreated ADHD can lead to behavioural, social, functional and mental health problems. Some studies may suggest a need for increased doses in population with SUD to achieve optimal ADHD symptom control.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0199

“Sexsomnia”: An uncommon parasomnia associated with potential major psychological consequences

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Introduction.– The term “Sexsomnia” refers to a form of parasomnia in which abnormal sexual behaviour is exhibited in sleep. Initially described in 1897, it was rarely reported in the literature until a decade ago, possibly because of patient’s understandable difficulty in disclosing due to negative feelings¹. A growing attention has been focused on this disorder, primarily driven by its forensic implications, aiming for a better understanding and characterization of this parasomnia¹⁻³.

Objectives.– We propose to present and scrutinize a clinical case of sexsomnia in all clinical dimensions in order to draw attention to its potential mental health impact.

Methods.– We present a case of a 55-year-old woman with 18 month’s history of sexsomnia and explore its characteristics, focusing on its differences from those previously mentioned in the literature, as well as on the psychosocial impact of this disorder.

Results.– Besides the potential occurrence of violent episodes, with possible forensic consequences, we realize that differences of profile and presentation of sexsomnia have little effect in the resulting psychological distress, whose approach, together with pharmacological treatment, seems to configure the most effective strategy in order to relieve its consequences.

Conclusions.– The description of the particular characteristics of this manifestation along with the other cases already described in the literature help to further clarify the clinical profile of this condition. We also highlight the resulting psychological distress, which had major impact in the patient’s global quality of life, underscoring the need for an effective dialogue between psychiatry and neurology.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0200

Prevalence of hypertension and associated factors in patients attending a community psychiatry service in North India

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Introduction.– Persons suffering from mental illness are known to have higher rates of cardiovascular morbidity and mortality. However data regarding prevalence of hypertension and associated factors such as obesity, physical activity, family history of diabetes, body mass index (BMI), smoking status etc in patients with psychiatric illness are scarce.

Objectives.– This study reports the preliminary results of a larger project that aims to find the prevalence of hypertension and associated factors in patients attending a community outpatient psychiatry service of a tertiary hospital in North India.

Methods.– The study design was approved by the institute ethics committee. Written informed consent was obtained. Patients aged 18 years or above were included. Sociodemographic and clinical details were recorded. Blood pressure and anthropometric details were measured as per World health organisation norms. Family and

medical history was inquired into. Activity levels were measured using global physical activity questionnaire.

Results.– The results of a 100 patients (45 males and 55 females) are reported (Table 1)

Table 1

Variables		Male	Female	Total
Hypertension		17	13	30
Central obesity		14	36	50
BMI	Within norms	25	15	40
Overweight		8	8	16
Generalized obesity		12	32	44
Activity as per GPAQ	Insufficiently active	6	14	20
Active		39	41	80
Tobacco use		20	1	21
Alcohol use		18	0	18
First degree relative with diabetes		2	6	8
Known hypertension/diabetes/coronary artery disease		5	8	13

Conclusions.– There is a significant prevalence of hypertension and contributory factors in patients with mental illness in the community. Implications are discussed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0201

Anorexia nervosa symptoms in a young woman with treatment-resistant schizophrenia – Challenges in diagnosis and treatment

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Introduction.– Comorbidity of eating disorders (ED) in schizophrenia is poorly understood. ED in schizophrenia is difficult to assess due to diagnostic overlap and atypical presentations, and treatment strategies can be challenging to implement.

Objectives.– We describe a case of comorbid anorexia nervosa (AN) in a young woman with treatment-resistant schizophrenia.

Case.– Miss H. is a 27-year old single woman, the older of two children from a lower-middle class family, with no family history of mental illness. She presented with school and food refusal at age 9, and was diagnosed with depression. This was revised to schizophrenia when she exhibited disorganized and paranoid behaviour at age 12. Due to treatment-resistant disorganized behaviour, she has been a long-stay patient of Institute of Mental Health (IMH) since age 19. Her body mass index ranges between 9.8–16.8, due to persistent food refusal and recurrent vomiting as she feels fat. She was diagnosed with possible anorexia nervosa at age 18. Full assessment and treatment of AN was hampered by her psychotic symptoms and cognitive deterioration. She is currently stable on fluoxetine 60 mg/day, olanzapine 20 mg/day and IM flupentixol 40 mg 4-weekly, with the mainstay of treatment to encourage oral intake. Whilst a multi-disciplinary team,

reward-based system and close supervision has been partially effective, improvement has been difficult to sustain.

Conclusions.– We report a case of likely AN comorbid in a young woman with chronic schizophrenia. This case illustrates the diagnostic overlap between restrictive eating in ED and food refusal in psychosis, as well as the challenges in treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0202

Dual pathology approach among chronic mental disorders; a retrospective descriptive study

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Introduction.– Dual pathology in mental health is defined by the World Health Organization (WHO) as the “co-occurrence in the same individual of a psychoactive substance use disorder (SUD) and another psychiatric disorder”. The approach and the literature of this comorbidity use to be focused on acute psychiatric patients, not taking into consideration patients who are in subchronic or chronic psychiatric units. This fact could impair the achievement of a complete and multidisciplinary management among these patients.

Objectives.– To describe the presence of SUD and its characteristics in a chronic mental disorder sample of patients.

Methods.– A total of $n=201$ patients who were hospitalized in a medium-long term stay psychiatric Unit were registered between June 2014–September 2017. Database information was completed with electronic medical records. Descriptive analysis was performed with SPSS Statistics.

Results.– From 201 chronic patients sample, 89 (44.3%) were associated to SUD clinical history. From total patients with SUD clinical history, 60 (67.4%) maintained active substances consumption during hospitalization at Chronic Psychiatric Unit. From the patients who were associated to SUD, 82 (92.1%) presented polysubstance SUD: 70 were associated to nicotine, 42 to cannabis, 38 to alcohol, 16 to cocaine, 9 to amphetamines, 3 to benzodiazepines and 4 to other psychoactive substances.

Discussion.– According to our results, patients who are hospitalized in medium-long term psychiatric units present important comorbidity with SUD. Therefore, it should be borne in mind to include these patients in dual pathology approach. Further studies should not dismiss chronic patients in order to not underestimate this population in dual pathology research.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0203

Dandy-walker malformation-like condition revealed by a refractory schizophrenia: A case report and literature review

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Introduction.– Dandy-Walker Malformation is a rare congenital malformation involving cystic dilatation of the fourth ventricle, enlarged posterior fossa, complete or partial agenesis of the cerebellar vermis, elevated tentorium cerebelli, and hydrocephalus. Previous research highlighted a possible role for the cerebellum in schizophrenia as well as the contribution of underlying brain malformations to treatment resistance.

Objectives/methods.– Here, we present a case of a Dandy-Walker Malformation-like condition revealed by a refractory schizophrenia in a 24-year-old male patient. We also conduct a literature review of all previously published case reports or case series of EVoccurring posterior fossa abnormalities and schizophrenia or psychosis using a Pub Med search query to better understand the potential link between these two disorders.

Results.– A 9-month hospital stay was needed to address the treatment-resistant psychotic symptoms, and the patient continued to experience moderate symptoms despite the prescription of various antipsychotic and antidepressant medications. After an irregular initial medical follow-up, the patient is currently treated with 350 mg daily clozapine and 20 mg daily prazepam and still exhibits moderate anxiety without delirious thoughts, however allowing him to re-enroll in University. Regarding to the literature, twenty-four cases published between 1996 and 2017 were identified, reviewed and compared to the present case report.

Conclusions.– This case report and literature review further illuminates the pathophysiology of psychotic disorders including the potential role of the cerebellum, reinforces the importance of a multidisciplinary approach for the neurological and psychiatric management of patients with schizophrenia, and highlights optimal pharmacological management strategies for treatment-resistant schizophrenia.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0204

Health and gender differences in relation to stress response

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Background.– According to a proposal for a new definition of health (Huber et al., 2011), health is not as the WHO definition still stipulates absence of disease and a state of complete mental, physical and social wellbeing, but the capacity to adapt under different circumstances, including the burden of disease.

Goal.– Life and the burden of disease is considered in relation to gender. The question is whether women are more vulnerable to ill/health for a series of gender/bound reasons.

Methods.– The scientific literature was searched and questioned on various relevant issues: What is the role of gender in gene-environment interactions? Are there gender related neurobiological differences in the development of stress regulation? What is the role of childrearing and of social/economic circumstances?

Results.– Gender is an essential intermediate factor between genetic predisposition that influences brain and psychological development leading to behaviours and coping mechanisms that are different across sexes. Stress regulation is different in men as compared to women. The much shorter but far more intense reaction of the hypothalamus-pituitary-adrenergic system in women has impact on immune-reactions but especially on vulnerability for psychopathology. This tendency appears to have been strengthened by the different ways of childrearing.

Conclusions.– There are both neurobiological but also environmental (child rearing) differences in the physiology of stress response between women and men. Under the same circumstances men will react with a higher vulnerability to infections, cardio-vascular and metabolic disorders. Women are more prone to react with depression and anxiety and develop autoimmune diseases.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0206

Schizophrenia with obsessive-compulsive features: two comparative case reports:

Obsessive-compulsive symptoms onset-before versus following psychosis

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Introduction.– The association of Obsessive-compulsive symptoms (OCS) in patients with schizophrenia has become more and more frequent as literature suggests it. Symptoms may occur before, simultaneously or after the onset of psychosis. Two case reports will be presented, each of them having different onset times of the OCS.

Objectives/aims.– Two case reports of patients from our psychiatric ward will be presented here. Our aim is to show the frequent and relevant co morbid burden that Obsessive-compulsive symptoms are in schizophrenia and the challenge to find an effective treatment.

Methods.– Based on literature search, two cases are presented. We performed a systematic search through Pub Med to find more data on schizophrenia with Obsessive-compulsive symptoms. Yale-Brown Obsessive-compulsive Scale and Positive and Negative Symptoms Scale were applied to both patients.

Results.– The two patients are both under treatment with Sertraline (150mgs/day versus 50 mgs/day) added to the anti-psychotic medication with a stable evolution and partially good control of the symptoms. Y-BOCS scores decreased from scores initially indicating severe OCS for both patients to mild (Y-BOCS 15) and moderate (Y-BOCS 20) following the supplementation of the treatment with sertraline.

Conclusions.– Although antidepressants normally augment the tableau of psychosis, when this is accompanied by Obsessive-compulsive features, antidepressant medication, sertraline in our case, ameliorated both psychosis and OCS with Y-BOCS and PANSS scores decreasing and showing improvement.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0207

Comorbidity in hospitalized patients with schizophrenia

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Introduction.– There is an insufficient awareness of comorbidity in schizophrenia on the part of patients, caregivers, health care providers, and researchers. Comorbidity has often been under-

recognized and underdiagnosed in psychiatric patients, especially among those with schizophrenia.

Objective.– The aim of this study is to analyze comorbidity in hospitalized patients with schizophrenia.

Methods.– Medical charts of 96 inpatients with schizophrenia (42 male and 54 female, aged 19–65) were retrospectively analysed in terms of comorbidity.

Results.– Comorbid substance abuse was found in 17 patients, 7 patients had personality disorders, while 34 had anxiety disorders.

Conclusions.– Comorbid substance abuse leads to poorer medication compliance, higher rates of rehospitalization, poorer adjustment and treatment response in schizophrenia patients. Increased likelihood of violent behaviour and greater use of emergency services are also associated with substance abuse in schizophrenia. Comorbidity has negative impact on treatment outcome in schizophrenia patients which affects the prospects of discharge in this patients and their quality of life

Disclosure of interest.– The authors declare that they have no competing interest.

EV0208

Is bariatric surgery a valid treatment for our psychiatric obese patients?

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Introduction.– Obesity is a major health issue in psychiatric patients with a prevalence up to 20% in depression and 55% in schizophrenia. Bariatric surgery is the more effective treatment for obesity but psychiatric patients have less access to it.

Objectives.– In this presentation, we will sum up the current literature and show results from a study focusing on the effects of a sleeve gastrectomy among psychiatric patients on psychotropes prescription and the efficacy of the surgery.

Methods.– A retrospective cross-study was conducted in our unit, we included patients who underwent a Sleeve gastrectomy and had a preoperative psychiatric disorder (mood disorder, schizophrenia). The analysis focused on weight and psychiatric changes with data collection in two stages: before surgery and two years after surgery.

Results.– Over the 74 patients included, the effectiveness of the sleeve gastrectomy at two years found a success rate of 72.9% and an average loss of 67% of excess weight; those results are comparable to what can be expected in general population. Severity of psychiatric illness was not associated with reduced efficacy of surgery; in deed, among the 11 patients suffering from bipolar disorder or schizophrenia, only one failed. Finally, effectiveness of surgery significantly led to the reduction or discontinuation of treatment while patients with failed surgery had slightly modified treatment, linked to insufficient psychiatric care.

Conclusion.– Our study found no specific effect of the psychiatric disorder or the psychoactive drug on the result of the surgery. Further studies appeared necessary to better understand psychiatric factor at risk for surgery.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0209

Psychoorganic syndrome: Between dementia, depression and delirium (case study)

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Introduction.– Patients between 60 and 70 years often present a poorly delineated diagnostic category with multiple somatic comorbidities, and can easily slip between the cracks of narrowly defined domains of specialty care.

Case summary.– A 65 year old patient presented to the ER department with clouded consciousness, agitation, myoclonus and high fever. Initial assessment by an infectologist ruled out a central nervous system infection, while neurological assessment revealed no acute cerebrovascular injury (CT scan showed no pathological lesions). Further workup revealed low sodium levels, detailed patient history uncovered severely restrictive food and water intake prior to admission indicating a diagnosis of hypovolemic hyponatremia. Furthermore, the patient had been found three weeks prior with his shirt around his neck, a suspected suicide attempt. He had been undergoing private psychiatric treatment for three months because of low mood and nihilistic delusions (treatment: olanzapine, sertraline, mirtazapine) and was previously treated in 2012 (depressive episode, achieved full remission). After being stabilized symptoms of low mood and mild confusion persisted, the patient was transferred to the psychiatric ward. An MRI scan showed a large number of ischaemic lesions in the striatum and white matter. Psychological testing revealed mild cognitive deficits and lowered affective control. The drug regimen was changed (risperidone, sertraline, memantine, lorazepam) which was followed by withdrawal of affective symptoms and confusion.

Conclusion.– Attention to underlying somatic causes and adequate communication and cooperation with somatic medicine is essential, but special care should also be dedicated to elderly patients who exhibit symptoms in several psychopathological domains.

Disclosure of interest.– The authors declare that they have no competing interest.

Consultation liaison psychiatry and psychosomatics

EV0211

Patterns of referrals to consultation-liaison psychiatry in a tertiary care hospital in Oman: Cross-sectional study

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Background.– Growing and accumulative evidence in the field supports that Consultation-liaison (C-L) psychiatry as a cost-effective service in shortening the length of stay in the hospital with early detection and treatment of mental illnesses.

Objectives.– This study is the first research implemented in the Sultanate of Oman to review all patterns of referrals to the consultation

liaison team from various in-patient departments at Sultan Qaboos university hospital, Muscat, Oman.

Methods.– All patients referred from the medical and surgical wards from May 2015 to December 2015 were evaluated for inclusion in the study. A data collection sheet was designed to record the patients' demographics, reason of admission, presence of medical or surgical Evmorbidity and reason for referral to C-L psychiatry and whether a psychiatric diagnosis presents prior to the referral. The recorded data were analysed using descriptive statistical methods.

Results.– A total of 104 patients were referred to C-L psychiatry over the indicated period of the study. A majority of the referrals were from acute medicine unit (32.7%), neurology unit (15.4%) and surgery department (9.6%). The most common reasons for referral were depressed mood (28.8%) and abnormal behaviour (24%). Major depressive disorder (30.8%) was the most commonly diagnosed psychiatric disorder followed by substance use disorder (8.7%).

Conclusion.– C-L psychiatry is an important utility for general hospitals in order to ensure a high- standard quality of care provided to patients. Additionally, C-L psychiatrists should play a significant role on sensitizing other health professionals toward detecting early signs of mental disorders.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0212

Building psychiatry outpatient consultation-liaison focusing on access, targeting the quality and gain continuing education as result. The step by step to implement the service

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Psychiatry outpatient clinics very often have long lists waiting for the first consultation to finally come into the system. The role of a psychiatry outpatient clinic inside the chain of care can be debated to achieve the goal to provide quality care and access. This study describes step by step the strategies and plans to implement an outpatient clinic in a university hospital. The plan began in 2014 when the time in the waiting list to have a psychiatry consultation was about 2 years. The university hospital was moving to very specialized services (psychosis, mood disorders, etc.) and general psychiatry would be no longer practiced inside the hospital borders, but in the community settings. A task force of psychiatrists from university hospital worked analyzing all the requests and the potential patients in the waiting list. After analysis patients were referred to specialized services, general psychiatry or family physicians as needed. In 2016, when the list achieved the zero time the ordinary referral system was shut down and the psychiatry' consultation-liaison, PCL, started activities. The PCL service was developed to answer calls from any specialty inside university hospital outpatient clinics immediately. A psychiatrist from the team analyses the selected patient with the physician, the resident and the student from the specialty that called. The team, with the psychiatrist, decides together which service will be the best to care for the treatment for each patient, depending on the level of complexity and specialization required.

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EV0214

Altered brain metabolism associated with functional motor disorder

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Objectives.– The HYCORE study aims at evaluating alterations of brain metabolism during first episode in patients with functional movement disorders, and their association with persistent physical disability at 3 months and 6 months follow-up.

Methods.– We assessed alteration of brain metabolism at rest using 18FDG-Positron emission tomography during two scan sessions: at symptoms onset and 3 months later, and motor impairment was evaluated using Expanded Disability Status Scale (EDSS score). First scans were compared with those of 13 controls without neurological impairment or any motor disability.

Results.– At that time, 22 patients performed initial scan session and 14 patients were evaluated with second scan at 3 months. Preliminary results show a hypoactivation of right frontopolar and right orbitofrontal cortex at symptoms onset in patients compared with controls. Moreover, patients had greater activation of right primary motor cortex and right caudate compared with controls. Patients with complete recovery within 3 months follow-up had an increased activation of ventral anterior cingulate and right fronto-polar cortex, increased left anterior cingulate cortex and increased right thalamus between initial and second PET-scan. Analysis of brain imaging at 3 months show that patients with persistent motor disability have greater posterior cingulate cortex activation compared with patients with complete recovery.

Conclusion.– Preliminary results of HYCORE study show baseline altered activation of primary motor area, basal ganglia and orbitofrontal cortex in patients with motor conversion disorder. Our findings suggest that brain markers are associated with complete recovery and the existence of "state markers" associated with motor disability.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0216

Temporal trends of drug requests in the Addiction Liaison Psychiatric Unit in Hospital Del Mar

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Introduction.– Drug Use disorders are frequently associated to other medical problems and Addiction Liaison Psychiatric Units are requested to manage them. There are drug and drug users' facts associated to the temporal evolution of the main drug requests.

Objectives.– To analyze temporal trends in the characteristics of all medical requests to the Addiction Liaison Psychiatry Unit from January 2010 to December 2016.

Materials and methods.– Study data was obtained from all patients that were referred to the Addiction Liaison Psychiatry Unit during 7 years in Hospital del Mar (Barcelona, Spain). Demographics and clinical data (substance use, dual diagnosis, medical diagnosis) were obtained and analysed by semesters.

Results.– The Addiction Liaison Psychiatry Unit referred 2011 medical drug related request during 7 years. There were significantly differences in main drug requests by semester but there was no a clearly drug evolution tendency along these years. In relation to the drug there were no significantly differences as to gender, civil status and foreign origin but there were differences about medical service origin request. It was observed an increased proportion of heroin related requests in 2015 and 2016 (19–21.4%).

Conclusions.– There are many facts involved in the reason of the drug prevalence in the Addiction Liaison Psychiatry Unit. There is not a drug evolution tendency in samples referred to the addiction unit. Is needed more data to know why there is some differences in the main drug request depending on the medical service.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0217

Calcium metabolism and psychosis: A case report and brief literature review

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To report a case of DiGeorge Syndrome, as hypoparathyroidism and alterations of the calcium metabolism with calcifications of the basal ganglia, and briefly review the current literature about these pathologies.

We reported the case of a man of 54 years, hospitalized for behavioural changes with 1 month of evolution, persecutory delusions and auditory-verbal hallucinations. Personal history of Noonan Syndrome, epilepsy and hypoparathyroidism (diagnosed with DiGeorge syndrome in the internment, because of doubts raised with the clinical picture). Analytically, with diminished iPTH, calcium and Vit.D; Ac. Anti-thyroglobulin positive. EEG with increased theta activity. TC-EC with bilateral calcification of the lenticular nuclei. It was observed improvement of the patient, under antipsychotic therapy and calcium supplementation.

DiGeorge syndrome is a genetic disorder caused by the deletion of a portion of chromosome 22, q11.20 location, and is characterized by abnormalities of the face, hypoparathyroidism, heart defects, mental retardation, epilepsy and cognitive and behavioural changes. Hypoparathyroidism is a disease caused by decreased parathyroid hormone. The most frequent cause is the surgical trauma, with others less common. Can cause calcifications of the basal ganglia, with psychotic symptoms. The diagnosis is based on the clinical history, physical examination and laboratory and imaging studies, particularly serum levels of PTH and calcium. Treatment consists in maintaining calcium levels within normal limits, by administering regular doses of calcium and vitamin D. This case demonstrates the close link between calcification of the basal ganglia and psychosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0218

Frequency of NMS features in anti-NMDA receptor encephalitis presenting with psychiatric symptoms

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Introduction.– Initial signs of anti-NMDA receptor encephalitis (anti-NMDArE) often include hallucinations, delusions and behavioural symptoms that suggest a primary psychiatric disorder. In most cases the patient is evaluated first by a psychiatrist, and antipsychotic medications are administered. Unfortunately, other clinical features of anti-NMDArE overlap with neuroleptic malignant syndrome (NMS), further obscuring the diagnosis and complicating management. It is not known how many patients with anti-NMDArE are at risk for NMS misdiagnosis, but recognizing these disorders promptly is essential because their treatments are distinct and both can cause severe long-term disability when treatment is delayed.

Objectives.– To estimate the frequency of NMS-like features in anti-NMDArE patients at risk for inappropriate treatment with antipsychotic medications.

Methods.– Computerized searches of EMBASE and Pub Med databases were conducted in January 2017 to identify anti-NMDArE cases presenting with behavioural symptoms. Four clusters of clinical signs commonly used to diagnose NMS were scored: hyperthermia, autonomic dysfunction (urinary incontinence, diaphoresis, and elevated blood pressure, heart rate or respiratory rate), mental status changes (disorientation, confusion, or diminished arousal), and rigidity/catatonia (including mutism).

Results.– The search yielded 37 men and 163 women with mean(S.D.) ages 38.2(16.4) and 30.7(10.8) years, respectively. Clinical features associated with NMS were common, and their relative frequencies varied by sex, as follows (M vs. F): hyperthermia (18.9% vs. 25.8%), autonomic dysfunction (21.6% vs. 32.5%), mental status changes (59.5% vs. 55.8%), and rigidity/catatonia (29.7% vs. 44.8%).

Conclusions.– NMS-like clinical features are common in anti-NMDArE, and are more likely to be observed in women.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0219

Primary central nervous system lymphoma in immunocompromised patient with debuting psychiatric disorder: A case report

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Background.– Medical illnesses affecting the central nervous system may initially manifest with psychiatric symptoms. Although rare, intracranial occupying lesions such as primary lymphoma can mimic a debuting psychiatric disorder, especially when associated with other risk factors for secondary psychiatric symptoms, such as immunocompromised patients. Despite this knowledge, neuroimaging studies are not currently recommended as a screening tool in psychiatric patients, with the exception of those with atypical characteristics, which would indeed warrant a specific diagnostic process in order to ensure proper clinical judgement.

Case presentation.– A 27-year old Hispanic male with untreated AIDS and no prior psychiatric history was admitted in the Emergency Department for personality changes over the last weeks, including child-like behaviour, apathy, mutism, biological rhythm disturbances, enhanced sensorial perception and mild intermittent headache. Initial computed tomography scan revealed intracranial occupying lesion suggesting primary central nervous system lymphoma as the most likely diagnosis. Psychiatric symptoms paralleled the evolution of the primary illness during hospitalization, which worsened progressively until the patient's decease one month after admission.

Conclusion.– There are currently no features to differentiate primary from secondary psychiatric disorders with assurance. However, some clinical and epidemiological characteristics can effectively point toward a medical disease as the main cause for the psychiatric symptoms. Therefore, temporal causal relation, an elderly onset and other atypical presentations should be followed by a more thorough diagnosis process including detailed history, complete physical and neurological examination, laboratory evaluation and brain imaging, so as to improve patients' prognosis and chances of appropriate therapeutic approach.

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EV0220

Somatogenic depression on cardiovascular diseases patients

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In research, based on the systematic approach of evaluating results of complex clinical-psychopathological, psychodiagnostical investigation myocardial infarction and cerebral stroke patients the clinical structure features, regularities in the formation, development and course of somatogenic depression and associated disorders on these patients was determined. At patients with cardiac infarction in acute period the pain syndrome is the main one, leads to severe psycho-emotional disorders. Against the background of cognitive function preservation phobic, anxiety and depressive symptoms prevail, their intensity depends on the severity of pain. Subsequently, the primary psycho-emotional constituent element disappeared and anxiety-depressive disorders developed along with hypo- and anozognostical type of personal condition perception. At cerebral stroke patients disorders of level of consciousness were primary with cognitive and asthenic disturbances with subsequent formation of psycho-emotional disorders, anxiety and depressive disorders with hypochondrical elements on the basis of persistent cognitive impairments.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0221

Wernicke-Korsakov or why alcohol can turve clinical judgement

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Objective.– To describe how a relatively common syndrome, which is mostly caused by alcohol, can sometimes be confused and hide other really rare causes. To make a reflection on how epidemiology can make doctors be thrown off the track.

Methods.– Using a description of a 53 year-old woman with imbalance, nystagmus and a familial anemia. I used the clinical examination, laboratory and history of this patient and reviewed related bibliography.

Results.– After reviewing the whole clinical process i found that: MR-EC showed Wernicke-Korsakoff typical signs. The patient had no solid alcohol history. Her mother describes a strange behaviour since early adolescence. This Wernicke-Korsakov its out of the track and clinical staff its not used to consider out-off the box hypotheses.

Conclusion.– Can a syndrome like Wernicke-Korsakoff be attributed to a “functional” cause? How “rare” can be a cause on our daily practice? Finding the “real” cause of this patient made us think about the importance of Liaison Psychiatry and the vital need to search for early clinical history.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0222

Evaluation of mindfulness-based stress reduction (MBSR) for management of palpitations in Egyptian sample

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Aims of this study were (1) to evaluate the efficacy of MBSR for the treatment of benign palpitations, (2) follow up improvement in heart palpitations with 24 h Holter recordings.

Methodology.– Thirty one participations reporting heart palpitations of at least three months duration were recruited in outpatient Cardiology clinics. Compared with thirty patients used as a control.

Exclusion criteria.– Included prior pathological cause of palpitation. Refuse to attend MBSR program.

Methods.– Participants were scheduled for an ECG and physician examination. Participants were randomly selected and 24 h Holter recordings were collected at two time points: 1) baseline (before MBSR classes), 2) 8 weeks after baseline.

Results.– The 24 h Holter recordings were analysed in both the time domain and frequency domain There were no significant differences between the MBSR and Control groups on any of the HRV measures at baseline or 10 weeks. We found an association between HRV balance (as measured by the Ln LF/HF ratio) and improvement in palpitations in the MBSR group ($r = .8$, $p < 0.001$). MBSR participants reported a significant reduction in heart palpitations at the end of the MBSR training, on average a difference score of 2.4 (SD = 1.2) on an 8 point palpitation frequency scale, while the control group did not report any change with an average difference score of 0.2 (SD = .97). This difference was significant with $F = 13.5$, $p < 0.002$.

Conclusion.– MBSR training may be an effective treatment for Patients with benign palpitations

Disclosure of interest.– The authors declare that they have no competing interest.

EV0223

On psychiatry and psychosomaticsE. Neu¹, M.C. Michailov¹, U. Welscher¹, H. Schumitz¹, A. Hofstetter², G. Weber³, E.R. Weissenbacher⁴¹ Inst. Umweltmedizin c/o ICSD e.V., PharmaEVPhysiology, Munich, Germany; ² Univ. Muenchen, Klinikum Grosshadern Dir. a.D., Munich, Germany; ³ Univ. Lxbg. & Vienna, Fac. Psychol. Dean, Vienna, Germany; ⁴ Univ. Muenchen Med. Fak. & Premium Med. Clinic Dir., Munich, Germany

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Objectives.– Psychopathology needs new integrative therapy-models considering application of psycho-somatic (Th.v.UEXKÜLL) and somato-psychic (Y.IKEMI) approaches caused by high complex interaction of psychic-physiological-pharmacological-social factors [1-3], appointed also by Emperor AKIHITO during opening-ceremony of ICPM–Congr. in Kobe: “total symptoms of mind-body, seeking ways of holistic care”.

Methods.– Psychic/body-training by occidental/oriental practices (patients/probands). Evaluation of psychic-“polar-attitude-list”/physiological-parameters: heart-rate, blood-pressure, etc.

Results (recent/earlier).– Observations demonstrate strong positive influence on psycho-somatic parameters after music[1], respiratory[2], yoga-physical[3] therapies. Items of psycho-physiological (relaxed), emotional (tranquil/happy), cognitive (few/ordered-thoughts), voluntary (active/spontaneous), social (open/assertive), consciousness (clear/sleepy) categories are significantly positive changed 25-50%. The 3 therapies have specific psychic effects, e.g. items “relaxed/tranquil” after respiratory- (+45/50%) and music- (+20/5%), also item “open” after music-therapy (+25%) are positive, but negative after respiratory-therapy (-20%). Items are stronger changed before then after surgical-intervention. Psychic effects are correlated with positive physiological ones, e.g. heart/respiratory-frequency decreased 25-30%, voluntary-apnoea prolonged 55%. Mountain altitude (>2000-3000 m), hypothermia (<20 to 0 °C) influenced positively psychic-items, heart rate/blood-pressure decrease ($p < 0.05-0.01$, $n = 125$).

Conclusions.– Integrative psycho-somatic therapy incl. occidental/oriental (yoga, tai-chi, Zen, etc.) approaches in context of integral anthropology could be applied for psychic disorders. Different methods are with preference, e.g. for depression is suitable respiratory/physical-training (activation), for mania: music-therapy (with inhibitory-effect). Systematically research about influence of single/combined psychosomatic therapies on psycho-physiological disturbances is necessary, i.e. how could be influenced, e.g. epilepsy, schizophrenia, e.g. by respiratory-therapy/hypothermia/etc. (hypo-/hypercapnia: inhibitory/excitatory effects on CNS-structures).

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EV0224

Chronic renal failure in patient with severe mental disorder: A case reportP. Ortega Orihuela¹, M. Zurita Carrasco², A.L. Pérez Morenilla³, M.D.L.Á. Chacón Gamero², A. García Peña⁴, H. Díaz Díaz², C. Caballero de las Olivas Díaz², C. Rodríguez Martín⁴¹ Psychiatry Trainee, University Hospital Puerto Real, Chiclana, Spain;² University Hospital Puerto Real, Psychiatry, Puerto Real, Spain; ³Puerta del Mar University Hospital, Psychiatry, Cádiz, Spain; ⁴

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We present the case of a 55-year-old male who entered Nephrology due to acute renal failure due to psychopathological decompensation, in which the clinic was predominantly delirious of prejudice. He presented delusions with episodes of aggressiveness next to important social problems, with neglect in personal self-care and abandonment of treatment and medical monitoring. Urgent intervention is required as well as dialysis given the situation. As Analytical results presented urea 410, creatinine 8.3, potassium 7.68. The renal ultrasound scanning showed chronic nephropathy. Once the organic pathology is stabilized, it is transferred to the Psychiatry Unit.

The adequate approach of the psychiatric pathologies that accompany the renal insufficiency demands to make a differential diagnosis and to take into account the complex psychosocial and biological interactions that originate them. The approach of the patient receiving dialysis and pluripatology should include multidisciplinary teams that employ psychotherapeutic strategies and consider individual and family elements. We emphasize the importance of the medical monitoring and care of patients diagnosed of severe mental disorder with concomitant organic pathology, since it could lead to severe situation that conditions the patient's life. In this kind of patients close monitoring should be done as well as establishing psychoeducation programs for patients and families.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0225

Alexithymia and non-psychotic mental disorders in patients with hypothyroidismO. Pityk¹*, I. Kuzhda²¹ Ivano-Frankivsk National Medical University, Department of Psychiatry, Narcology and Medical Psychology, Ivano-Frankivsk, Ukraine; ² Ivano-Frankivsk Regional Children Hospital,

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In the formation of non-psychotic psychiatric disorders in patients with thyroid pathologies neurohumoral mechanisms are important, and one reason is psychosomatic relationship. The modern concept of relationships includes alexithymia model, since this psychological property is considered as caused by the imbalance between the functions of the limbic system and the cerebral cortex, and as a result of violations of the interaction between the child and mother. In addition, the situation of chronic physical illness is regarded as one that provokes a crisis of development (and in fact, identity crisis) and therefore is a traumatic situation, that is a risk factor for the development of mental disorder. Toronto Alexithymia scale proposed by Taylor G. was used. 50 patients with hypofunction of the thyroid gland were investigated. 84% of patients had a rate alexithymia more than 74 points, 12% were classified as areas of uncertainty and only 4% of patients according to the method proved non-alexithymic. It was found also that patients with an uncertain

alexithymia level had difficulties in describing their inner feelings, did not give much attention to the absence of well-being in the emotional sphere, believed that painful symptoms of mental health problems are caused by only thyroid pathologies, even during sighting surveys ignored the presence of emotional stress and conflict experiences that showed a reduced capacity for understanding and expressing their own feelings, low emotional resonance. Thus, alexithymia radical in the personal structure of such patients should be taken into consideration during psychotherapeutic and psycho-corrective interventions.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0226

Cerebellar cognitive affective syndrome

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Background/objectives.– Cerebellar cognitive affective syndrome (CCAS) is a condition that arises from cerebellar lesions. CCAS can easily be overlooked by medical teams; therefore a bibliographic review will facilitate the understanding of symptoms in order to effectively diagnose and provide a holistic early treatment approach.

Methods.– A case report of a 72 year old woman with bilateral cerebellar lesions with high pre-morbid function presented with classic symptoms of CCAS. Multidisciplinary workup included medical, psychiatric, neuropsychological assessment (R-BANS (Form 1), Digit Span, Verbal fluency tests, the Hayling Test, the Delis-Kaplan Executive Function System) as well as other investigations (neuroimaging and blood tests) were conducted on the patient to confirm CCAS and exclude other differential diagnoses.

Results.– The results from the medical assessments conducted showed symptoms of cerebellar dysfunction. A psychiatry and neuropsychological review revealed aggression, irritability, disinhibition, deterioration in cognitive function and personality changes. A multidisciplinary team was formed to rehabilitate the patient however patient was non-compliant with therapy. The patient was prescribed Seroquel 50 XR and she responded well to the medication.

Conclusion.– This case review illustrates the challenges associated with engaging a CCAS patient in rehabilitation activities due to cognitive and mood disorders. The use of psychotropic medications can be an effective method in improving cognition and mood disorders in CCAS patients. Early psychiatry and psychological intervention can significantly improve the overall outcome of a patient diagnosed with CCAS.

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EV0227

Neurocognitive profile, mental problems and mental disorders in patients with early stages of HIV infection

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HIV-associated neurocognitive disorders (HAND) may include neurological disorders of various severities such as AIDS dementia

complex (ADC) also known as HIV dementia and HIV-associated dementia (HAD), HIV encephalopathy, and Mild Neurocognitive Disorder (MND). As it seems HIV-associated neurocognitive disorders are associated with a metabolic encephalopathy induced by HIV infection and fueled by immune activation of macrophages and microglia. Despite of different cognitive alterations have been described in HIV patients at different stages of HIV infection, so far little is known about the neurocognitive state of patients at very early stages of HIV infection. In addition, little is known about which mental health factors are related to the presence of cognitive alterations in patients with HIV infection. Here, we explored the neurocognitive profile of a group of cases of HIV patients at very early stages of HIV infection assessing the cognitive profile and the presence of mental symptoms in different stages of the course of HIV infection. As control groups, we studied a healthy control group and a group of patients with mild cognitive impairment due to neurodegenerative causes. Our results suggested that cognitive processes are sensitive to very early neuropathological changes in HIV infection and those alterations are usually related to mental symptoms. Noteworthy, our results also showed that neurocognitive profile of HIV patients differs from those cognitive alterations in patients with mild cognitive disorders associated to primary neurodegeneration. Our results highlighted the importance of neurocognitive exploration at very early stages of HIV infection to improve diagnoses and interventions.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0228

Depression, anxiety, alexythymia and psychiatric comorbidity in chronic headache patients

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Aim.– The aim of this study is to evaluate the depression, anxiety and alexythymia levels of chronic headache patients and to determine the psychiatric comorbidity.

Method.– In this study, 42 tension type headache patients (TTH) and 43 chronic migraine headache (CMH) patients according to the diagnostic criteria established by the Headache Classification Committee of the International Headache Society, were recruited from patients seeking treatment at Kackar State Hospital neurology out-patient unit. Inclusion criteria were, presence of TTH or Migraine headache at least 3 months, being 18-65 years of age, and at least having primary school education. Sociodemographic data form, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Toronto Alexythymia Inventory (TAI) and face to face psychiatric interview were done by a clinician to make psychiatric diagnosis due to Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5)

Results.– Overall, 77.6% ($n=66$) were female, 69.4% ($n=59$) were married, 40% ($n=34$) had psychiatric treatment history. Complaining about pain in the other parts of body was significantly high in TTH group ($p=0,032$). Stress factor onset of headache is more common in TTH group but not significant. Depression is the most common psychiatric comorbidity 55,8% ($n=29$). There is no significant difference between BAI, BDI and TAI scores

Conclusion.– Psychiatric comorbidity is common in the chronic headache patients. To definitive speak, studies are needed on a large scale by comparison with healthy controls.

Disclosure of interest.– The authors declare that they have no competing interest.

Cultural psychiatry

EV0231

Attitudes of Tunisian psychiatric nurses towards suicide

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Introduction.– According to the Tunisian social observatory, suicide rates have risen since 2011 and have reached record levels in the year 2016. Psychiatric nurses are an integral part of the health-care team but little is known about their attitudes to suicide. The aim was to assess nurses' attitudes towards suicide whilst evaluating the influence of sociodemographic characteristics and religious beliefs on their views.

Methods.– A sample of fifty nurses working in the psychiatric hospital RAZI, Tunisia, was recruited. Participants completed the Arabic religiosity scale and the Suicide Behavior Attitudes Questionnaire (SBAQ).

Results.– The mean age of the sample was $29,9 \pm 7,7$ years. Sex ratio was 1. Mean duration of service in a psychiatric ward was $8,5 \pm 6,7$ years. Many professionals (56%) regarded themselves as "prepared to handling with patients under the risk of suicide", and 52% of the psychiatric nurses felt "capable of perceiving when a patient is under the risk of suicide". Few professionals (9%) agreed with the right a person has to commit suicide. It is defended the notion that 'life is God's gift, therefore only He can take it back' (76%). 12% of the total sample expressed the belief that suicide is not associated with a psychiatric disease. Religiosity impacted negatively on the feelings and professional capacity towards suicide.

Conclusion.– Nurses could benefit from continuing professional education to build their knowledge about suicide and reinforce positive attitudes, thus minimizing the stigma surrounding the matter.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0233

What a fright! (Koro syndrome. A case report)

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What a fright! (Koro syndrome. A case report)

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Introduction.– Koro syndrome is characterized by intense anxiety that the penis (vulva or nipples in females) is shrinking or retracting and will recede into the body. This condition is extremely rare in western countries, but has been epidemic in Southeast-

ern Asia. The condition is more common in males and is classified within Obsessive-compulsive and Related Disorders by DSM V. In this report, we describe a patient presenting with concerns about genital retraction diagnosed as acute and transient psychosis necessitating hospitalization and the usage of anti-psychotics.

Objectives.– Describe a case report and try to understand which diagnosis would be more accurate and why.

Methods.– A description of a patient presenting the symptoms described in a literature review found through Medline and manuals of mental disorders.

Results.– A 26-year-old Spanish man arrived at the Emergency Room with a panic attack and the worry that his penis was smaller than usual, in the context of an acute dermatological reaction. Following his clinical evolution, we will explain the difficulties with making an accurate diagnosis, and the decision to classify his symptoms as Koro Syndrome.

Conclusions.– Awareness of this diagnosis is needed to provide optimal care to patients that may need an intense follow up and antipsychotic drugs in order to prevent chronicity of the condition.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0234

The Investigation of Problems of Migrant Students and Their Relationship to Psychopathology

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Introduction.– Due to the phenomenon of immigration in Greece, many issues arise both regarding intercultural education and higher education of migrants. One of these, which is not highlighted, is the problems of higher education students who finished a Greek school and gained access to Greek universities.

Objectives.– The purpose of this research was to investigate the problems of the first-generation migrant students and to correlate these problems with the psychopathology.

Methods.– The sample consisted of students and immigrants from 18 to > 25 years old, students from Greek academic institutions. The research tools used were: a) the Psychopathology Scale (Symptom Checklist 90-R - SCL-90); and b) the State-Trait Anxiety Inventory (STAI) Spielberger c) (LOT-R); (d) The Other Shame Scale (OAS); (e) Experience of Shame Scale (ESS); and a socio- demographic and social representation questionnaire.

Results.– Single-factorial and multifactorial analysis was used from which it emerged that: a) female immigrant women have higher levels on the scales: inferior (OAS), empty (OAS)), Total Internal Shyness (ESS), Characteristic Shame (ESS), Behavioral Shame (ESS), Bodily Shame (bodily shame) (ESS, Trait Anxiety (STAI), Somatization (SCL-90), Interpersonal Sensitivity (SCL-90) and Depression (SCL-90).

Discussion.– The results of our study reveal high levels of psychopathology among migrant and migrant students, and this is explained by the way their migrant parents live and the different culture they are obliged to cope with and adapt to, but also marginalized by society, a situation that leads to their exposure to a variety of risks to their mental health.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0236

Intercultural aspects of depression: Feelings and thoughts of low self-esteem, guilt, persecution and prejudice

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Introduction.– Guilt and low self-esteem are frequently described in depression in Western societies, and are part of the criteria for major depressive episode within the Diagnostic and Statistical Manual of Mental Disorders (DSM). However, in Tunisian depressed patients, ideas of prejudice and persecution are frequently observed. Might these – very diverse – feelings and thoughts be influenced by culture?

Objectives.– To determine the frequency of feelings and thoughts of guilt, low self-esteem, persecution and prejudice among an Arab Muslim sample of depressed patients.

Methods.– Guilt, low self-esteem, prejudice, and persecution were evaluated in 95 patients with depression. Unipolar Depression (UD) or Bipolar Disorder (BD) were diagnosed using the DSM IV–criteria. Socio-demographic and clinical data were recorded.

Results.– Fifty patients were diagnosed with UD (52,6%) and 45 with BD (47,4%). Patients experienced feelings of guilt (4,2%, $n=4$), low self-esteem (23,2%, $n=22$), ideas of persecution and prejudice (8,4%, $n=8$). These feelings and thoughts were not associated with age, diagnosis, sex, instruction level, marital status, a history of hospitalization or suicide attempts.

Conclusions.– Our results may reflect the cultural and religious impact on the clinical expression of depressive episodes. Whereas beliefs of divine punishment and individualism may explain the prevalence of guilt in Western cultures, more important interdependence within family and society, history of colonization, and thus a more external locus of control may explain the feelings of persecution and prejudice in Arab-Muslim societies.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0241

Executive function characterization and theory of mind in leaders of the religious manifestations of catholics, pentecostals and christians in Santa Marta, Colombia

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The objective of the research is to identify the existing characteristics in processes of social cognition related to Theory of Mind and Executive Functions in the religious leaders that integrate the Catholic, Pentecostal and Christian GNG doctrines in the city of Santa Marta, Colombia, to be compared with a group of non-participants.

The study was transversal type and comparative of quantitative cut. In this one the instruments of the Reading the Mind in the Eyes, the Faux Pas Recognition Test, the Empathy Quotient to evaluate social cognition and Theory of Mind as well as NEUROPSI and the Stroop Test were used to evaluate the executive functioning.

An analysis of the ANOVA variance was employed to compare the yields of the groups. The main results show that the associated processes in social cognition such as levels of attention and concentration in Catholics vary between $3,83 \pm 0,87$, in Pentecostals $3,77 \pm 0,72$ and in Christians $4,00 \pm 0,91$ ($P < 0,05$) while visual detection in Catholics $12,47 \pm 1,52$, Pentecostals $11,93 \pm 1,59$ and $12,17 \pm 1,36$ ($P < 0,05$). It was evidenced that there are differences in cognitive processes and executive functions in doctrinal groups. In addition, there is a need to continue to deepen, in the area of research in understanding the phenomenon

Disclosure of interest.– The authors declare that they have no competing interest.

EV0242

Variations in memory failure across 10 cultures

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People with and without psychological problems commonly report memory problems. The present study reported results from 10 Arab countries (Algeria, Egypt, Jordan, Kuwait, Lebanon, Palestine, Qatar, Saudi Arabia, Syria and Yemen). In total, 2174 participants aged 21 to 62 years completed an internet based everyday memory questionnaire. A multi-group confirmatory factor analysis was conducted to examine the organizational structure of everyday memory across the 10 Arab cultures and to examine whether everyday memory failure is underpinned by the same latent factor (s) across all Arab cultures. The results revealed five pure latent factors common to everyday memory failure across all the Arabian cultures studied. The Syrian participants were the best and the Egyptians were the worst at everyday memory functions, particularly in the age range between 40–50 years. The results are discussed in light of literature on everyday memory and Arab cultural variations.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0245

Cultural aspects of vaginismus therapy: A case series of Tunisian patients

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Introduction.– Vaginismus can be a cause of non-consumption of marriage and of infertility. It impacts on the quality of the marital relationship. Cognitive behaviour therapy (CBT) is recommended.

Objectives and methodology.– The aim of our study is to draw attention to aspects of traditional Arab-Muslim culture which should be taken into consideration during the treatment process. We present a series of three patients in whom cultural issues played an important role during CBT.

Results.– Patient (1) consulted with a desire to have a child. Her whole family is aware of her difficulties and the fact that she is in psychotherapy, and sometimes her mother in law even accompanies the couple to therapy. This puts additional pressure on the couple, who is already worried about its status and reputation within the larger family-structure. Patient (2) consulted after 7 years of marriage. She had been very reluctant to consult in psychi-

atry, and had a defloration in gynecology. She felt guilty because, as a Muslim woman, she has to satisfy her husband. Patient (3) had a “TASFIH”: this is a traditional ritual supposed to make the girl indeflorable. It is removed before marriage. As a child, the patient had a strict religious education; the main goal was to protect her virginity.

Conclusion.– Cultural aspects and religious thoughts must be taken into consideration in the management of vaginismus; CBT should be adapted to the context of the person and the history of the couple.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0246

Cultural aspects of mindfulness based cognitive therapy: A case series of Tunisian patients

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Introduction.– Mindfulness Based Cognitive Therapy (MBCT) is widely recommended for several mental disorders. Despite the Eastern origin of meditation there are many explanatory models and techniques which are based on Western cultural concepts.

Objectives and methodology.– The aim of our study was to draw attention to traditional aspects of Arab-Muslim culture and how these can be used to adapt the treatment and influence the outcome of MBCT. We present a series of four patients who received MBCT in our department and in whom cultural and religious issues played an important role during treatment.

Results.– The four patients suffered from Major Depressive Disorder (MDD). Patient (1) declined the proposal since he made a confusion between Buddhism and meditation arguing that it opposes Islam. Patient (2) was more committed to therapy after several sessions using the religion as a value, whereas normally the spiritual side is not discussed very often during the sessions. Patient (3) did not tolerate much physical pain during the sessions, with a preference for short meditations and visits to a traditional healer. Patient (4) wanted to discuss the content of thoughts which is not usually done in MBCT principle. He reported that his family does not understand his space of silence.

Conclusion.– Tunisian society is very oriented towards interdependence. The expectation of a magical effect from an active and directive therapist is highly anticipated since the beginning of the therapy, despite the establishment of an initial contract noting that MBCT is an experimentation based on the present moment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0247

A cultural analysis of medical risk and its inspiration for solution to medical dispute

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Research showed that whether in the east or west there are numerous medical disputes, but the severity was significantly different. Western Medicine, as one of the earliest scientific technology that login China, brought the violent collision of east and west cultures, which may give the reason on why the medical dispute was widely swept over the east land for years. In this study, the medical dispute

as the starting point to discuss the remarkable different cultural values between the east and west. Originated from the source of risk recognition, this discussion compared Chinese and Western divergence in the concept of medical risk and analysed the two sides of the medical treatment in order to reveal the deep understanding of the medical essence, offering a view of medical dispute from a global perspective. We need to establish a web-community specially for doctors and patients to talk problems, debate contradiction and explain why. The following new patients and doctors will learn experiences on how to get along, thus they may know each other before meeting. This idea was inspired from IBCT, which is the integration of behavioural couples therapy, if we can give up wishes to change the others, the ideal behaviour seems to occur naturally, so as to establish a more intimate and satisfactory relationship. Similar to exposure therapy: both sides were allowed to desensitize to subsequent conflicts, so once it happens, it's a negotiable issue with more acquired strategies and less third party intervention.

Disclosure of interest.– The authors declare that they have no competing interest.

Depression

EV0249

The level of diabetes related distress among a sample of diabetics in Riyadh, Saudi Arabia

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Introduction.– Diabetes Related Distress (DRD) is a negative emotional reaction to stresses associated with diabetes. Many studies investigated depression in Saudi diabetics, but little is known about DRD.

Objectives.– To estimate the level of DRD among Saudi patients and its determinants.

Methods.– A cross sectional study of consented 157 diabetics was conducted. Diabetes Distress Scale (DDS) evaluates distress over the past month was used. It measures distress at four subscales namely; Emotional Burden (EB), Physician-related Distress (PD), Regimen-related Distress (RD) and Interpersonal Distress (ID). It classifies patients into No DRD and clinically significant DRD. Reliability of DDS was excellent as indicated by Cronbach's alpha ($\alpha=0.91$). Adherence to treatment (AT) was estimated as reported by patients and glycemic control was assessed using the latest HbA1c results.

Results.– The average participants age was 44.5 ± 16.0 years and 65% were female. Clinically significant DRD was detected in 37% of participants, EB and RD in 40.8%, PD in 46.5%, and ID in 32.5%. Total DRD and all its subscales were insignificantly associated with gender, economic level, marital status, education, type or duration of diabetes ($P>0.05$). DRD, EB and PD level deteriorated significantly with numbers of diabetes complications and improved by advancement of age. DRD was negatively and significantly correlated to AT ($r=-0.38$, $p<0.01$). Furthermore, increasing DRD was associated with increased HbA1c, therefore demonstrating poor glycemic control ($r=0.23$, $p<0.01$).

Conclusions.– DRD is commonly reported among Saudi diabetics and is directly affecting AT, therefore, it is negatively affecting their glycemic control as measured in HbA1c.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0251

The silent minority: Men who need acute inpatient care for depression in the 21st century inner-city

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Introduction.– As most mental healthcare in the UK is now provided in the community, it is increasingly uncommon for admissions for depression. Inpatient care is usually indicated for severe or treatment-resistant depression. We assessed male patients on an inpatient unit regarding factors underlying their admission.

Methods.– We reviewed 200 most recent admissions to our acute inner-city unit, admitting working-age men. We identified those discharged with a primary ICD-10 diagnosis of depression and collected data on demographics, comorbidities, illness duration, previous treatments and reason for admission.

Results.– Twelve patients (6%) aged 43.8 ± 12.2 years had a diagnosis of depression on discharge. Most ($n = 11$) lived independently, were single ($n = 9$) and unemployed ($n = 7$). 50% had no family support. Ten had been prescribed antidepressants before but were unknown to local services ($n = 8$) and had not received any intervention prior to admission. Mean illness duration of 4.7 years but they had few previous admissions (0–5, median 1). Most had a comorbid medical ($n = 8$) and/or substance misuse disorder ($n = 8$). 10 were admitted voluntarily, and were feeling suicidal on admission. Five had attempted suicide prior to admission. Most were treated with first-line antidepressants (11/12), 6 were switched and 4 maintained, with 3 receiving additional psychotropics.

Discussion.– This small group of patients admitted due to risk of harm to self, were admitted for risks rather than to treatment-resistance, and despite long duration of illness, had rarely been known to services. Our data suggests that this population only receive specialist help at crisis point requiring admission. Further work is required to understand why this is.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0252

Depression in patients with breast cancer

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Keywords: Breast cancer; Depression; Risk factors; Assessment tools,

Introduction.– Breast cancer is the most common female cancer and one of the leading causes of death in women. A large number of studies are suggesting an association between depression and cancer. The nature of this connection, despite numerous studies, has not been sufficiently known yet.

Objective.– Comparison of the clinical course of depressive disorder in the breast cancer patient group with depression of patients with cancer-free depression.

Method.– The study included 153 patients. The experimental group was composed of 103 patients with breast cancer and a control group including 50 healthy persons. During the research we used the following standardized and structured questionnaires. The obtained data were analysed using standard statistical method.

Results.– Initial inquiries showed that patients were in shock of the diagnosis, but after a while the reactions subside. Testing of depression with Hamilton's and Montgomery-Asberg scale, in patients who are on cancer treatment compared to control group showed a statistically significant difference at the baseline and after six months, and by age. A multivariate model of evaluation of the importance of risk factors for the occurrence of depression, in women who have had children, who were under stress and who had family psychiatric disorder were at greater risk for developing depression at baseline, independent predictors of occurrence of depression during treatment.

Conclusion.– Depression is significantly more frequently recorded in patients with breast cancer.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0253

Transient febrile reaction after electroconvulsive therapy in an adult female patient with major depressive disorder

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Introduction.– Electroconvulsive therapy (ECT) is a safe and effective treatment for major depressive disorder (MDD). Common side effects of ECT include headache, muscle pain, nausea, and mild short term memory impairment. ECT-associated febrile reaction has been rarely described.

Objectives.– We describe a case of transient febrile reaction after ECT in an adult female patient with MDD and resistant suicidal thoughts.

Case.– Ms. Y. is a 34-year-old Filipino lady with newly-diagnosed MDD and resistant suicidal thoughts treated with ECT. She has no significant history of medical or psychiatric disorders, substance abuse or dependence. However, she has strong family history of depression. She was hospitalized for her first depressive episode with low mood, delusions of reference and guilt, resistant suicidal thoughts and multiple suicidal attempts. After a poor response to medication trials, ECT was initiated. Her mood improved with ECT but her first and second ECT treatment sessions were complicated by transient fever and tachycardia, which resolved without treatment. Thorough physical examination and investigations were unremarkable except for raised C reactive protein (CRP) and erythrocyte sedimentation rate (ESR) but no infective cause was found. Subsequent ECT sessions were uneventful.

Conclusions.– We report an unusual case of transient febrile reaction after ECT in an adult female patient with newly-diagnosed MDD and resistant suicidal thoughts, which may have been caused by ECT.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0254

The place of electroconvulsive therapy for melancholic patients with dementia

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Introduction.– Electroconvulsive therapy (ECT) is a biological treatment procedure utilized worldwide as one of the most effective biological treatment modalities for various severe, treatment-refractory or treatment-resistant psychiatric disorders, in particular, major depressive disorder.

Objective and method.– The work aims to study the therapeutic efficiency of electroconvulsive therapy (ECT) through three cases of patients suffering from melancholic depression associated to dementia treated by this therapy.

Results.– OUR respectively 72, 66 and 63-year-old patients were followed for bipolar disorder or for a recurring major depressive disorder associated to dementia. They presented a severe relapse of their mood disorder resistant to the medical treatment, which indicates electroconvulsive therapy. The number of session varied from 9 to 16 sessions for every patient. Remission of the depressive symptoms was obtained also stabilization or amelioration of the MMSE score.

Conclusion.– The frequency of the drug resistant forms of mood disorder especially the depressive one gives a dominating place for the electroconvulsive therapy which represents no contraindication for the ages subjects or having cognitive disorders which she can stabilize even to improve.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0257

Study on personality traits that are correlated with anxiety in women who gave birth in Timis county

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Introduction.– Perinatal anxiety has begun to gain recognition particularly in the last decades. Furthermore, it appears that anxiety is more expressed in the antenatal period compared to the postnatal period. Personality might have a mediating role in the expression of perinatal clinical anxiety.

Objectives.– The principal objective was to psychometrically quantify anxiety throughout the perinatal period and to identify the personality traits that are significantly associated with the presence of anxiety.

Method.– In the initial sample of 202 pregnant women that were evaluated in the antenatal period, 142 of them also agreed to participate in the postnatal evaluation. State and trait anxiety were evaluated with STAI-Y where a total score larger than 40 on the first 20 items (form Y1) was required to classify the anxiety as clinically significant. Personality traits were assessed with the NEO-FFI inventory. Perinatal depression was assessed by the Edinburgh Postnatal Depression Scale using a cut-off > 13.

Results.– A total of 68 of the pregnant women (33.7%) presented with clinically significant anxiety while in the postnatal period anxiety was clinically significant for only 22 of the mothers (15.5%). Antenatal state anxiety showed direct correlation with neuroticism and inverse correlation with extraversion while postnatal state anxiety showed direct correlation with neuroticism.

Conclusions.– Neuroticism showed as being a stable and representative aspect of personality during the perinatal period in women who developed anxiety; that might also play a mediating role in the

occurrence of anxiety and depression during the entire perinatal period of vulnerable women.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0259

Post-stroke depression: About a case

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Introduction and goals.– The aim of this case is to perform a review of post-stroke depression.

Clinical case.– A 63-year-old patient suffering from depressive symptomatology consisting of irritability, tendency to cry, anhedonia, apathy, and significant cognitive failures after experiencing an Ictus stroke in April 2016. Due to these symptoms, a treatment with vortioxetina 10 mg is initiated. After one month of treatment, the patient presents an overall improvement of the mood and secondary cognitive deterioration.

Discussion.– Post-stroke depression is a direct physiological consequence of a cerebral vascular disease, being the most prevalent affective disorder. It has not been shown that the localization of the stroke is a more frequent predictor, however, it is directly related to the size of the affected area. It generates loss of autonomy, greater cognitive deterioration, and mortality (3-4 times higher). Regarding treatment, SSRIs are the first-line antidepressants because they are the safest. They present the least side effects, with a rapid onset of action and anxiolytic effect. However, at present, vortioxetine is considered another treatment option due to its few adverse effects. This drug does not alter blood pressure or have effects on QT and it improves cognitive deterioration.

Conclusion.– Although there is no clear scientific evidence on the etiopathogenesis of PSD based on the location of the ICTUS, IPD is a real pathological entity that plays a key role in patient healing. Therefore, it is important to address it without delay, to improve the patient's quality of life.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0260

Clinical expression of unipolar and bipolar depression in a Tunisian patient sample

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Introduction.– The clinical features of depression differ in unipolar and bipolar depression. Linking depressive symptoms to each disease is important for treatment planning.

Objectives.– The aim of our study was to identify differences in the clinical expression of unipolar and bipolar depression

Methods.– Ninety-five patients with a diagnosis of clinical depression were interviewed using the Structured Clinical Interview for DSM IV for mood disorders. Patients then received a diagnosis of Major Depressive Disorder (MDD) or Bipolar Disorder (BD).

Results.– MDD patients experienced more loss of appetite (81,3%), weight loss (83,3%), insomnia (92,7%), agitation (10,0%), fatigue (54,3%), decreased ability to think (70%), memory problems (5,6%) whereas BD patients had an increased appetite (35,0%),

weight gain (25,9%), hypersomnia (10%), psychomotor retardation (54,3%), loss of energy (71,4%), more feelings of guilt (20%) and low self-esteem (90,9%), indecision (45,5%), recurrent suicidal thoughts, plans and attempts (75,6%). Regression analysis showed that BD was characterized by more significant feelings of excessive guilt and low self-esteem (57,8% vs 32%, $p=0,022$), more suicidal thoughts (32,5% vs 13,3%, $p=0,031$) and more suicidal attempts (20% vs 0%, $p=0,002$).

Conclusions.– OUR study supports the findings of previous publications aiming at identifying psychopathological characteristics that might serve as indicators of bipolarity in patients with a history of depression.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0264

Comprehensive analysis of suicidal behavior in depressive disorders in cancer patients

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Recently, the relevance of the problem of depression in cancer practice has increased significantly, where their prevalence ranges from 40 to 60% according to various authors.

The aim of the study.– The study of the phenomenology of suicidal behaviour in depressive disorders in cancer patients.

Material and methods.– for the purpose of studying our goal, we carried out a comprehensive examination of 154 patients of both sexes with an oncological pathology I and II stage in which depression was diagnosed. The main group consisted of 103 patients with signs of suicidal behaviour, control - 51 patients (men) without signs of suicidal behaviour. Malignant neoplasm is a psycho-traumatic factor for the patient, and leads to the development of depressive disorders, and suicidal behaviour. In the clinical picture of depressive disorders in patients with oncological pathology dominated mood depression, the affect of yearning and anxiety, the coverage of the experiences of acute grief in connection with the diagnosis of cancer, with the narrowing of cognitive functions and the domination of the content of mental trauma in consciousness. In the formation of suicidal behaviour of cancer patients with depressive disorders, high rates, according to clinical scales of anxiety and depression, high level of suicidal risk in combination with low level of death consciousness, and suicidologic anamnesis are a leading role.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0265

Depressive disorders in internally displaced persons

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Introduction.– According to the Guiding Principles on Internal Displacement, internally displaced persons are persons who have been forced or obliged to leave their homes, in particular as a result of extreme situations, and who have not crossed an state border.

Aim.– to study clinical features of disorders in Internally Displaced Persons.

Methods.– We have a complex psychopathological and psychodiagnostic research 115 IDPs in volunteer center, located at the central train station in Kharkiv.

Results.– There were clinical and psychopathological signs of depressive disorders in Internally Displaced Persons analysed. Anxiety, asthenia, asthenic-apathetic and melancholy variants of depressive disorders in there were clinical and psychopathological signs of depressive disorders in in Internally Displaced Persons analysed. In this study there were the markers of suicide risk for Internally Displaced Persons determined: high suicide risk, low death self-consciousness, high anhedonia level, clinical manifestations of anxiety and depression by The Hospital Anxiety and Depression scale, severe anxiety and depression by The Hamilton Anxiety Rating Scale, major depressive episode by the Montgomery-Asberg Depression Rating Scale. There were approaches to differentiated prevention of suicidal behaviour in depressive disorders in Internally Displaced Persons validated, that include pharmacotherapy, psychotherapy and psychoeducation.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0267

Psychiatric manifestations of primary Sjögren's syndrome. A case report

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Introduction.– Sjögren's syndrome is an autoimmune disease, characterized by typical dryness of the mouth and eyes associated to involvement of other exocrine glands as well as a wide variety of organs and systems. Central nervous system involvement in primary disease is a rare but significant complication. It can manifest with focal or diffuse neurological deficits including psychiatric disorders. Our observation is an illustration of the psychiatric manifestations.

Case presentation.– We report the case of Mrs R, 56 years old, with a medical history of primary Sjögren's syndrome, who presented in 2017 to a psychiatry department for irritability and insomnia. She described having sad mood, fatigue, shortened attention span, poor concentration, and memory deficits. She reported difficulty making decisions and performing daily activities. She did not have suicidal ideas, but she had a lowered self-reported quality of life. Control MRI of the brain and spinal cord showed the presence of T2 hyperintense foci in the cerebral white matter (high signal intensity on T2-Flair in the subcortical and periventricular areas) and subcortical cerebral atrophy. She did not respond to a 40 mg daily dose of fluoxetine during 4 months. Therefore, she had received escitalopram (10 mg/day) for 3 months, but only insomnia was resolved.

Conclusion.– This case highlight the difficulty of managing psychiatric disorders due to primary Sjögren's syndrome.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0270

Use of vortioxetine in a sample of patients

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Introduction.– Vortioxetine is a 5-HT₃, 5-HT_{1D}, and 5-HT₇ antagonist, a 5-HT_{1A} agonist, and a 5-HT_{1B} partial agonist. It is used in major depressive disorder. Overall, 69.5% of patients referred to our Unit by Primary Care have depression, anxiety or both of them. It makes antidepressants essentials every day.

Objectives.– To analyse the effect of the vortioxetine in patients attended in Mental Health Unit.

Methods.– In relation to a case series of 12 patients we collected the following variables: (1) demographic variables, (2) diagnosis impression, (3) improvement with the drug, (4) monotherapy or not, (5) side effects, and (6) maintenance treatment.

Results.– Of the total of patients, 58.3% were females. Average age was 58.92 (standard deviation 17.784). All of them were followed for depressive disorder. All but one were treated with vortioxetine as monotherapy. 5 patients had side effects: 1 of them had urticaria and the rest digestive symptoms. Of these patients, one could continue with treatment by lowering the dose, but the other four ones had to stop the treatment. 10 patients' cognitive performance were significantly improved, as well as, apathy, anxiety and anhedonia. The other 2 patients didn't improve with treatment. Lower doses of benzodiazepines were possible thank to the improvement of anxiety.

Conclusions.– Vortioxetine had shown to be a good antidepressant in control of anxiety, depression and cognitive symptoms due to depressive disorder. The main side effects patients report are digestive symptoms. Sometimes we can use lower doses to improve these side effects.

Conflict of interest:

Registration fee for this congress paid by Lundbeck.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0271

DEEP I – Depression Early Prediction Inventory – Measurement of prodromal states of affective disorders

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Objective.– Depressive Disorders are a challenge to public health systems. Its highly costs and mortality demand effort to reduce prevalence and incidence rates. Building up early recognition tools, an estimation of the disease risk and immediate interventions are in need for this purpose. The aim of the project is to develop evidence-based valid CHR-D criteria and a reliable instrument for their assessment.

Methods.– Based on a semi-structured-clinical interview, quantitative and qualitative data was analysed with respect to clinical data and demographic data as well as information about the duration and symptoms of the prodromal phase of a depressive episode. 85 subjects with a depressive episode were interviewed. Six patients were excluded. In sum N = 79 interviews were viable for data analysis.

Results.– Altogether 93.7% of the participants reported changes in wellbeing in terms of a prodromal phase. Participants described significantly varying duration of the prodromal phase with an average of 10 months (SD = 17.08, range = 0.5 - 75, Mdn = 3.00). No statistically significant gender differences or differences regarding the phase of the illness were found. Using qualitative methods to analyze early prodromal changes in wellbeing, sleep disturbances (41.8%), somatic complaints (41.8%) and worries/anxieties (26.6%) were frequent. Thereby gender- and age-specific differences were found.

Conclusion.– These results indicate the need for accompanying awareness campaigns to support early help-seeking. Physicians will need an early prediction screener to efficiently use this window of opportunity to identify and refer people at possible CHR-D and plan adequate preventive measures together with a mental health professional.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0272

The association between social jetlag and bipolar features among may depend on age among patients with affective disorder

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Introduction.– Bipolarity, i.e. features of subthreshold bipolar disorder, is considered a marker of treatment resistance in the course of depression. Social jetlag is defined as a misalignment between biological and social time, i.e. the actual sleep-wake pattern. It has been previously associated with greater degree of obesity, tobacco smoking and poor mood.

Objective.– To assess the link between social jetlag (SJL) and bipolar features in the context of chronotype, depressive symptoms and sleep quality among patients with mood disorder.

Methods.– The group comprised 60 ambulatory patients with depressive episode, either first or in the course of recurrent depressive disorder or bipolar disorder. The patients completed questionnaires: Hypomania Checklist (HCL-32, bipolar features), Chronotype Questionnaire, Pittsburgh Sleep Quality Inventory (PSQI), Beck Depression Inventory (BDI) and sociodemographic questionnaire, including items concerning sleep-wake pattern. A multiple linear regression model was constructed for prediction of the HCL-32 score.

Results.– The determination coefficient for the model was $R^2 = 0.26$. HCL-32 score was predicted by SJL ($\beta = -1.10$, $p < 0.01$) and age ($\beta = -0.22$, $p < 0.01$), but not by sex, body mass index, pack years of smoking, morningness-eveningness, BDI score and PSQI score ($p > 0.05$). An interaction between age and SJL was diagnosed ($\beta = 0.20$, $p < 0.01$; Figure).

Conclusions.– The relationship between SJL and bipolar features may depend on patient's age. Thus, high SJL might be a marker of treatment-resistant depression in patients over 50, but not younger ones.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0274

The role of Circadian preferences and biological rhythm disturbances in depressive patients: A descriptive study

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It is known that chronotypes and sleep quality affect symptom severity of depression but no study has addressed specifically the relationship between circadian preferences and somatic symptoms, and current medical comorbidities in depressive patients.

This study aims to examine the potential association between chronotypes and somatic symptomatology. The hypotheses of this study are: (1) Eveningness patients have more severe somatic symptoms and medical comorbidities in depression. (2) Eveningness indicates a predisposing trait in depression besides biological rhythm disturbances. (3) Biological rhythm and chronotypes can influence symptom clusters of depression.

A total of 101 drug naive patients from the ages of 17–65 (M= 40.18, SD= 11.54; 75% female) were recruited from Bezmialem University, Istanbul. The Morningness-Eveningness Questionnaire (MEQ) was applied and patients were categorized into three subtypes: morning, intermediate, and evening types. Biological rhythm disturbances and sleep features were measured by the Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN) and Pittsburg Sleep Quality Index (PSQ). Depression levels were evaluated through the use of the Hamilton Rating Scale for Depression (HRSD).

An ANCOVA yielded a significant effect of chronotype on depression such that evening types had higher depression scores than morning and intermediate types controlling for age and BRIAN-Sleep Cluster ($p < .001$). The effect remained significant when depression scores were calculated for only somatic symptoms or with ($p < .001$) or without sleep-related items. Finally, this effect explained more of the variance in depression in patients with a comorbid disorder ($n = 47$; 19% variance; $p < .05$).

The results indicate that apart from biological rhythms, chronotypes may serve as a vulnerability factor for depression. This vulnerability maybe further associated with somatic symptomatology and comorbid disorders.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0275

The role of anhedonia in suicide risk

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Anhedonia that is the inability to experience pleasure, with blunted affects and emotions. Anhedonia coexist both the inability to desire contact with rewarding stimuli and to enjoy pleasure in stimulating or usually rewarding activities. It may affect one, or more, or all aspects of life: food, sex, somato-sensory experiences, etc. The risk of suicide is strongly related to anhedonia. In the case of suicidal behaviour, clinicians may ask “why now?” as a time to explore the vicissitudes that have led to the suicidal gestures or behaviours. It is important to discuss the suicidal ideation with the patient without fearing that this may increase the risk, on the contrary help to explore hopelessness, anhedonia, insomnia,

severe anxiety, decreased concentration and psychomotor agitation. Anhedonia is particularly dangerous for suicide risk when it associated with unbearable psychological pain and the components of the perturbation of the mind. Such components are the heightened inimicality (acting against the individual's best interest); the exacerbation of perturbation (refers to how disturbed the individual is); the increased constriction of intellectual focus; tunneling or narrowing of the mind's content (dichotomous thinking); and the idea of cessation: the insight that it is possible to stop consciousness and put an end to suffering. This presentation will go over main issue of the phenomenology of the suicidal mind, paying attention to the role of anhedonia in the precipitation of suicide as well as a conditions affecting survivors, that is those who lost a dear one by suicide.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0276

Mental disease and self-esteem

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Introduction.– Self-esteem is a dynamic and multidimensional process that is built and rebuilt throughout the life cycle, can be affected when people face vital challenges, such as illness
Objective.– With this premise we intend to study the quality of this factor in our population

Results.– The most striking fact obtained is the persistence of a mostly low self-esteem in the mental health center group; compared to a predominantly high self-esteem in the control group.

Conclusions.– These data are consistent with other studies that point to the fact that a high level of self-esteem would relate to a population with better mental health, while low levels would be associated with a population with mental disorders.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0277

Group approach to depression: A study in the Province of Huelva

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Introduction.– Given the increase in depressive symptoms, such as mental disorder and in comorbidity in organic diseases, we propose a group therapeutic approach, whose effectiveness is supported by multiple studies and as a way of reducing the pressure of care in mental health units.

Objectives.– Promote an active attitude of patients, as responsible agents in their pathology and treatment process.

– Identification and adaptive expression of emotions.

– Strengthening self-esteem.

– Provide adaptive coping strategies in the face of psychological distress.

Results.– In our experience we confirm what has been affirmed in different studies about a therapeutic efficacy at least equal to individual psychotherapy, with the consequent optimization of the increasingly limited resources of public health.

Conclusions.– We can verify as a distinctive feature of group psychotherapy versus the individual, as the changes experienced by the patients, they are socializing, enhancing this change in the rest

of the participants, in a mutual support that potentiates more active roles that away from the initial passivity.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0278

From anxious to catatonic: A brief case description

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Introduction.– Individuals with mood disorders are at increased risk for one or more comorbid disorders. Catatonia is characterized by psychiatric and motor symptoms, as described in the Bush-Francis rating scale, and is associated to psychiatric, neurological, medical and drug-induced disorders.

Objectives.– To describe the management of a patient with severe catatonia in an inpatient unit.

Methods.– Review of medical history from clinical records and qualitative study of scientific literature.

Results.– A 33-year old male with recurrent depressive disorder is admitted to the inpatient unit after some time with poor therapeutic adherence, presenting with paranoid delusions, hallucinations and severe catatonia. Psychopharmacological treatment included sertraline 200 mg/day, quetiapine 300 mg/day, clonazepam 2 mg/day. Six effective sessions of electroconvulsive therapy were required, with full remission of symptoms. Paliperidone was finally prescribed to better adherence and control of psychotic symptoms. Schizoaffective disorder was finally diagnosed.

Conclusion.– Schizoaffective disorder has characteristics of schizophrenia and affective disorders. Patients with schizoaffective disorder might present as schizophrenia with prominent affective symptoms, others as a mood disorder with accused schizophrenic symptoms, and others a mixed clinical syndrome. The FDA has approved Paliperidone as the specific medication to treat schizoaffective disorder. Additionally, the availability of long acting injectable formulations could be helpful for patients who don't have good treatment adherence to oral medications.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0279

“Male depression?”– First results of the study to gender-specific expressions of depressive symptoms and factors of influence

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Introduction.– Although depression is one of the most prevalent disorders, our understanding of potentially gender-specific expressions of depressive symptoms is still limited. The concept of male depression (MD) constitutes that women express more so called typical depressive symptoms while men also offer so called atypical depressive symptoms like aggressiveness, irritability, alcohol misuse. Current findings of studies on this topic are heterogeneous. Moreover the effect of factors like psychiatric comorbidities, gender-related norms and characteristics or personality-related aspects to the expression of depressive symptoms is still unclear.

Objective.– Investigation of the following issues:

– Do any gender-specific differences exist in the atypical expression of symptoms between male and female patients with a unipolar depressive disorder? Focus: Is the concept MD evident?

– Do the described factors effect the expression of atypical depressive symptoms?

Methods.– Male and female patients with a diagnosis of depressive episode or recurrent depressive disorder (ICD-10), who are treated in in-patient or day clinical settings of different psychiatric institutions in Germany will be studied. There are no limitations to further diagnosis, age or other factors. To analyze the objective different self-rating questionnaires will be used.

Results.– The results of the study might possibly clarify whether there exist any gender-specific differences in the expression of depressive symptoms and by which factors they might be caused. First results of the study will be presented.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0280

The Features of emotional processing in patients with affective disorders

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Introduction.– Today a model of cold and hot cognition which opens up new opportunities for investigating the mechanisms of violations in depressive disorders actively develops. The description of these two systems promotes an understanding of interaction between the cognitive and affective spheres. However, at the present time there is no neuropsychological battery, which helps to conduct a comprehensive study of the cognitive-affective sphere in patients with affective disorders.

Objective.– Elaboration and adaptation of a complex of neuropsychological tests comprised of emotionally loaded material.

Aim.– Description of neurocognitive symptoms and their division into cold and hot violations with the designation of their brain and psychological mechanisms.

Methods.– A total of 33 patients diagnosed with depression according to ICD-10 (F31.3, F31.4, F31.5, F32.1, F33.1, F33.2, F34.0, F34.1), 14 males and 19 females, aged 33 ± 16, disease duration 13 ± 12 years, and 33 healthy controls, 17 males and 16 females, aged 36,5 ± 15,5. Standardized neuropsychological tests and tests base on emotiogenic stimuli were administered.

Results.– There is a neurocognitive deficit in patients with affective disorders manifested in changes of a psychomotor speed and the work of number cognitive functions. These patients demonstrate a decreased attention to negative stimuli combined with a decreased attention to positive stimuli.

Conclusion.– Patients with depressive disorders are more prone to distortion of cognitive activity in emotiogenic conditions. The abnormal processes of hot cognition in these patients conceptualize such a core symptom of depression as anhedonia, which is a probable endophenotype of depression.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0282

Management of treatment resistance in major depressive disorder

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Introduction.– Major Depressive Disorder is a highly prevalent psychiatric illness, with a frequently chronic course, which represents an important source of morbidity, mortality and diminished quality of life.

Objectives.– The description of a clinical case, part of a large number of depressed patients that fail to respond to one or more evidence based antidepressant treatment, given in adequate duration and dose.

Methods.– A 45-year-old male, diagnosed with recurrent major Depressive Disorder and impulsive personality disorder (according to ICD-10 and DSM-V), known to abuse alcohol, had 8 depressive episodes, all of them severe, with suicidal thoughts. At least 2 episodes associated psychotic features, the onset of the first episode was at the age of 35 after a negative life event, and none of the episodes had a response to the first antidepressant received.

Results.– Considering the clinical picture, a number of risk factors for treatment resistance were identified. The last depressive episode was treated with a combination of 2 antidepressants, an atypical antipsychotic and 2 anticonvulsants, in high doses. There was no evidence of a comorbid medical condition. The clinical picture improved, with complete remission after two months, time in which he was hospitalized.

Conclusions.– In the future, clinical research should improve the understanding of treatment resistance in affective disorders and their management.

Disclosure of interest.– The authors declare that they have no competing interest.

E-mental health

EV0284

A validated model of an online psychotherapy platform. 1 year of experience and more than 600 successful sessions

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Introduction.– A focus on alternative models of delivering mental health services was observed during the last years. As technology becomes more accessible and user friendly for both mental health specialists and their patients, the adoption of online tools that could provide evaluations and treatment increases.

Objective.– For patients with mental health problems, access to specialists that could provide evaluation and psychotherapy is usually difficult, stigmatising and time and cost inefficient. Our objective was to evaluate the results after one year experience with an online platform providing psychotherapy sessions in Romania.

Methods.– Platform analytics tools could provide accurate data about traffic, patients demographics, the number of sessions, their

type, the problem addressed, sessions' outcome, patient satisfaction.

Results.– The platform was used by more than 100 psychotherapists and more than 6000 patients have created an account. More than 600 sessions were recorded during the first year of existence. The adoption rate of the platform is growing as the number of accounts and sessions is higher by each month.

Conclusion.– Online platforms could be a good alternative to provide mental health services to underserved populations or to increase access to psychotherapy at a lower cost and in a less stigmatising environment. Precautions should be considered regarding data protection and legal aspects of the services provided.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0285

Post-partum depression and acute effects of oxytocin: Study protocol

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Introduction.– The puerperium is a period of a woman's life that needs special attention because it involves innumerable physical, psychic, hormonal changes and social interaction with the baby. It is also known that postpartum depression (PPD), whose etiology is multifactorial, which involves, among other aspects, the recognition of facial expressions of emotion (REFE). Some studies have pointed to an improvement in the performance of tasks involving the REFE when subjects received acute oxytocin administration (OCT), since the latter has an important role in social relations, favoring trust and modulating cognition and social perception.

Objectives.– (a) To evaluate and compare the REE of infants and adults in healthy mothers with PPD and according to the response rate and response bias; (b) Evaluate the acute effects of OCT in the MRE process in mothers in the puerperal phase with PPD compared to controls.

Materials and methods.– Fifteen mothers with a diagnosis of PPD and 15 control mothers were evaluated through a cross-over, double-blind clinical trial using OCT (24 IU) and placebo. Other secondary variables such as personality, postnatal negative thinking and anxiety are also measured by self-report questionnaires. Data analysis was/will be performed using the statistical program Statistical Package for the Social Sciences (SPSS), $p < 0.05$ was adopted as a level of significance.

Results/discussion.– The study is in the execution phase, it is expected to find a better performance in cognitive tasks after administration of oxytocin

Disclosure of interest.– The authors declare that they have no competing interest.

EV0286

Dilemmas: Couch in crisis versus cyberspace is the post human frontier

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Abstract.– The improvement of information technology (IT) has been reshaping how people seek information about their health.

Could the 'digital revolution' present an opportunity for improving the availability, efficacy, quality and cost-effectiveness of care? What is the role for end users, policy makers and practitioners.

Methods.– A literature search of relevant studies published between 2012 and 2017 was conducted, using MEDLINE and Google Scholar databases, canvassing English-language publications. Patients often turn to the internet for data on their symptoms or their prescribed drugs, with a significant tendency toward self-diagnosis. However, the validity of the data is disputable and can lead to medical risks. Modern devices constantly produce a stream of data liable to severe exploitation, with the availability and security of this data remaining an unsolved hazard – from individuals performing identity theft, to stigmatization by potential employers or abuse by multinational corporations. New pathways to treatment are offered, from self management to mobile health apps to online therapeutic modalities, more robust evidence for the actual effectiveness of these technologies is sorely lacking. Recent development in the area of neural networks and artificial intelligence opens up several intriguing questions. Several research teams are working the answer in the form of virtual counselors (SimSensei's Ellie; Oshi-el; Avatar Therapy), and we may well be facing the extinction of human experts.

Conclusions.– From Freud's couch to cyberspace, the setting has irrevocably changed. New solutions are needed to ensure privacy and safety, especially through the creation of professional and ethical guidelines and review of legal policies.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0287

E-mental health: What uses for what needs?

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Introduction.– E-mental health leads to major socio-anthropological changes.

Objectives & methods.– In order to access the representations, expectations and actual uses of its public, we carried out a qualitative study based on ten focus groups with general practitioners, psychiatrists, psychologists, social workers, occupational therapists, nurses, caregivers, users, user representatives and general public ($n = 70$).

Results.– The interviewees express different lines of tension that new technologies engender in the field of mental health. What was previously strictly under the jurisdiction of physicians tends to be fragmented and distributed over different actors and locations. New technologies reposition care in the field of domestic rather than therapeutic activities. The conception of care as an autonomous activity in the subject's life is thus questioned: "Is jogging tracking a mental health tool?". The ideal of social autonomy through technology is part of the new logic of health democracy and empowerment, linked to a strong contemporary aspiration to performance. Participants emphasize the risk of a social injunction to autonomy for the digitally engaged patient, while empowerment may become a set of obligations.

Conclusions.– Given the ways in which digital data is generated, stored and used, e-health practices started as personal and private become inextricably intertwined into shared networks and

economies. The participants interviewed highlight how e-mental health can actively participate to constitute identity, social life, social relations and social institutions.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0288

Anonymous online counselling with psychiatrist

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Introduction.– There are more people suffering from mental health (MH) problems than those asking for professional help. Some of the common reasons why they don't ask for professional help are embarrassment, shame, fear of privacy problems and service costs. In order to provide the possibility to ask about MH related problems anonymously cost-free, an online contact-form is placed on the website administered by a psychiatrist. E-mental-health services provide a chance for first contact and earlier entry to the treatment for those who have never been treated before.

Objectives.– To examine who is interested in anonymous online counselling and who can benefit; would it be used for the first contact or second opinion; what is the daytime distribution of questions in order to set the adequate services.

Methods.– All questions asked via contact-form were reviewed including gender, age, kind of MH problems, time when the first question was asked, previous MH treatment.

Results.– Women were asked 79% questions mostly related to depression, anxiety, relationship problems, helping others with MH problem. Men asked about depressive and anxiety problems, addictions, psychotic and OCD related problems. Women younger than 30 asked 46% questions men 39%. This was the first contact with MH professional for 54% women and 40% men. Questions were asked 24 hours, peaks occurred several times.

Conclusions.– Younger people, especially female who never had contact with the MH provider and in the early phase of disorder have interest in anonymous online counselling and may benefit from it.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0289

Active implementation of a computerized cpg for major depression in primary care: 18-month follow-up

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A computerized version of a Clinical Practice Guideline for Major Depression (e-CPG-MD) was integrated into the Electronic Clinical Records of Primary Care (PC) in Catalonia (Spain). This new IT tool offers the opportunity to improve clinical outcomes in the management of MD. e-CPG-MD allows access to accurate help during the

visit, improving MD diagnosis, treatment and follow-up and taking into account suicide risk.

Objectives.– To evaluate the effectiveness of an active implementation process of an e-CPG-MD in PC at 6 months and 18 month of follow-up.

Methods.– A cluster randomized clinical trial was conducted in 10 Primary Care Centers (PCC) in Barcelona. In five of ten PCC a multifaceted implementation process of the e-CPG-MD was applied from month 1 to month 6. The active process included: interactive training program, regular feedback audit, educational outreach visits and periodic reminders.

Results.– At 6 months, we observe a significant increase in use of the e-CPG-MD (4.1% + 3.1% vs. 52.7% + 7.3%, $p < 0.001$) in the active PCCs. In addition, the diagnosis of MD increased significantly (rate quotient = 1.56, $p < 0.001$) as well as the recognition of moderate and severe MD (13.6% vs 41.1%, $p = 0.002$). At 18 months, the use of e-CPG-MD remained significantly higher in the active PCCs (23,7+ 8,9 vs 6,5+ 8,6; $p = 0,025$). In addition, the adequacy of treatment improved significantly: 74% of patients with moderate to severe MD received adequate treatment in active PCCs, while only 52% of them received adequate treatment in the control PPCs ($p = 0,003$).

Disclosure of interest.– The authors declare that they have no competing interest.

EV0290

Comparative effectiveness of multicomponent behavioral ehealth interventions for weight-loss in overweight and obese adults: A critical review and meta-analysis

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Introduction.– Currently, multicomponent behavioural interventions for weight-loss are the recommended golden standard of intervention in obesity. However, less is known for the efficacy of technologically (eHealth) mediated counterparts.

Objectives.– Therefore, the aim of the meta-analysis was to compare the relative efficacy of multicomponent behavioural eHealth interventions for weight-loss against standard in person active treatment and control (i.e. no treatment, wait-list, placebo, usual care) at post-treatment and follow-up.

Methods.– Forty two randomized controlled trials that (a) compared an eHealth intervention for weight-loss to a control or an active treatment and (b) that focused on overweight and/or obese adults were selected.

Results.– Findings indicated that eHealth interventions were more effective than control groups ($g = 0.37$, 95% CI: 0.27 to 0.47), but not more effective than active treatment in reducing weight ($g = -0.31$; 95% CI: -0.43 to -0.19). Potential moderator variables were examined.

Conclusions.– Currently, eHealth interventions for weight loss might not be at an optimal level of user interaction to match in person treatment in efficacy. Overall, the quality of reporting and the design of eHealth interventions studies must be improved. Other limitations and possible implications will be discussed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0295

Quality of life of municipal public servants in a Southeastern Brazilian city measured with the web-form WHOQOL-BREF

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The measurement of health-related quality of life (HR-QOL) has become useful for guiding policy makers in the implementation of preventive and interventive public health policies. WHOQOL-BREF is one of the most used measurements of HR-QOL because it consists of items concerned with the individuals' perception of their position in life in various contexts. The web-form WHOQOL-BREF has shown validity and reliability in a previous study and it allows access to a large population of individuals, as well saves time and money. This option was used among municipal public servants in a southeastern Brazilian city. 565 subjects participated, 29% were male and 71% female, 56.8% are between 41 and 60 years old. The environmental domain has the lowest scores (Mean = 55.49; SD = 14.58, especially lack of financial resources (Mean = 2.72, SD = 0.85), against physical (Mean = 64.85; SD = 17.12); psychological (Mean = 65.04; SD = 15.60) and social domain (Mean = 65.15; SD = 17.66). Freedom, physical safety and security, home environment, financial resources, opportunities for acquiring new information and skills, participation and opportunities for leisure activity, physical environment, transport and health and social care are assumed to be an issue of concern among the participants. Environment-related issues are crucial indicators of progress and sustainability of a country especially economic resources in a developing country such as Brazil. The Web-form WHOQOL-BREF showed to be an economic and fast way of collecting data that are meant to be considered for designing and implementing policies addressing this scenario.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0296

Reasons for using depression internet forums in Croatia

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The majority of people uses Internet every day to acquire needed information. A wide range of information regarding mental health can be found on the Internet and there are various ways of communication, one of them are Internet forums. Internet forums have become the source of information for any health or psychosocial problem. Participation and communication in the forums are anonymous, which greatly contributes to honest and immediate communication, especially on sensitive topics such as mental illness.

The aim of this study was to examine the motives for using depression Internet forums in Croatia.

The study sample consists of 297 user-generated posts on the largest Croatian depression Internet sub-forum over a period of one year, analysed using qualitative methodology-grounded theory.

The results showed that the majority of depression Internet forum users in Croatia use Internet forums to receive emotional support from others with the same illness. Other important reasons were to exchange information about medications, symptoms and prognosis of the illness.

Users of depression Internet forums in Croatia, mostly use those forums to receive emotional support from others with the same illness. For some of the users, Internet forums are the first place where they seek help to cope with symptoms of depression. Because of this reason, Internet forums could be used to detect untreated individuals who could then be provided earlier with psychiatric treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

Eating disorders

EV0297

Mental capacity to consent treatment in anorexia nervosa patients

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Introduction.– Controversies about involuntary treatment in anorexic patients have always existed: Changes in neural networks that these patients have and their neuropsychological difficulties make much more difficult the volitive capacity evaluation. Some studies justify these cognitive difficulties as a consequence of low weight while others affirm that decision-making ability does not improve with weight gain.

Objectives.– Studying Spanish judicial process of involuntary admission and evaluation of volition in anorexia nervosa disease through a case.

Methods.– Woman 19 years old who was diagnosed of anorexia nervosa since 15 years old. From the age of majority has lost 10 kilograms of weight, refuses to receive treatment and presents high levels of mental rigidity. Her life was in danger. Psychiatrist and Endocrinologist evaluated that she and her family did not understand the risk and we asked for a judicial authorization.

Results.– She received forced feeding and treatment at the hospital and currently she is in a good weight, she collaborates on her own treatment and her cognition capacity has improved.

Conclusions.– Spain does not have validated protocols to evaluate decision capacity in anorexic patients. Other countries use some scales but they aren't specific to this disease.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0299

Association between vegetarianism and pathological motivations

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Introduction.– Similar to other forms of transformational bodily practices (Tkhostov, 2002, Rasskazova 2012), vegetarianism could be considered as a cultural form of a consciously chosen model of food behaviour (Ruby, 2012), as well as a possible disorder of psychosomatic regulation and symptomatic behaviour (Michalak, 2012). The phenomenon of vegetarianism still remains underexplored from the perspective of clinical psychology.

Objectives.– The study aims to address aspects of eating disorders within the domain of vegetarianism and its different types.

Methods.– A total of 51 ovo-lacto vegetarians and vegans in Russia participated in an interview and completed EAT-26 (Garner, 1982).

Results.– The results of interview and EAT-26 screening test (average result of 6) indicate a low likelihood of eating disorders for vegetarians. EAT indicators appear to be significantly ($p < 0.05$) higher among vegans and health-motivated vegetarians but still below the suggested threshold of 20. The study presents two case studies (EAT > 34) where vegetarianism takes the form of a “substitute” behaviour, based on the psychological mechanisms inherent in anorexia nervosa, including ambivalent attitude towards oneself, negative body image, difficulties in social adaptation. However, emotional states and value orientations of these respondents differ fundamentally from the normative picture typical for the rest of the sample.

Conclusions.– The study does not provide evidence of association of vegetarianism and eating disorders. However, vegetarian food preferences (the strictest in particular) can serve as a form of behavioural manifestation of pathological motivations, which are not apparent, as they tend to receive a positive connotation in vegetarian subculture and do not look maladaptive.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0300

The alteration of the sensory consciousness of the self as a trigger mechanism determining binge in eating disorders: A comparison between two single case studies

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A difficulty to perceive and interpret accurately cognitive stimuli that originate from the body, with a difficulty to perceive and describe emotions correctly has been identified for a long time in patients with Eating Disorders.

The objective of this paper is to enhance the research into possible psychic factors at the base of a deficit in the sensory consciousness of the Self, for which the inner image of the body and the person does not have a strong mental representation, with the consequence that the relationship between the psychological and the somatic part of it appears exposed to a break-down.

In this paper binge eating is conceptualized as an attempt to overcome a proprioceptive difficulty through sensation seeking. The craving and the repetition of the pathological behaviour is interpreted as a failing attempt to reconstruct the body scheme in a fragmented Self, or at risk of fragmentation through a memory of the sensations experienced using an inanimate object, in relationship with which an increase of symbolic capability, achievable only through a human relationship, is impossible. To corroborate this hypothesis I propose two single- case studies of binge eating disorder, that describe the application of an integrated method in which the use of standardized instruments as MMPI, SCL-90-r, EDI 2-3,

TAS-20, test-retested in a frame time of ten and seven years, is flanked with the interpretation of dreams, based on the theoretical platform of Massimo Fagioli's "Human Birth Theory", in order to render greater diagnostic certainty and more incisive therapeutic treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0301

Features active correction of patients with nervous anorexia and nervous bulimia

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Introduction.– We studied the relation to physical activity and other active methods of weight loss patients with eating disorders (ED). Assessed the degree of weight loss, depending on the use of exercise, food restriction, use of diuretics and laxatives.

Objective.– To identify features of physical activity of patients with ED at the initial, an anorectic and cachectic stages of the disease.

Methods.– We examined 55 patients with ED who underwent inpatient treatment in a psychiatric hospital. The study methods were: clinical assessment, anthropometry, questionnaires, psychometrics, statistics.

Results.– Patient's age was 15-35 years. 29 people (52%) suffered from anorexia nervosa, 26 patients (48% f) nervous bulimia. In the premorbid is engaged in sports 88% of the patients. 32 per cent of them in sections, 56% trained on their own. Never played sports 12% of patients. At the initial stage of restricted portions, refused to eat and used physical activity 84% of the surveyed; used laxatives and diuretics 23%. In a state of cachexia with a body mass index less than 15 has received 28%; less 20 - 44%; normal range - 28% of cases.

Conclusions.– Inadequate physical activity is the leading method of figure correction and body weight in the initial period and at the stage of active correction in the majority of patients with ED, along with the pathological feeding behaviour.

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EV0305

REVAM: Virtual reality and anorexia nervosa

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Introduction.– Anorexia Nervosa is a severe psychiatric illness with a high risk of relapse and a high mortality rate. High body dissatisfaction is a risk factor for relapse. Prevention and therapeutic interventions could be improved by focusing on body dissatisfaction. Virtual reality offers many advantages for the management of this multifactorial pathology. REVAM study uses a new virtual reality approach to work on body dissatisfaction.

Objectives.– The main objective will be to evaluate the acceptability and tolerance of the use of virtual reality on body image disorders in patients with anorexia nervosa.

Methods.– REVAM is a study carried out at the C.H.R.U Brest, with the European Virtual Reality Center, on 20 patients with anorexia

nervosa. The protocol will combine several tools of virtual reality (Head mounted display, Kinect, Rubber Hand Illusion) and a third person point of view (back view) to encourage immersion in the virtual environment and identification with the avatar.

Results.– The main hypothesis is the acceptance and tolerance of this entire technological device for patients with anorexia nervosa.

Conclusions.– The acceptability and tolerance of this research will allow to consider a new study evaluating the effectiveness of this technique on the body dissatisfaction with a preventive aim on relapses. We hope, eventually, to allow a better reappropriation of the new limits of the body when the patient has reached a very low BMI and to accustom the patient to the image of her body in phase of weight gain.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0306

Eating behaviors in a portuguese community sample: Differences regarding age and educational level

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Introduction.– Eating disorders (ED) are potentially serious psychiatric disorders whose incidence has increased. They constitute a significant public health problem because of the disability they cause, as well as the considerable associated mortality rates. Female adolescents and young adults are the most affected individuals.

Objectives.– To analyze the differences in eating behaviours between age groups and between different educational levels in a Portuguese community sample of young individuals.

Methods.– A total of 307 students attending middle school, high school or university (mean age 16.42 ± 2.42; 60.9% females) voluntarily participated in the study by filling a validated self-report questionnaire, the Eating Disorder Examination Questionnaire.

Results.– There were statistically significant differences in shape concern subscale between participants aged 15 years or less and participants aged over 15 years (p=.034), in which those older than 15 years scored higher than the youngest. Comparing middle school, high school and university students, there were significant differences in the total score (p<.001) and in every subscale (restriction, p=.017; food concern, p<.001; shape concern, p<.001; weight concern, p<.001). University students scored higher than middle and high school students in all dimensions, except in the restriction subscale in which there were no differences between high school and university students.

Conclusions.– Maladaptive eating attitudes and behaviours seem to increase in late adolescence. These results showing that university years constitute a vulnerable stage for the development of ED symptoms, are in line with previous studies.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0308

Interpersonal reactivity in eating disorders: A systematic review and meta-analysis of literature studies

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Introduction.– Impaired social functioning has been implicated in the onset and maintenance of Eating Disorders (EDs). Abnormal psychosocial processes may promote abnormal stress responses leading to cumulative changes in regulatory stress systems.

Objectives.– The aim of this systematic review was to summarize the studies that investigated reactivity to interpersonal stress through experimental tasks in patients with EDs.

Methods.– Main electronic databases were searched for articles published up to December 2016, using specific keywords. The PRISMA guidelines were followed. Included studies investigated emotional, behavioural, physiological and/or neural responses to acute social task exposure employing experimental paradigms in ED individuals. 36 studies, of the 1920 screened, were included in the review and 14 of them in the meta-analysis.

Results.– The included studies provided evidence of self-reported emotion dysregulation and heightened attentional bias towards negative social stimuli in ED patients. Although some evidences of a lower heart rate increase after stress exposure seems to emerge in subjects with anorexia nervosa (AN), biological data are scarce. fMRI studies further support differences in brain processing of social stimuli in EDs. No studies investigated the effect of social stress on eating behaviour in AN and bulimia nervosa.

Conclusions.– ED patients differ from healthy controls in the response to social stress more than to other form of stress. They show dysregulation of emotional and behavioural responses and, possibly, of the autonomic system response. Our findings support the hypothesis that ED people engage in a mood regulation effort when experience negative social interactions.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0310

Facilitating communication and reducing shame in eating disorders by using animation

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Introduction.– Eating Disorders are often associated to shame and stigma. Shame is usually a barrier for people to communicate about themselves. We want to explore whether short films made by animators with patients and their psychiatrist can help people with Eating Disorders to overcome their difficulties by revealing in creative ways the symptoms they are ashamed about.

Objectives.– To collaboratively produce films about Eating Disorders symptoms with experts in animation, patients and their psychiatrist, in order to use them in clinical practice as a facilitator for patients to share their symptoms. To ease shame about symptoms by showing the films in group therapy, and therefore facilitating and encouraging patients to share their feelings regarding their concerns associated with their condition.

Methods and results.– Through collaborative reflection of a team made of patients, their psychiatrist and experts in animation and storytelling, two symptoms were chosen and explored, resulting in 2 films focusing on over-eating and over-exercising. All the production process was done in close collaboration and within an interdisciplinary framework. The films will be shown in group therapy.

Conclusion.– The project will be evaluated with qualitative methods and the results will be ready to be presented in EPA 2018.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0313

Predictors of treatment outcome in adolescent outpatients with anorexia nervosa

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Introduction.– The knowledge on baseline predictors that influence treatment outcome in adolescents with eating disorders is quite limited. This study aimed to determine predictors of treatment outcome in adolescent outpatients with anorexia nervosa (AN).

Methods.– The sample included 81 adolescent patients ($M_{age} = 16.9$, $SD_{age} = 1.8$) with AN according to DSM-IV. Patients were randomly assigned to either 25 weeks of CBT or 25 weeks of DBT. Before (T0) and after treatment (T1) the Structured Inventory for Anorexic and Bulimic Syndromes (SIAB-EX), the Eating Disorder Inventory-2 (EDI-2) and the Symptom-Checklist-90-R of Derogatis (SCL-90-R) were applied. For each participant body height (m) and body weight (kg) were measured to calculate the body mass index (BMI) and the BMI percentile. The following baseline variables were examined as possible predictors: age, BMI, duration of illness, subtype of AN, various axis I diagnoses, eating disorder-specific and general psychopathology as well as treatment group (CBT/DBT). Linear regression analyses were conducted to identify the predictors of the BMI and the EDI global score at the end of treatment.

Results.– A higher BMI ($p = .048$), a lower age ($p = .018$), and a lower eating disorder-specific psychopathology ($p = .004$) were associated with a better outcome at the end of outpatient treatment. The other studied predictors showed no prognostic impact on the treatment outcome.

Conclusions.– Further research is necessary to investigate whether patients with severe AN might benefit from specific treatment approaches.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0314

When physical activity in anorexia nervosa is no more a part of the problem but a part of the solution

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Our main goal (objectiv) is to present a practical, working approach to solving the problem of eating disorders by combining psychiatric

and psychotherapeutic treatment with kineziology (exercise) at the same time and the same place.

We want to reduce obsessive hyperactivity, stabilize hormonal status, minimize the role of stress hormones, strengthen nervous system, improve clinical picture and make the body functional again.

At the same time the socialization process is taking place because they train in a nice surrounding together with other people and going through individual and group psychotherapeutical process as well.

The workout must stimulate muscle growth (increase body mass.), so we stop the cardio and replace it with weight training.

The most important thing is to eliminate quantity and go for quality. A short, suitable exercise program does the trick.

We call this Psycho-Kinesio therapy.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0315

Anorexia nervosa in child and adolescents

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Anorexia nervosa (AN) is characterized by self-induced starvation coupled with fear of gaining weight or of becoming fat and disturbance in the way in which one's body weight or shape is perceived. The findings associated with AN in children and adolescents are similar to those in adults. However, children and adolescents frequently do not endorse fear of gaining weight or body image dissatisfaction. Its treatment is complex and challenging, and sometimes hospitalization is needed.

Our Unit is a multidisciplinary team, formed in 1989, that provides both outpatient and inpatient treatment.

Our aim is to present and discuss AN treatment program in children and adolescents, Revision and statistical analysis of all hospitalized AN' patients' clinical files under 18, from 1 January 2007 to 31 December 2016 were made. Treatment outcome was assessed by BMI variation.

It is important to recognize AN in children and adolescents and being alert for its potential complications. The interruption of puberty, growth retardation, interference with peak bone mass acquisition and brain development can be potentially irreversible. Early detection and intervention are mandatory.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0316

Anorexia nervosa and bone metabolism

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Introduction.– Anorexia Nervosa (AN) is a mental health disorder primarily affecting female adolescents and young women. It is mainly characterized by restriction of energy intake, intense fear of gaining weight and a distorted body image. The food restriction and compensatory behaviours can cause electrolytic, endocrine and

metabolic disturbances, like decreased bone mineral density (BMD) which is one of the most common.

Objective.– The objective of this poster is to perform a literature review of complications of AN its treatment and present a clinical case.

Methods.– Studies were searched from Pub Med database with the following keywords: Eating disorders, Anorexia nervosa, Osteoporosis, Bone mineral density. A comprehensive manual search, including search from the reference list of included articles, was also performed.

Results.– Increased bone resorption, changes in bone microarchitecture, and decreased peak bone mass condition the decrease in bone mineral density (BMD), which is common in AN. About 50% of patients have BMD loss, with a 7 times higher risk of fracture than normal controls. The hypothesis that low calorie intake, with low ingestion of calcium and vitamin D is the major cause for BMD was not valid.

Conclusion.– As several facts contribute to loss of BMD in AN, the earlier identification of decreased is crucial. Studies of treatment focused on nutritional rehabilitation and weight gain, in order to stop losing BMD, show great results.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0317

Anorexia nervosa and bone metabolism: An extreme case

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Anorexia Nervosa (AN) is a mainly characterized by restriction of energy intake, intense fear of gaining weight and a distorted body image. The food restriction and compensatory behaviours can cause electrolytic, endocrine and metabolic disturbance.

Objective.– The aim of this communication is to present a clinical case.

Methods.– Studies were searched from Pub Med database with the following keywords: Anorexia nervosa; Osteoporosis; Bone mineral density.

Results.– P., female, 35 years old, with a restrictive AN since the age of 14. After being admitted as an inpatient in our unit, she was followed only for an year, till she was 15 years old. From 15 to 28 years old, she referred a progressive decrease in her weight. At 35 years of age, she was submitted to an orthopedic surgery because of osteoporotic fractures, with a 10 cm decrease in height. When recovering from surgery at the hospital, she lost 10 kg (BMI 9.91 kg/m²). Because of this complication she was readmitted in our unit.

Conclusion.– The evaluation of BMD is necessary in order to start an earlier treatment, with better prognosis. Patients with onset of AN during childhood and adolescence have worst prognosis because they achieved lower BMD peak.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0318

Patients with eating disorders: Outcome inpatient care

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Eating disorders (ED) are characterized by a persistent disturbance of eating behaviour that results in altered consumption of food and significantly impairs physical health or psychosocial functioning. ED classified in DSM-5 are anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder, pica, rumination disorder, avoidant/restrictive food intake disorder (ARFID), other specified feeding or eating disorder (OSFED) and unspecified feeding or eating disorder (UFED).

ED' treatment is complex and challenging and sometimes hospitalization is needed. Criteria for hospitalization in ED are defined and NICE clinical guidelines are among the most frequently used.

To present and discuss our units results of the inpatient treatment program.

Review of clinical files of all patients hospitalized at our unit from 1 January 2014 to 31 December 2016 followed by statistical analysis of data. Treatment outcome was assessed by body mass index (BMI) variation. BMI was determined at baseline, discharged, 6 months and 12 months after discharged.

Anorexia nervosa was the most frequent diagnosis. A remarkable high medical and/or psychiatric comorbidity was presented. When looking for compensatory behaviours presented by inpatients we notice the major predominance of vomiting, either isolated, or in association with misuse of laxatives.

Inpatient treatment for patients with eating disorders in our unit is considered only for those whose disorder has not improved with appropriate outpatient treatment, associated with high or moderate physical risk, or for whom there is a significant risk of suicide or severe self-harm. So, most inpatients at have disorders of high severity.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0319

Is outpatient enhanced cognitive behavior therapy (CBT-E) for eating disorders a suitable treatment method for adults with severe anorexia nervosa?

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Introduction.– Enhanced cognitive behaviour therapy (CBT-E) is a viable and promising outpatient treatment method for adults with Anorexia Nervosa (AN), but its suitability for the treatment of patients with severe AN (defined as BMI < 16), commonly treated in intensive settings of care, has not been assessed.

Methods.– During 2013/2014, 49 patients with severe AN consecutively admitted to the Department for Eating Disorders at the Haukeland University Hospital in Bergen, Norway, were evaluated for outpatient CBT-E. BMI was recorded at baseline and 12 months. *Results.*– Out of the 17 patients with severe AN who started the treatment, 7 fulfilled at least 40 sessions of outpatient CBT-E over a 12 months period. Among the ten patients not completing the treatment, the main reason for leaving therapy was lack of motivation ($n=5$). In the seven patients completing outpatient CBT-E there was a significant and large weight gain after 12 months. The mean BMI in this group was 14.0 (1.1) at baseline and 18.9 (2.1)

one year after start of CBT-E. Five of seven patients reached a BMI ≥ 18.5 .

Conclusions.– This data show that outpatient CBT-E might be a suitable treatment approach for a subpopulation of patients with severe AN. Although more than half of the patients did not complete the treatment, the remaining patients achieved a significant increase in BMI one year after start of therapy.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0320

Investigation of peripheral vitamin D in subjects with eating disorders

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Introduction.– Epidemiological studies have shown a significant association between low vitamin D levels and increased risk of various neuropsychiatric disorders including schizophrenia, depression and bipolar disorder. The role of vitamin D in Eating Disorders (ED) needs to be more deeply investigated.

Objective.– Our study aimed to assess peripheral levels of vitamin D in subjects with Anorexia Nervosa (AN) and Bulimia Nervosa (BN) and to investigate its role in ED psychopathology.

Methods.– Fifty-six ED women (37 with AN, 19 with BN) and 26 healthy women (HC) volunteered for this study. Serum concentrations of 25(OH)-vitamin D [25(OH)D] were measured. Participants filled in eating-related psychopathological rating scales.

Results.– Eighteen percent of the participants (27% AN, 5% BN, 15% HC) had vitamin D deficiency (<20 ng/mL), while vitamin D insufficiency [25(OH)D between 20 and 30 ng/mL] was detected in 43% of subjects (49% AN, 37% BN, 38% HC). AN women had significantly lower 25(OH)D concentrations compared to both BN subjects ($p < 0.01$) and HC ($p < 0.01$); there was no significant difference in 25(OH)D concentrations between BN and HC groups. We found no significant association between 25(OH)D concentrations and psychopathological scales scores in the 3 groups.

Conclusions.– These results show that underweight AN women have serum vitamin D levels lower than HC, likely because of malnutrition. No significant reduction of 25(OH)D is present in BN subjects. Moreover, 25(OH)D concentrations seems to have no influence on ED psychopathology. However, further studies are needed to better explore the meaning of vitamin D deficiency in AN.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0321

Contributions of body image internalized and externalized shame to eating psychopathology

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Although shame has been regarded as a key mechanism in the development and maintenance of body image and eating-related

difficulties, research on the specific effect of body image-focused shame on eating psychopathology remains less explored. This study tested the hypothesis that the impact of shame on eating psychopathology symptoms is carried by the effect of self-focused negative evaluations regarding body image (internal body shame) and the perception that others negatively evaluate and criticize one's body image (external body shame).

This study's sample included 285 young women aged between 18 and 35 years old. Participants filled demographic data and self-report questionnaires accessing external shame, body image shame, and eating psychopathology. A path model was conducted to test a model which hypothesized that internalized and externalized dimensions of body shame may act as mediators on the association between global shame and eating psychopathology, controlling BMI's effect.

Internal and external experiences of body image-focused shame are positively and highly associated with eating psychopathology. Path analysis corroborated the plausibility of the tested model and demonstrated that the effect of general feelings of shame on eating-related difficulties is fully mediated by internalized and externalized body shame.

These findings confirmed the well-established association between shame and eating difficulties and suggest that it is not the experience of general feelings of shame that directly leads to eating psychopathology severity, but rather it is the specific and painful emotions of internalized and externalized body image-focused shame that have strong direct effects on disordered eating.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0322

The Body Compassion Scale: A confirmatory factor analysis with a sample of Portuguese adults

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The relationship between self-compassion and positive mental health outcomes is well established. Considering the emerging importance of body image, a growing body of research has specifically focused on the importance of self-compassion to prevent and treat body image and eating-related disorders, and chronic diseases. In this context, the Body Compassion Scale (BCS; Altman et al., 2017) has proved its worth in further informing the understanding of how individuals relate to their bodies.

The present study aimed at exploring BCS's factor structure through Confirmatory Factor Analysis (CFA), and examining its psychometric properties in a sample of Portuguese adults.

A mixed-gender sample (N = 595) of participants aged between 18 and 50 was used. Participants completed self-report measures of body compassion, body image shame, body appreciation and eating psychopathology.

CFA's results revealed good local and global adjustments, and indicated the Portuguese BCS to replicate the three-dimensional structure originally identified. BCS presented high internal reliability ($\alpha_{\text{Defusion}} = .90$; $\alpha_{\text{CommonHumanity}} = .93$, $\alpha_{\text{Acceptance}} = .88$, $\alpha_{\text{BCS}_{\text{Global Score}}} = .88$), and good convergent (with body appreciation) and divergent validities (with body image shame and eating psychopathology).

Findings corroborated the adequacy of BCS's factor structure and supported its validity to access a self-to-body relationship based in competences of defusion, acceptance and common humanity. As

expected, body compassion was positively linked to an attitude of acceptance, care and kindness toward the body, and negatively with body image-focused shame and eating psychopathology symptoms. This measure is of potential utility for guiding and measuring interventions to promote health-related behaviour (e.g., positive body image).

Disclosure of interest. – The authors declare that they have no competing interest.

EV0323

The crucial role of shame experiences in the explanation of eating disorder symptomatology

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The lack of feelings of safeness, acceptance and connectedness in social relationships and fear of receiving compassion from others are both adverse factors associated with higher experience of shame and with several psychopathological symptoms.

The present study intended to test a theoretical model which hypothesised that the effects of social safeness and pleasure and fear of receiving compassion from others on disordered eating attitudes and behaviours are mediated by general feelings of shame and body-image related shame.

The sample of this study comprises 517 women from the Portuguese general population, aged between 18 and 35, who completed an online survey.

The path model accounted for 59% of the variance of disordered eating and showed excellent model fit indices. Results demonstrated the direct effect of social safeness and pleasure and of fear of receiving compassion from others on external shame and body-image related shame, however, their effect on disordered eating was totally carried (i.e., mediated) by the mechanisms of body-image related shame. In fact, women who reported lower feelings of social safeness and connectedness in social relationships and higher tendency to fear receiving compassion from others appear to experience negative emotions, such as external shame and body-image related shame, which appear to explain disordered eating attitudes and behaviours.

These findings highlight the importance of developing intervention programs which target maladaptive defensive processes (e.g., shame and body-image related shame) through self-compassion and acceptance attitudes, especially to deal with body image and eating difficulties.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0324

Physical appearance-focused social comparison as a source of disordered eating: The mediator role of shame and self-judgment

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Social comparisons based on physical appearance have been highlighted as a risk factor for eating psychopathology. Previous studies

revealed that women who compare negatively their body image with others tend to feel that they are inadequate and inferior and, therefore, tend to engage in eating-related disordered attitudes and behaviours. However, the mechanisms underling this link remain unclear.

The current study aimed to examine whether the association of social comparison through physical appearance and eating-related disordered attitudes and behaviours would be explained by the mechanisms of external shame and self-judgment, while controlling for the effects of body mass index. The sample comprised 400 Portuguese women, aged between 18 and 55 years old, who completed validated self-report measures.

Path analyses explained 35% of the variance of disordered eating and demonstrated excellent model fit indices. Results revealed that social comparison through physical appearance presented a significant direct effect on disordered eating attitudes and behaviours, and an indirect effect through the mechanisms of self-judgment and external shame. Specifically, unfavourable social comparison through physical appearance appears to explain higher levels of eating disorder symptomatology, via increased self-judgmental attitudes towards one's failures or inadequacies and feelings that one's personal characteristics are seen by others as unattractive.

These results seem to emphasize the relevance of developing self-compassionate skills in the promotion of a more positive relationship with one's own body image and self, rather than adopting a self-judgmental attitude and maladaptive processes and strategies that block this adaptive and caring attitude.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0325

The effect that secure attachment holds on women's physical appearance-related social comparison

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In Western societies, physical appearance is a self and other's central evaluative dimension, especially in women. Previous theoretical accounts have suggested that the lack of a secure attachment is highly associated to unfavourable social comparisons, especially through physical appearance and body-eating maladaptive attitudes. However, the link between secure attachment and social comparison based on physical appearance is still scarcely studied.

The present study aimed to explore whether the association between secure attachment and social comparison through physical appearance would be explained by the mechanisms of social safeness and self-criticism. Participants were 130 Portuguese women, aged between 18 and 53 years old.

The tested path model explained 36% of the variance of social comparison through physical appearance and presented excellent model fit indices. Results showed that secure attachment holds an indirect effect on social comparison based on physical appearance through the mechanisms of social safeness and self-criticism. These findings seem to suggest that a lack of early secure attachment is linked to decreased feelings of social safeness and pleasure and to the adoption of self-critical attitudes, which appear to explain unfavourable social comparison through physical appearance.

These findings suggested that it is not the lack of a secure attachment that directly leads to an unfavourable social comparison through physical appearance but rather is its indirectly effect via

poorer experience of social safeness, acceptance and connectedness and the engagement in self-critical attitudes.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0326

Male Body Attitudes Scale: Confirmatory factor analysis and its relationship with body image shame and body compassion

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In the last decades, mental health research has significantly invested in the study of body image. This effort has mostly consisted in the study of women's desire to become thinner, and its relationship with psychopathological concerns and poor mental health indicators. Nonetheless, recent data has pointed the importance of analyzing men's body image concerns, namely aspirations to improve muscularity and to lower body fat. The creation of the Male Body Attitudes Scale (MBAS; Tylka et al., 2005) has allowed the examination of male concerns about muscularity, body fat and height, contributing to a greater interest in studying men's body image.

The present study aimed at exploring MBAS's structure (via Confirmatory Factor Analysis, CFA) and psychometric properties, in a sample of Portuguese adult men.

A sample of 241 men, aged between 18 and 60, participated in the study by completing demographic data and self-report questionnaires (body-focused shame, male body attitudes, body compassion).

The suitability of the originally found three-factor solution was confirmed, representing male attitudes toward their own body muscularity, fat and height. Adequate internal consistency values were found for MBAS's global score and subscales (Cronbach's alpha values ranging from .78 to .92). MBAS revealed good psychometric properties, and showed to be positively associated with body-focused shame, and negatively with body compassion.

This self-report measure seems to represent an important indicator of men's attitudes toward their own body image characteristics, and thus contribute to future research on male body image and eating-related difficulties.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0328

Family based therapy in a Singapore eating disorders program

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This descriptive study aims to look at family based therapy (FBT) for Anorexia Nervosa (AN) in a Singapore eating disorders program. Review of medical records of patients diagnosed with AN in our treatment program between 2012 and 2015 was carried out. Demographic and clinical characteristics of patients who took up FBT were compared with those who took up treatment as usual (TAU). Clinical outcomes were also measured.

Total of 77 patients with AN were referred for FBT. Majority was female (96.1%) and of Chinese ethnicity (75.3%). 69 of the patients did not report conflict between the parents. Almost a third of them required hospitalization on presentation. The mean age at presentation was 14.26 years and mean body mass index (BMI) was 15.3 kg/m² at presentation. Mean percentage estimated body weight (%EBW) was 77.12% at presentation. Mean duration of illness was 1.3 years. Almost half of the patients who were referred took up FBT. There were only 2 male patients in this group and almost three quarters were of Chinese ethnicity. Majority did not report conflict between the parents. The mean age at presentation of this group was 14.33 years and mean body mass index (BMI) was 14.8 kg/m² at presentation. Mean %EBW of this group of patients was 75.36% at presentation. Mean duration of illness was 1.36 years. Outcome measures such as weight restoration and return of menstruation were collected. Rating scales measuring eating disorder psychopathology, anxiety and depression and clinical impairment were also collected.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0330

Psychometric evaluation of the dysmorphofobia patients with anorexia nervosa and bulimia nervosa

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Introduction.– Anorexia nervosa (AN) and bulimia nervosa (BN) occur predominantly females, take one of the first places in the risk of fatal outcome among mental disorders, have a tendency to chronicity, disability with social disadaptation and high suicidal risk. The psychopathological basis of these diseases is dysmorphophobia, characterized by intrusive, overvalued or delusional ideas of physical disability. The significant role of dysmorphophobia determines the urgency of the detailed study using psychometric techniques.

Objective.– To assess the degree of satisfaction/dissatisfaction with one's body and its separate parts in patients with AN and BN.

Methods.– A total of 50 female patients with AN and BN at the age of 16–30 years (the average age is 21). The disease duration from 6 months to 12 years. The psychometric method using the validated Questionnaire image of one's own body (QIOB) and the Scale of satisfaction with one's body (SSOB), Scogarevsky's technique.

Results.– According to QIOB 43.4% in the category expressed dissatisfaction with their appearance, 23.3% in moderate category and 33.3% in light category, which is also not normative. According to SSOB, 43% of the patients is not satisfied with characteristics that belong to head, 53.3% is not satisfied with characteristics that belong to torso, 56.6% is not satisfied with characteristics that belong to the lower part of body. The number of dissatisfied with all of these body parts equals 40% (*n* 12), which indicates the presence of polydysmorphofobia.

Conclusions.– High rates of dissatisfaction with one's appearance, which are consistent with the severe somatic state of patients, require further detailed study.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0331

Adult attachment styles and motivational systems: An exploration of their association with eating disorder psychopathology

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Introduction.– An imbalance between reward and punishment systems has been involved in Eating Disorder (ED) psychopathology. According to attachment theory, early family interactions affect emotion regulation abilities in adult interpersonal relationships. Insecure attachment has been shown to predict attentional bias to social rejection in ED people and an association between anxious attachment style and sensitivity to punishment has been found in individuals with AN.

Objectives.– The aim of our study was to investigate the possible role of motivated behaviours as mediator of the relationship between insecure attachment and ED symptomatology.

Methods.– Seventy-eight participants affected by EDs and 45 healthy controls were enrolled into the study. They were asked to fill in the Attachment Style Questionnaire to investigate adult attachment style, the Eating Disorders Inventory-2 (EDI-2) to evaluate eating symptomatology and the Behavioral Inhibition System-Behavioral Activation System Scale (BIS-BAS) to assess sensitivity to punishment and to reward.

Results.– ED patients scored higher than HC in EDI-2 subscores, in insecure attachment style and in sensitivity to punishment (BIS score). Anxious attachment style was positively associated with sensitivity to punishment and EDI-2 subscores in ED people. The sensitivity to punishment was found to totally mediate the relationship between anxious attachment style and ED symptoms.

Conclusions.– These findings provide support for the relationship between attachment styles and behavioural motivation patterns in EDs and suggest, for the first time, increased behavioural inhibition as a pathway that may explain the relationship between anxious attachment and ED psychopathology. Therefore, attachment experiences and interpersonal difficulties may represent important psychotherapeutic focus.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0333

Pathways to clinical care in eating disorders: An Italian multi-center study

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Introduction.– The paths that leads patient with Eating Disorders (EDs) to specialists may frequently vary in Italian clinical care.

Objectives.– The present study aims to highlight the ways involved in the access of EDs patients to specialized care. Furthermore, it investigates differences regarding these pathways between the northern and the southern part of Italy.

Methods.– A total of 246 consecutive patients with a DSM-5 diagnosis of EDs were recruited in 8 specialized public centers. Participants

into the study were asked to fill in the WHO “Encounter Form”, a standardized schedule that allows to collect data regarding basic socio-demographic, clinical and pathways data.

Results.– The median time from the symptomatology onset to specialized care was 114 weeks. The most recurring paths of access were general practitioners (25%), psychiatrists (18%) and clinical nutritionists (17%). All patients followed a specific psychotherapy program, while psychotropic drugs were administered to only 11% of them. As shown by the ‘pathways diagram’, a complex care network distinguishes ED subjects. Moreover, in comparison to previous data on psychiatric patients in Italy, lower rates of direct access to specialized care resulted for patients with EDs. Our findings suggest that general practitioners follow different pathways to refer ED patients. Lastly, significant differences have been shown among centers in northern and southern Italy.

Conclusions.– ED people follow a various range of pathways to reach clinical care in Italy: this may suggest new considerations about the progress and the outcomes of EDs. General practitioners and clinical nutritionists should receive suitable educational programs on EDs.
Disclosure of interest.– The authors declare that they have no competing interest.

Emergency psychiatry

EV0334

Puerperal irritability as a sign of something more – A cerebral venous thrombosis case

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Introduction.– Cerebral venous thrombosis (CVT) is an unusual condition that can present itself with a wide range of symptoms. We describe a case of a young woman who has been sent to psychiatric emergency room (ER) for suspected puerperal depression.

Objectives.– Highlight the importance of accessing other organic diseases that may mimic psychiatric symptoms through the analysis of a clinical case and a literature review.

Methods.– Case report and literature review in scientific databases–Pub Med, Cochrane Library.

Results.– We report a case of a suspected puerperal depression in a young woman with a background of depression. The main complaint for the psychiatry ER referral was irritability, lack of energy, sadness and loss of appetite after the delivery, two weeks before. Later she admitted episodic holocraneal headaches with good response to paracetamol. It was possible to ascertain that she had no problem bounding with her baby despite her family was worried about that. In her obstetric report was the information of an accidental perforation of the dura-mater. A CT exam revealed CVT, a relatively rare condition with multiple etiologic factors. The survival rate is 80% and there are several treatment options. The risk of recurrence is low.

Conclusions.– CVT in the puerperium is a life threatening complication that needs an early diagnosis and treatment. It has been suggested that lumbar puncture is itself a risk factor. Since CVT can be mistaken for a psychiatric illness it is very important to be aware of this condition.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0335

Comparison of the opioid and non-opioid single substance exposures reporting naloxone therapy using the national poison data system

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Background.– Naloxone use has increased as overdose deaths have grown. This study compares the patterns of opioid (OE) and non-opioid exposures (NOE) where naloxone was reported as therapy to the U.S. poison centers (PCs).

Methods.– The National Poison Data System (NPDS) was queried for all single substance exposures (SSE) reporting naloxone therapy from 2000 - 2016. We descriptively assessed the demographic and clinical characteristics. Trends in naloxone reports were analysed using Poisson regression.

Results.– There were 131,555 SSE naloxone reports, with the calls increasing from 4,038 in 2000 to 12,852 in 2016 despite a drop in PC calls. Both NOE and OE calls demonstrated a rise of 142% and 404%, respectively. The proportion of “Not Recommended but Performed” naloxone reports increased significantly for NOE (57.1% to 78.1%) and OE (55.3% to 80.7%) calls. OE calls had a higher percentage of intentional abuse (11.1% vs 39.2%, $p < 0.001$) and major clinical outcomes (16.1% vs 21.3%, $p < 0.001$). NOE were more common in females (52.9% vs 41.3%, $p < 0.001$) and the proportion of teenagers was greater in this group (12.6% vs 7.6%, $p < 0.001$). The most frequent substances associated with NOE and OE were clonidine and heroin, respectively. The rate (per 100,000 Exposures) of NOE (136.9 to 320.5, $p < 0.001$) and OE (56.3 to 274.8, $p < 0.001$) exposures reporting naloxone therapy increased significantly. West Virginia demonstrated the highest prevalence of naloxone reports for both groups.

Conclusions.– There was an increasing trend of naloxone therapy reports without recommendations. OE demonstrated more severe effects, intentional reasons for exposures and older age groups.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0336

Malignant catatonia due to antipsychotics

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Background.– Catatonia is a behavioural syndrome marked by an inability to move normally, which can occur in the context of many underlying psychiatric and general medical disorders. The term catatonia is used to specify a subtype of the underlying disorder, similar to the term “psychotic features”. In the case below, it highlights the importance of identifying symptoms of catatonia for diagnosis and management to avoid further complications.

Case presentation.– This is a case of malignant catatonia in a 57-year-old patient who presented with altered mental status over one week. He had a background history of Substance Use disorder.

der and had last taken drugs 2 years ago. During the admission, he was agitated on the 1st day. Olanzapine 2.5 mg was served and he calmed down. The following day, he developed fever, GCS dropped to 8 and his vital signs became unstable with fluctuating systolic blood pressure of 180 and above. He displayed mutism, negativism, immobility, rigidity and autonomic abnormalities. IV Lorazepam (1 mg QDS) was introduced and after 2 days he became afebrile and started to respond to verbal commands. His catatonic symptoms gradually improved and resolved on the 4th day.

Conclusion.– Early detection of symptoms, diagnosis and intervention with Lorazepam reduced the probability of fatal complications. This case report showed that early physical examination, diagnosis and intervention reduced the occurrence of serious and irreversible outcomes.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0337

Alice in Wonderland Syndrome: A case report

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Introduction.– Alice in Wonderland Syndrome (AIWS) is a rare condition which comprises metamorphopsia, bizarre distortions of their body image, and bizarre perceptual distortions of form, size, movement or color. Currently, a specific cause of AIWS is unknown. The differential diagnosis encompasses infection, cerebral hypoxia, drug toxicity, and psychiatric disease.

Objectives & aims.– Case report of a patient experiencing distorted size perception of objects, derealisation and distorted sense of time. **Methods.**– An English-language literature search was conducted using Pub Med, EMBASE searching for studies reporting symptoms in patients with AIWS.

Results.– Mr. H, a 45 years taxi driver, known with a minor depressive disorder and diabetes mellitus type 2. Two weeks after the initiation of therapy with SGLT-2i dapagliflozin 10 mg., 1dd1, while driving a car, he experienced illusory changes in the size, distance, or position of stationary objects in the visual field, which recurred several times that day. On neuropsychological assessment no other abnormalities were found. Neurologic examination excluded CVA or TIA as possible causes of the visual hallucinations. Remarkably, the records from an insulin pump revealed transient hypoglycemia presenting at time of onset of the hallucinations. After immediate adjustment of glucose levels, the symptoms resolved and after a short clinical admission, the patient was discharged from the hospital.

Conclusion.– Our data imply that hypoglycemia is a rare, but important cause of AIWS. All patients with alterations in mental status require immediate bedside capillary glucose testing and rapid correction of blood sugar to prevent persistent neurologic sequelae.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0338

Self-reported levels of agitation

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Background.– The primary objective of this study was to examine and identify methods of assessing levels of agitation in psychiatric patients presenting to the ED, which are not commonly involved with ED triage of psychiatric patients.

Objective.– The purpose of this study was to assess psychic pain on a similar rating system as somatic pain, assess levels of agitation (self-reported and observed), and compare measured psychic pain to levels of agitation.

Methods.– The sample population included patients, 18 years or older, presenting with a psychiatric illness to a level one inner-city Emergency Department. Patients were surveyed immediately upon arrival to ED and every 30 minutes, for a total of 2 hours using both observational or self-reported surveys. Patients were enrolled and surveys were administered by a research fellow. This study was IRB approved.

Results.– A total of 151 participants were enrolled and 93 completed at least 1 hour. Upon arriving to the ED, among patients who self-reported moderate/marked levels of agitation 87.3% were given agitation scores of none/mild with PANSS-EC agitation survey, and 84.4% were given none/mild by ACES calmness evaluation. Self-reported psychic pain showed significant differences from self-reported levels of agitation.

Conclusions.– The results show significant differences between the observational surveys and self-reported surveys and amongst the self-reported surveys. The results suggest the use of both observational and varying self-reported surveys to obtain a complete picture of patient levels of agitation and psychic pain on arrival to the ED.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0339

Smoking, drinking and drug consumption attitudes at a Romanian music festival

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Introduction.– The increasing consumption of different euphoric substances among youth opens new preventive strategies.

Objectives.– The study of drug consumption and health attitude among the youth makes it possible to know the risk factors that show correlation with health, especially mental health.

Methods.– During a Romanian music festival we examined smoking, alcohol consumption and drug usage habits of young participants using a questionnaire method. The collected data were compared with data obtained during other surveys.

Results.– The changes of both legal and illegal drug use habits led us to conclude that the same happens in our country as in the western Union countries. The frequency of drug trials grows among the youth, the habits of drug use change, cannabis derivatives and ethnobotanical drugs dominate while the proportion of opiate users is decreasing. The statistics are alarming among music festival participants: 83% of them are smokers, 64% have been drunk more than 10 times and the majority has tried any drug, about 10% of them being frequent users.

Conclusions.– Our study emphasises the importance of drug-prevention strategies and concludes the importance of making more effort in order to involve the younger generation in health education programmes.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0341

Doctors' attitudes toward becoming mentally ill in Saudi Arabia:

Disclosure and treatment preferences

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Background.– Psychiatric illness turns out to be a global concern among doctors. Comparing to a general population doctors are at high risk of developing mental illness. The purpose of our study is to evaluate doctors' attitudes to disclosure and treatment preferences if they were to develop mental illness, and identify the impact of some factors that might influence the construction of their attitude.

Method.– A quantitative observational cross-sectional study was carried out at College of Medicine -King Saud University. This study included All physicians of various Specialties who work in Saudi Arabia. A self-administered online questionnaire sent via SMS to 90,000 physicians and 823 responds till now. As the survey is still ongoing.

Results.– Nearly 572 (71.5%) of respondents agreed that the incidence of psychiatric illness among doctors is higher than the general population. The majority of those who reported that they have experienced a mental illness were residents (64.3%). Respondents would initially disclose their mental illness to a psychiatrist (45.5%). The most influencing factors on disclosure preference are career implications. In respect to the treatment preferences nearly half of respondents (52.8%) would choose an informal professional advice in case of an out-patient treatment. Those who chose an informal advice they haven't experienced a mental illness. In case of developing mental illness requiring in-patient treatment, the majority would select an out of area mental health facility 457(57.1%), their choice is affected by the issues of confidentiality.

Conclusions.– Physicians' showed positive attitudes besides the awareness of the high incidence of mental illness among themselves (Figures 1, 2, 3).

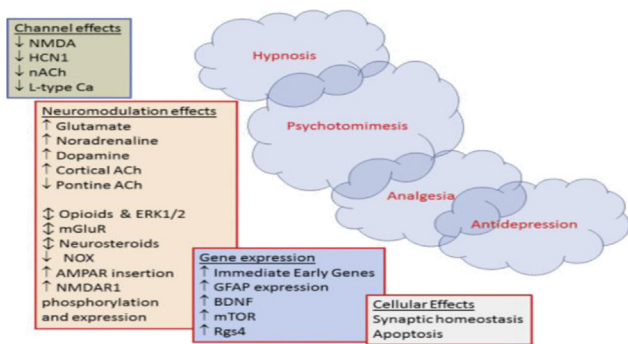


Fig. 1

Figure 1. Doctors' Preference for Disclosure about Mental Illness and The Factors Which Influenced Their Choices

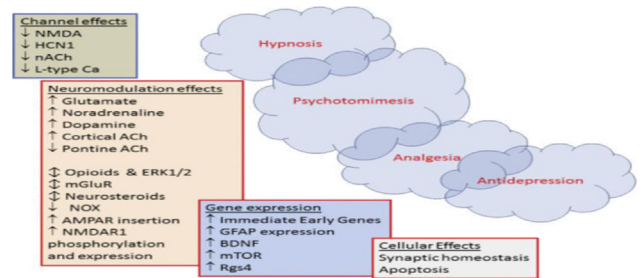


Figure 2. Doctors' preferences for Inpatient Care for Mental Illness and The Main Reason for Their Choice.

Table 3. Doctors' Preference for Disclosure about Mental Illness and The Factors Which Influenced Their Choices.

Preference for Disclosure	Factors influencing disclosure					χ ²	P-value
	Overall	Stigma	Career Implication	Professional Standing	Other		
Faith healer	17(2.1%)	5(29.4%)	5(29.4%)	4(23.5%)	3(17.6%)	35.248	<0.01
GP / Family Physician	46(5.0%)	11(27.5%)	14(35.0%)	10(25.0%)	5(12.5%)		
Family and Friends	239(29.9%)	60(25.1%)	88(36.8%)	76(31.8%)	15(6.3%)		
Psychiatrist	364(45.5%)	68(18.7%)	143(39.3%)	109(29.9%)	44(12.1%)		
Colleagues	82(10.3%)	17(20.7%)	30(36.6%)	27(32.9%)	8(9.8%)		
None	48(6.0%)	17(35.4%)	11(22.9%)	15(31.3%)	5(10.4%)		
Other	10(1.3%)	1(10.0%)	1(10.0%)	3(30.0%)	5(50.0%)		
Total	800(100%)	179(22.4%)	292(36.5%)	244(30.5%)	85(10.5%)		

Figure 3. Doctors' preference for outpatient care for mental illness. Disclosure of interest. – The authors declare that they have no competing interest.

EV0342

Duration of untreated illness and its impact on social and personal functioning amongst schizophrenia spectrum patients in a rural region of Latvia

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Introduction.– It is a worldwide tendency to shorten the duration of untreated illness for better clinical and social outcomes.

Objectives.– Evaluate the duration of untreated illness and its impact on social and personal functions.

Methods.– Sociodemographic and clinical data, including Duration of untreated illness (DUI), were collected from all consecutive first time hospitalized schizophrenia spectrum patients in a psychiatric hospital from 01.01.2016.- 01.09.2017. The study was approved by the Riga Stradins University Ethics committee. Statistical analysis was performed using SPSS 20.0 for IBM.

Results.– From 86 first episode patients, 66 (36 men and 30 women) met the inclusion criteria. Patient age was Me 34.0 y. (IQR 28.0-46.0), the DUI was Me 24 month (IQR 4.0-36.0). Time spent in hospital was Me 21.0 days (IQR 13.0-28.0). 68.7% were unemployed 49.3% lived with their family members, 40.3% lived with their partner/spouse. 55.2% had not seen any specialist in relation with this problem before. Help seeking behaviour in psychiatric ER: 10.4% of patients came by themselves, 32.8% were accompanied by family members, 32.8% brought by ambulance, 22.4% brought by ambulance and police. A longer DUI was observed in connection with unemployment status (p=0.049), for living with their relatives or

by themselves ($p=0.035$) and not having relationships ($p=0.018$). The patients who had established their own families spent less time in hospital than those who lived with relatives ($p=0.039$).

Conclusions.– There is strong evidence that patients in this rural region already have impaired social and personal functions before starting treatment of their schizophrenia spectrum disorders.

Disclosure of interest.– The authors declare that they have no competing interest.

Epidemiology and social psychiatry

EV0343

Stigma-discrimination related to mental disorders among Colombian students

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Background.– Stigma-discrimination related to mental disorders (SDRMD) is highly frequent around the world, regardless of age and academic school level. However, there is very little information about SDRMD in Colombian students.

Objective.– To estimate the prevalence of SDRMD among middle- and high-school students in Santa Marta, Colombia.

Method.– A cross-sectional study was conducted. A sample of middle- and high-school students from one State school. The SDRMD was measured with the Reported and Intended Behaviour Scale (RIBS). The RIBS has two components, each one compounds of four items. The first component quantifies frequencies of experiences and the second one, explores attitudes towards mental disorders SDRMD. Scores for SDRMD range to four to twenty. The cut-point was twelve, thirteen or more suggested high SDRMD. Logistic regression was computed to establish association and control confounding variables.

Results.– A total of 350 students with ages between 10 and 17 years ($M=13.3$, $SD=1.8$), 188 (53.7%) students were girls and 162 (46.3%) were boys; and 236 (67.4%) were middle-school students. Scores for SDRMD were between four and twenty, mean = 10.8 ($SD=4.0$), a group of 99 students (28.3%) referred high SDRMD. The RIBS showed high internal consistency (Cronbach alpha 0.88). High SDRMD was associated with older age ($OR=1.66$, 95%CI 1.08–2.54) and male sex ($OR=1.65$, 95%CI 1.02–2.65), after adjusting for grade (Hosmer-Lemeshow chi squared = 8.5, $df=7$, $p=0.28$).

Conclusions.– Nearly three of ten students present high SDRMD, this more prevalent among males and older students. It is needed to investigate SDRMD in other Latino-American populations.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0344

Ethnic density associations for mental health: Systematic Review and meta-analysis of international studies

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Background.– Despite increased ethnic diversity in more economically developed countries it is unclear whether residential concentration of ethnic minority people (ethnic density) is detrimental or protective for mental health. This is the first systematic review and meta-analysis covering the international literature, assessing ethnic density associations with mental health outcomes.

Methods.– We systematically searched Medline, PsychInfo, Sociological Abstracts, Web of Science from inception to March 31st, 2016. We obtained additional data from study authors. We conducted random effects meta-analysis taking into account clustering of estimates within datasets. Meta-regression assessed heterogeneity in studies due to ethnicity, country, generation and area-level deprivation. Our main exposure was ethnic density, defined as the residential concentration of own racial/ethnic minority group. Outcomes included depression, anxiety and the common mental disorders (CMD), suicide, suicidality, psychotic experiences and psychosis.

Results.– We included 41 studies in the review, with meta-analysis of 12 studies. In the meta-analyses, we found a large reduction in relative odds of psychotic experiences ($OR:0.82$ (95% CI:0.76–0.89) and suicidal ideation ($OR:0.88$ (95% CI:0.79–0.98) for each 10 percentage-point increase in own ethnic density. For CMD, depression and anxiety, associations were indicative of protective effects of own ethnic density however results were not statistically significant. Findings from narrative review were consistent with those of the meta-analysis.

Conclusions.– The findings support consistent protective ethnic density associations across countries and racial/ethnic minority populations as well as mental health outcomes. This may suggest the importance of the social environment in patterning detrimental mental health outcomes in marginalized and excluded population groups.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0345

Social issues cause admissions at psychiatric emergency service

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Social workers in mental health should work closely with individuals suffering from complex and hard to manage conditions, who are in deep emotional distress and/or who may be a danger to themselves or others.

Objective.– Determine the prevalence of admissions due to social problems at psychiatric emergency room.

Method.– Data on 176 consecutive admissions visited in a psychiatric emergency room of a general teaching hospital during a period

of one year were analysed to determine the type of diagnosis and to examine the relationship between mental health problem and social problem at emergency service.

Results.– The different type of diagnosis were separated in 6 groups: psychosis, depression and anxiety, suicidal behaviour, dual diagnosis, personality disorders, social diagnosis. Even when social issues were present in 95% (167) of the cases, the admissions due to social issues exclusively were 13% (22). There is a positive and very strong association between social issues and dual diagnosis and social issues (homeless) and psychosis

Conclusions.– A social worker at emergency room should be considered as a liaison between psychiatrist, mental health nurses and patients.

The mental health Social worker should be trained in mental health issues specially illegal drug abuse and psychosis

Disclosure of interest.– The authors declare that they have no competing interest.

EV0346

Epidemiological profile of newly admitted psychotic patients in psychiatry

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Introduction.– Psychiatric hospitalization, when indicated, provides a safe environment for patients with acute mental disturbance.

Objective.– This study aims to describe the epidemiological profile of patients with schizophrenia and other psychotic disorders (DSM 5) and to set up a comparison between their characteristics and the rest of the patients.

Methods.– A retrospective descriptive and comparative study including all newly admitted patients ($n=240$). We examined demographic and clinical characteristics and we established a comparison based on the psychiatric diagnosis.

Results.– The average age of patients with psychotic disorder was 34 years. The majority of patients with psychotic disorder were male (61, 6%), single (72, 1%) and unemployed (59,1%). The mean duration of untreated illness was more important in patients with psychotic disorder. The mean duration between the onset of the illness and the hospitalization was more important in patients with psychotic disorder. Hospitalization modality was in 93, 6% of the cases an involuntary confinement in patients with psychotic disorder. Physical restraint was used in 21, 1% of patients with psychotic disorder and only in 8, 1% of the rest of the patients. Antipsychotics were more prescribed in the group of patients with psychotic disorder. The duration of parenteral treatment was longer in patients with psychotic disorder and the mean duration of hospitalization was more important in the same group. Almost 85% of the psychotic patients attended the first follow up visit.

Conclusion.– Analyzing clinical and socio-demographic characteristics of newly admitted patients enables the improvement of medical care and thus prognosis optimization.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0348

A Review of dromomania or travel fugue: A revisit of the celebrated case of Jean-Albert Dadas

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The primary aim of the poster is to study in detail the case of Monsieur Jean-Albert Dadas from Bordeaux. Monsieur Dadas for the first to have a diagnosis of Dromomania or Travel Fugue. This explorative poster shall look into the background, context, formulation and presentataion of Monsieur Dadas in the late 20th century, when he famously travelled on foot through various countries in Europe before being admitted to a hospital in France without any recollection of his travels, and was eventually diagnosed of Dromomania for the first time.

The Poster further explores a literature search to seek out any similar diagnoses or presentataion known or published in the scientific world. The paper will conclude with a commentary on the relevance and validity of the diagnosis in the present day world.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0349

Impact of fathers' prenatal mental health on children's aggressive behavior

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Introduction.– Previous studies have found an association between paternal prenatal psychological distress and children's social, emotional and behavioural development.

Objectives– This study explored the association between fathers' prenatal mental health and children's aggressive behaviour (hitting others) with regard to:

– age dependence of the association;

– moderating effect of children's temperament on the association.

Methods.– This study is based on data from the Norwegian Mother and Child Cohort Study, Norwegian Institute of Public Health. Fathers' mental health in pregnancy was assessed by SCL-5. Children's temperament was measured by four summary scales (Emotionality, Activity, Shyness and Sociability) representing 12 of the original 20 items of the EAS Temperament Survey. The association between fathers' SCL-5 in pregnancy and children's hitting at age 18 months, 3 and 5 years was investigated in linear mixed effects models. To assess the moderating effect of children's temperament on the association between fathers' SCL-5 and children's hitting, the model was adjusted for children's temperament.

Results.– Hitting decreased from 18 months to 5 years independently of fathers' SCL-5 while it increased from 18 months to 3 years depending on fathers' SCL-5 (interaction time x SCL-5, $B=0.046$, 95% CI=(0.01,0.08)). Adjustment for children's temperament did not affect the association between fathers' SCL-5 and change in hitting (adj. interaction time x SCL-5, range $B=0.042-0.048$ for the four temperament sub-scales).

Conclusion.– Fathers' prenatal mental health is associated with change in children's hitting from 18 months to 3 years of age independently of children's temperament.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0350

Diagnosis and gender prevalence in an adult psychiatric ward in UK: A meta-analysis

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Introduction.– The current trend in United Kingdom is an increased prevalence of female patients admitted into non-forensic adult psychiatric wards with a diagnosis of Borderline Personality Disorder.

Objectives.– To assess diagnoses and gender prevalence at admission in a general adult psychiatric ward in Essex, United Kingdom.

Methods.– The electronic records of a total of 244 discharges were examined for prevalence of diagnosis and gender in the period of 2016–2017. Meta-analysis measured the heterogeneity in proportions of the groups analysed. Gender proportions were investigated by the N-1 Chi-square test.

Results.– A total of 67.21% of female and 32.78% of male admissions were recorded with statistically significant heterogeneity at meta-analysis ($I^2 = 98.33\%$; $p < 0.001$) (N-1 Chi-sq difference = 34.43%; $p < 0.001$). Additionally, the most prevalent diagnoses (Figure 1) were: personality disorder (38.24%), paranoid schizophrenia (12.44%), schizoaffective disorder (6.9%), bipolar affective disorder (3.6%), and other diagnoses (38.61%). Moreover, in this case, a statistically significant heterogeneity ($I^2 = 97.69\%$; $p < 0.001$) was found within diagnoses.

Conclusions.– Our study shows a prevalence of admissions of female patients with personality disorder, mostly borderline personality.

Table 4. Doctors' preference for Inpatient Care for Mental Illness and The Main Reason for Their Choice.

In-patient treatment choice	Factors influencing in-patient choice						χ^2	P-value
	Overall	Quality of care	Convenience	Confidentiality	Stigma	Other		
Local* MHI facility	343(42.9%)	184(53.6%)	79(23.0%)	69(20.1%)	3(0.9%)	8(2.3%)		
Out of area *MHI facility	457(57.1%)	132(28.9%)	26(5.7%)	245(53.6%)	47(10.3%)	7(1.5%)	159.75	<0.01
Total	800(100%)	316(39.5%)	105(13.1%)	314(39.3%)	50(6.3%)	15(1.9)		

Figure 1. Meta-analysis of diagnoses at discharge in a general adult psychiatric ward.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0352

Coordination programme with primary care

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Introduction.– Primary care's the first point of attention of population. That's why coordination is an important aim both improving the referrals and adapting to their needs. We have developed a coordination programme based on a direct telephone number to consult anything, visits to the primary care centres and a system of preferent referrals.

Objectives.– To analyse the phone calls from primary care and the preferent referrals attended.

Methods.– This is an epidemiological, analytic, prospective study of patients referred to our department included in the coordination programme. The following variables were collected: (1) reason, (2) demographic data, (3) attendance to appointment, (4) diagnosis impression and (5) destination of referral. The SPSS 19.0 was used to analyze the data.

Results.– We have used the data obtained during four months in which we have visited 15 of the 19 primary care centres of our area. We have received twenty phone calls and 11 preferent referrals. The phone calls were from 12 different centres (7 from the same city where our unit is. 45% were due to unbalanced patients). In 45% of the calls, the solution was given in the same call. In the preferent referrals, the waiting list on average was 4.27 days (standard deviation 3.228). 36.4% of patients had a depressive disorder with suicide ideation. 90.9% of patients were followed-up after this.

Conclusions.– To continue to develop the programme is necessary. Until now, it's being considered very well among primary care professionals and it's avoiding referrals to the emergency room and hospitalizations.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0353

Description of a sample of patients referred to a mental health unit from primary care

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Introduction.– We consider important to know the characteristics of the referrals we have. In this way, we can plan our attention according to our environment. The main origin of these referrals is primary care.

Objective.– To analyse the demand from primary care to know how this population is.

Methods.– This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: 1) referral protocol, 2) reason, 3) demographic data, 4) attendance to appointment, 5) diagnosis impression and 6) destination of referral. The SPSS 19.0 was used to analyze the data.

Results.– The total of patients were 1503, attended between 1st July 2015 and 31st July 2017. We summarize in the next table the main characteristics (Table 1):

Table 1.

Average age	48.53 (standard deviation 18.09)	Gender	Females 60.1%
Nationality	Spanish 95.4%	Origin	Rural 60.7%
Psychiatry history	46.8%	Didn't finish their follow-up	82.1%
Show-up for their visit	75.4%	Adequacy of the demand	55.7%

The most often main diagnoses were adaptative disorder (29.2%), depressive disorder 18.4% and anxiety disorder (12%). The variables related to patients who didn't come to the visit were: being referred from a little centre (chi square 9.556, $p < 0.05$) and the type of referral (chi square 18.664, $p < 0.001$). The nationality tends to be related but it isn't.

Conclusions.– To know the characteristics of patients referred is important to us for adapting our Unit to this reality and improve the attention and the assistance.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0354

Analysis of patients referred to our unit after having been discharged

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Introduction.– Nowadays, the enormous number of patients referred to our Unit is a great problema. We can't give them a good service if we don't apply a criteria to decide who can be followed-up by Primary Care and who needs a specialised attention.

Objectives.– To analyse the characteristics related to patients referred to our Unit from Primary Care after having been discharged.

Methods.– This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: (1) referral protocol, (2) reason, (3) demographic data, (4) attendance to appointment, (5) diagnosis impression and (6) destination of referral. The SPSS 19.0 was used to analyze the data.

Results.– The total of analyzed patients were 1503, referred between 1st July 2015 and 31st July 2017. Of these ones, 75.4% attended to our Unit. 38.3% were discharged on their first appointment. 12.1% were discharged on their second or third appointment. This means 571 patients. 7.4% of the first group (the ones who had been discharged on their first visit) were referred again from Primary Care versus 4.4% of the second group. 38.2% of these patients were referred again for worsening of the same disease. 54.5% of the total ones referred continued to be followed-up in our Unit.

Conclusions.– The amount of patients who were discharged on their first visit and the next 2-3 ones, and after being referred again make necessary coordination with Primary Care. It's important homogenizing the criteria for referral and discharge to avoid longer waiting lists.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0355

Analysis of the sample of patients with severe mental disease of our unit: Demographic and clinical characteristics

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Introduction.– Patients with mental health disease continue to be the aim of specialist attention in Psychiatry. To be able to help them properly is going to depend on knowing the characteristics of this population in our area.

Objectives.– To analyse the clinical and demographic variables of the sample composed by the patients with severe mental health disease in our area.

Methods.– This is an epidemiological, analytic, retrospective study of patients followed in our department who are included in severe mental disease programme. The following variables were collected: (1) demographic data, (2) use of substances (in the past and nowadays), (3) attendance to appointment and compliance, (4) diagnosis impression, (5) regular psychiatrist and other professionals related to the patient, (6) residential devices, (7) pharmacological treatments, (8) number of admissions. The SPSS 19.0 was used to analyze the data.

Results.– We summarize the main variables in this table 1:

Table 1

n	437	Gender	61.6% males
Age	50.41 (standard deviation 14.732)	Origin	41.2% urban
Diagnosis	schizophrenia 44.2%; bipolar disorder 24.7%; schizoaffective 12.6%; delusional disorder 8.5%; not otherwise specified psychotic disorder 5.9%; schizotypal 4.1%	History of substances use disorder (SUD)	unknown 39.6%; yes 37.8%
Actual SUD	unknown 41.6%; no 24%	Attendance	82.6%
Compliance	92%	Number of admissions	1.71 (standard deviation 2.723)

Conclusions.– It is necessary to design a programme for patients with severe mental health to improve their treatment (multi-professional attention included) and compliance. It's very significative the high percentage of patients without data about SUD collected.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0356

Pathways to psychiatry care, disability profile of patients, perceived stigma of psychiatric outpatients and caregivers: A tertiary care hospital based study

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Introduction.– There is sparse literature on pathways to care, disability profile and perceived stigma among psychiatric outpatients and caregivers from developing countries.

Objectives.– To assess specific pathways to care, disability profile of patients and stigma experienced by patients and caregivers and explore demographic and correlation factors.

Methodology.– This was an observational cross-sectional survey conducted at Psychiatry Outpatient Department at a tertiary care hospital in India. Clinically stable adult patients on regular medications for at least 6 months and willing to participate were included in the study and were assessed using the data collection form and valid and reliable scales such as Sheehan Disability Scale and Perceived Social Stigma scale. Institutional Ethics clearance was obtained. Data of 50 patients and 50 caregivers was analysed using appropriate tests with SPSS.

Results.– Patients were predominantly females (57.4%) from rural areas (80.3%) with mean age of 35.85 years and caregiver profiles were predominantly females (61.7%) with wives (23.3%) being the most common caregiver. Psychiatric profiles of patients were psychoses (36.67%), anxiety disorders (36.67%), mood disorders (23.33%), and substance use disorders (2.33%). Majority were referred by medical professionals (24.6%). 18.2% of patients had contacted faith healers in the past 1 year. Alarming levels of disability (scores >5) were seen in 60.7% of patients. Mean number of days lost at work were 2.75 in the preceding week before consultation. There were statistically significant associations ($p < 0.05$) between total scores of Disability and Perceived stigma in patients and caregivers.

Conclusion.– Our study has relevant clinical and social implications. **Disclosure of interest.**– The authors declare that they have no competing interest.

EV0357

On psychiatry and society

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Introduction.– New conception about an integral anthropology (IA: 200 years after Immanuel KANT) describing human (individual-A) in interaction with nature-society (natural&social-A), building special-A. This is fundamental for general-A: philosophical-normative, pedagogical-educative, medical-curative/prophylactic. Future socio-psychiatry in context of IA has to be discussed. Psychosomatics has a central position in human-society interaction.

Method.– Medical and psychological observations

Results.– Complex interaction of natural (micro-ecol. apartments), social-factors are demonstrated by conflicts residents/tenants with lessor (houses-Munich). Defect-doors&radiators, windows (air currents)–etc. induce respiratory-diseases, defect-illumination supports accidents (neuro-orthopaedic: commotio cerebri, etc.). Conflicts conc. high-rents, repair of ap. cause dangerous psychoneurological diseases: anxiety, neurosis, insomnia, depression, etc., esp. in patients&seniors with arrhythmia, hypertonia, apoplexia cerebri, dementia, etc. A project could analyse the situation by medical-praxes in Munich, e.g. Drs.med. Baldauf/Duhr/Hanser/Herdeis/Güthlein/Menzel-Oestreicher/Reif/Seibert/Seyfarth/Traub. Reports in German journals reflect catastrophic situation of tenant-lessor conflicts: Daily journal “tz”-München: Reports&interviews with law-experts/Mieterverein, every Tuesday/2016-17 by juridical experts, such as Anja Franz, Ulrike Goldstein, S. Immerfall, P. Irrgeher, Dorothea Modler, Sigrid Reinthaler, A. Steiger, M. Vill, etc.

Conclusion.– Future social-psychiatry could apply an integrative psychosomatic-therapy acc. to oriental somatopsychic-theory (Yujiro IKEMI)&self-regulation-practises: Yoga/Qigong/Zen-meditation/etc. with occidental-psychosomatics (Th.von UEXKÜLL) combined with pharmaEVtherapy counteracting disorders caused by conflict situations. Observations indicate psychopathological behaviour of some lessors leading to psychoneurotic disturbances in residents, i.e. future needs attests by institutes for psychology&forensic– psychiatry about leading managers for resident houses. This could support UNO-Agenda21 for better health, education, ecology on global level. (1, 2, 3, 4) Ref.:

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Disclosure of interest.– The authors declare that they have no competing interest.

EV0358

Disclose or conceal a diagnosis of severe mental illness? Results from Tunisian studies

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Introduction.– In Tunisia, as in other countries around the globe, the stigma attached to mental illness (MI) prevents many people from disclosing their diagnosis.

Objective.– To explore the frequency of concealment and the opinions about concealment of diagnosis in two Tunisian patient samples

Methods.– We present the results of two cross-sectional studies: one conducted in 104 patients with severe MI (Schizophrenia and bipolar disorder) with the help of a self-established questionnaire exploring opinions about mental illness stigma, the other one conducted in 82 bipolar patients who were evaluated by the Discrimination and Stigma Scale (DISC-12). Socio-demographic and clinical data was recorded.

Results.– In the sample of patients with severe MI, 60% thought MI should be hidden from any future employer, and MI needs to be concealed to protect the family reputation. On the other hand, 70% would try to explain their MI to their future spouse before getting engaged. Patients stated that a large majority of siblings and parents was aware of the MI, but only about 80% of spouses, 80% of close friends, 66% of colleagues at work and 45% of employers. In the bipolar patient sample, 58,5% of patients reported concealing their diagnosis of MI.

Conclusion.– A majority of Tunisian patients with severe MI apprehend disclosing their diagnosis of MI. Public interventions targeting the stigma of MI as well as psychoeducational measures for patients and their families are necessary to alleviate the fear of disclosure.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0360

Perception about the law of victims and guarantees in Colombian displaced persons

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Introduction.– For Shultz et al. (2014) the process of displacement of Colombia differs from others in the world, where the return to the origin community is almost non-existent in the population. The displaced are vulnerable facing literacy, extreme poverty and stigmatization.

Objective.– To characterize a sample of systematized displaced persons in the Registro Único de Víctimas (RUV).

Method.– Were participated $n = 1139$ displaced persons distributed in 5 Colombian cities; the design was cross-sectional and a socio-demographic instrument was completed which included questions on compensation, assistance and restitution, guarantee of non-repetition and rehabilitation. The data were analysed through descriptive statistics.

Results.– The participants stated to a greater extent that they had received compensation (a third of them so indicated). By far the satisfaction measure (one-fifth part) is followed, and to a lesser degree, they recognize assistance and restitution. Attention, guarantee of non-repetition and rehabilitation appear in very few cases.

Discussion.– It should be noted that despite of the fact that efforts have been made in Colombia to address the victims and the Victims and Land Restitution Act (2011) has been launched, which seeks to restore the physical and psychosocial conditions of the victims. Populations affected by violence, however, these do not affect the decrease, much less the disappearance of the trauma.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0361

Noticed aggression in the media in the field of healthcare and especially psychiatry in Slovenia

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Aggression is hostile, injurious, or destructive behaviour or outlook often caused by frustration. According to hospital reports aggression of patients and their relatives in healthcare and psychiatric settings is growing in time. Aggression in the medical environment can take on different forms and threatens the well-being and safety of staff members as well as patients. Nowadays, many people can express their experience, thoughts and feelings in media that strongly influence public opinion. Therefore, media can be misused which can lead to additional stigmatisation in psychiatry. We are going to present a content review of noticed aggression in healthcare and psychiatry in written media in Slovenia. We will follow most widely read newspapers and magazines published in Slovenia during a one-year period and we will label the content as neutral, positive or hostile. We will focus on potential misuse or negative impact of the media on healthcare professionals and on the public image of healthcare and psychiatry in Slovenia.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0362

Emotional neglect in childhood predicts perceived negative attitude of others in adulthood

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Purpose.– The attachment theory suggest that childhood adverse and trauma (CAT) experiences can have an effect on the way how individuals perceive other people and their attitude towards them. We hypothesised that CAT experiences associate with perceived negative attitude of others (AoO) in general population.

Material and methods.– Altogether, 692 participants drawn from the general population completed a mailed questionnaire, including the Trauma and Distress Scale (TADS), a visual analog scale with questions: “What kind of attitude other people take towards you?” and self-repot scales on close relationships (confidants), health, functioning, use of alcohol, drug abuse, depressive, psychotic and manic symptoms.

Results.– Males, single and divorced, unemployed and the individuals with low education, few confidants, drug abuse, poor health and functioning reported negative AoO more often than others. Negative AoO associated significantly also with psychiatric symptoms, sum of CAT experiences and separately with emotional and physical abuse and emotional and physical neglect. In multivariate analysis, female gender, age and number of confidants predicted with positive, while poor health, depressive and psychotic symptoms and sum of CAT experiences negative AoO. From the CAT domains, only emotional neglect predicted specifically negative AoO.

Conclusions.– Childhood adverse and trauma experiences as a whole seem to have a negative effect on the way how adult individuals perceive other people's attitude towards themselves. From the individual CAT domains, emotional neglect predicts specifically perceived negative AoO.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0363

School-based anti-stigma intervention: Results from an Italian pilot study

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Introduction.– Adolescence is a critical time for attitude change. Early implementation of anti-stigma programmes for increasing knowledge of mental disorders may encourage young people's timely help-seeking, promote social inclusion and positively impact on adult behaviours in relation to stigma. Only a few anti-stigma programmes have been implemented in youth population in Italy, the country with the longest experience of social inclusion of patients with severe mental illnesses.

Objectives.– (1) To implement an education and contact-based anti-stigma intervention in secondary high schools in Naples; (2) to evaluate the effectiveness of the intervention in terms of improvement of mental health knowledge; reduction of stigmatizing behaviours and attribution styles.

Methods.– The education and contact-based anti-stigma intervention consists of two 60-minute sessions. The study has been carried out in 3 high schools in the catchment area of Naples. All participants have been requested to compile: the Mental Health Knowledge questionnaire; the Reported and Intended Behavior

Scale; the Attribution Questionnaire-9 items version. All questionnaires have been compiled at baseline (T0) and at the end of the intervention (T1).

Results.– A total of 107 students were recruited, mainly male, aged 16.8 (± 1.9) years. At T1 a significant improvement in the level of knowledge regarding mental disorders was found ($p < .002$). In particular, 65% of students reported that patients with mental disorders can recover (vs. 40% at T0, $p < .05$). Moreover, avoidance attribution style was significantly reduced ($p < .001$). No significant changes in reported behaviours were detected.

Conclusion.– Anti-stigma programmes targeted to young people can be effective for challenging stigma.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0364

Features pathology newly diagnosed by a psychiatrist at the reception of the regional advisory diagnostic center of subarctic territory

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Introduction.– According to the WHO, by 2020, mental disorders will enter the first five diseases leading to disability.

Objectives.– The analysis of 2041 patients with the pathology of the psychic sphere was carried out for the first time by the consultant of the regional diagnostic center of the subarctic territory, diagnosed by the psychiatrist.

Methods analytical, statistical.– Results among the patients with newly diagnosed diseases of the psychic sphere, the main groups were identified: F00-F09 $37.0 \pm 1.1\%$; F10-F19 $2.4 \pm 0.3\%$; F20-F29 $0.8 \pm 0.2\%$; F30-F39 $2.0 \pm 0.3\%$; F40-F49 $52.8 \pm 1.1\%$; F50-F59 $1.8 \pm 0.3\%$; F60-F69 $0.9 \pm 0.2\%$; F70-F79 $0.6 \pm 0.2\%$; F90-F99 $1.7 \pm 0.3\%$. The level of primary incidence of mental disorders per 100 000 population in some cities and regions of the region is much higher than the average, due to all mental disorders, and above all, psychotic and nonpsychotic, as well as psychosis and mental retardation.

Conclusions.– The main reason for the low level of primary mental pathology in a number of municipalities is the incompleteness of psychiatric doctors. Therefore, mental disorders are not detected and the necessary assistance to patients is not timely.

Disclosure of interest.– The authors declare that they have no competing interest.

Ethics and psychiatry

EV0369

Functional resonance analysis method: Analyzing suicide to prevent further suicide. life-saving efforts in the care of suicidal patients at psychiatric clinic Affektiva in Gothenburg

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Introduction.– Suicide is the most serious event in the specialist psychiatric care, and efforts are being made to prevent it: rigorous screening, collaboration between in- and outpatient units and routines for follow-up of patients with suicidal thoughts. Suicide or suicide effort needs a work to retrospectively gather information about what in the care chain didn't work well enough, often with a root cause analysis. Our department started a project using the Functional Resonance Analysis Method (FRAM) to understand the functions of the care system, their connections and mutual interactions to analyze events such as suicide and to observe the system's ability to provide high quality care in patient safety (Figure 1).

Objectives.– We conducted a case-control study with a selection based on population from 2016 who committed suicide, $n=8$ ($N=20$), of which half alive controls. The analysis team reviewed all available patient documentation starting from 500 days before suicide, performing comparisons with root cause analysis.

Results.– This project shows that FRAM is applicable for analysis of suicide. FRAM is an important complement to traditional root cause analysis, as it raises more detailed findings. After exploration of the system's functions, 6 of them were identified as critical. Increased focus on these is likely to increase the safety of the psychiatric patients.

Conclusion.– FRAM is suitable for the evaluation of complex care processes, such as implementation of value-based or person-centered care. It illustrates more findings than traditional analysis and provides a valuable tool in patient safety.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0370

Evidencing satanic ritual abuse (SRA) in the UK: Past, present and future

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Introduction.– The 'Memory Wars' erupted when several cases of Satanic Ritual Abuse (SRA) made headline news. This paper outlines past sources of evidence, recent cases and possible steps forward to educate victims, professionals and society.

Objectives.– The presentation provides a historical perspective on evidencing SRA, a lens on current efforts and proposals for raising public and institutional awareness.

Aims.– The presentation outlines sparse yet rich accounts of Satanic Ritual Abuse, recent exposures and avenues for tackling the issues.

Methods.– Books and news items were reviewed by two advocates who between them have 30 years of experience in evidencing SRA.

Results.– Three early UK publications (1991) were ‘Blasphemous Rumours’ (Andrew Boyd), ‘Children for the Devil, Ritual abuse and satanic crime’ (Tim Tate) and ‘Chasing Satan’ (Dianne Core). In 1994 Valerie Sinason and Jean La Fontaine brought out publications - on opposing sides of the Memory Wars. Recently Epstein, Schwartz & Schwartz (2011) published ‘Ritual Abuse & Mind Control’. ‘Annabelle Forest’ (2014) published ‘The Devil at the door step: My escape from a Satanist Sex Cult’ which referred to the abuse regime imposed by convicted Satanist High Priest Colin Batley. Long prison sentences for disgraced Lost Prophet singer Ian Watkins for attempted baby rape and of Albert and Carol Hickmann (again) for SRA including Blood Sucking received some media exposure.

Conclusion.– Public exposure of SRA is crucial for fighting this cancer of society that secretly grows in our midst. Law, police and health professionals need to become more compassionate and astute in dealing with SRA and associated dissociative disorders.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0372

Communication with the patient and their family. Ethical dilemmas

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Keywords: Communication; Empathy; Promoting values

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Subject.– Communication with the patient and their family. Ethical dilemmas

Objective.– Promoting values such as dignity, commitment, improvement of qualification, integrity and cooperation. Every day in the practice of psychiatric, ethical problems are frequent. The basic duty of every doctor in the service of individual and public health is the protection of life, physical and mental health of human suffering and its relief. Communication with the patient is the focal point where information taken for the concerns of the moment, psychiatric history and previous treatments. Creating an empathic healthy relationships is a difficult process that requires care, good communicating skills, humanitarian and professional qualities, so that the patient feels comfortable. It often happens that communication is very difficult for many reasons. Factors that negatively affect the understanding of information are: age, language, nature of the disease, socio-economic level of affinity with the patient, the prognosis of the disease, the time available during the conversation, etc. During the communication different difficulties arise that I want to discuss in this paper.

Methodology.– Research and comparison with contemporary literature.

Conclusion.– The most important issue of which we have to cope with are, confidentiality, stigma that accompanies these patients and their family members, mental health problems that may be present to family members, the problems of serious social difficulties we face outpatient treatment of these patients. Identified social and cultural specificity are the reason that lead to problematic consequences ethical dilemma that posed for solution.

Disclosure of interest.– The authors declare that they have no competing interest.

Forensic psychiatry

EV0375

Evaluation of mobbing effects on person and personality traits. Study case

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Keywords: Mobbing; Harrassment; Personality traits

Introduction.– Einarsen (1999) defines mobbing as the systematic persecution of a colleague, subordinate or superior, which if continued, may cause serious social, psychological and psychosomatic difficulties to the victim. The term “mobbing” has today erroneously come to be a huge general receptacle for all the conflicts and interpersonal problems breaking out in the work environment.

Objectives.– This study case investigate the relationships between the experience of mobbing as a persecution and harrassment phenomena at the workplace as assessed by means of the DECAS personality inventory.

Methods.– There are approached problems like: events at work, frequency of exposure to mobbing behaviours, victim scored of the DECAS personality inventory underlining the semnification of the mobbing on the individual destiny.

Results.– There is a correlation between personality traits and severity of symptoms, which get worse in our patient with an higher on emotional instability component and poor adaptability to stressful situations, indicating that personality traits should not be neglected as being a factor in understanding the mobbing phenomenon.

Conclusions.– To obtain remission of symptoms should include removal from the workplace, psychiatric pharmacological intervention and psychological support.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0377

Extended symptoms. Malingering in psychiatry

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Introduction.– Malingering is the intentional production of disproportionate or false physical or psychological symptoms motivated by conscious and external incentives. The estimated prevalence of malingering in General Medicine and Psychiatry is 8%. It is not considered a mental disorder.

Objective.– To present a case of malingering and discuss its ethical and legal controversies.

Methods.– A 35-years-old male who provides psychiatric reports from another Spanish region, diagnosed with Paranoid Schizophrenia and mild mental retardation. After months of follow-up, during when Clozapine is maintained, we observed no psychotic symp-

toms and noticed an unusual insight. He is admitted relating auditory hallucinations. After two days of admission he confesses malingering in order to obtain a greater degree of disability. It reports history of two drug induced psychotic episodes, remaining asymptomatic. His family confirms this information, and tell it is already described in previous psychiatric reports.

Results.– Clozapine is interrupted, remaining asymptomatic. The Structured Inventory of Malingered Symptomatology (SIMS) suggests the absence of a minimization of psychotic symptoms (dissimulation). The Kaufman Brief Intelligence Test (KBIT-2) reveals IQ 70. He is diagnosed with mild mental retardation and malingering. Factitious disorder and Schizophrenia are dismissed.

Discussion.– Malingering a psychiatric disease is an especially complex task that requires an exhaustive anamnesis. Clinical reports, development and information provided by relatives are essential. Nevertheless, it implies medical, ethical and legal controversies that should be elucidated.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0382

How to diagnose and tackle the radicalized mind: The role of psychiatrists in preventing modern day terrorism

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Introduction.– The Occidental world has become at risk of terrorist attacks.

Objectives.– To create a task force of psychiatrists to develop diagnostic instruments in order to predict the risk of radicalization and terrorist acts in general and among psychiatric population.

Methods.– A Delphi group of forensic psychiatrists, expert in diagnosing radicalization, indexed the radicalization risks into emotions and biased thought. Both were included into the log-rank test for hazard staged with Prochaska and DiClemente's pre-contemplation, contemplation, preparation, action, maintenance, and relapse in terrorist attack. In the simulation lab, possible terrorist attack scenarios (SIMILABTER[®]) are discussed while the Delphi experts, each time, stage one hundred patients according to ongoing questions, in the current research: "How many people out of 100 would be in the x Prochaska-and-DiClemente stage if the emotions were y1 and the biased thoughts were y2?". Emotions in radicalized minds are covert or expressed anger, need for recognition, forensic history for violence, isolation, and feeling betrayed. Biased Thoughts: jargon speech and absolutisms ('people', 'society', etc.) or stereotyped pseudo-philosophical jargon.

Results.– In the current simulation, emotions and biased thought were analysed by log-rank test for hazard staged with Prochaska and DiClemente and resulted in $z = 0.29, P = n.s.$ (Figure 1).

Conclusions.– The risk of terrorist attacks in people vulnerable to radicalization either reporting specific emotions or prejudiced thoughts does not change.

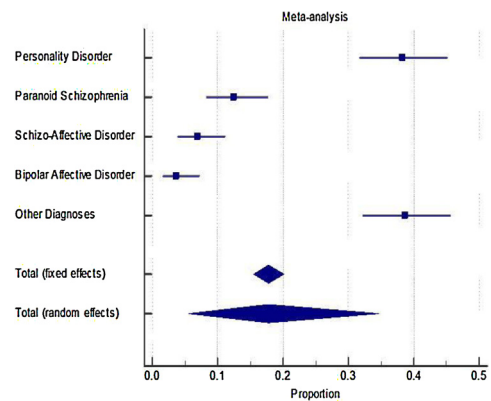


Figure 1. Hazard rate scale for terrorist attack as predicted by radicalized emotions and biased thoughts

Disclosure of interest.– The authors declare that they have no competing interest.

EV0383

Post-traumatic stress disorder in a homicide offender with schizophrenia

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Introduction.– Yet rarely reported in literature, the occurrence of a post-traumatic stress disorder (PTSD) is frequent among patients with schizophrenia after committing a homicide.

Objectives.– To highlight the fact that patients with schizophrenia may present a PTSD after committing a homicide.

Methods.– A case report and a review of the literature.

Results.– We report the case of a 29-years-old male patient suffering from schizophrenia who developed a PTSD after a patricide. The use of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) lead to a moderate severity score. PTSD's outcome was satisfactory after two months of 20 milligrams paroxetine daily intake. Patients suffering from schizophrenia with higher risk for developing a PTSD after a homicide are those who have not been exposed to significant traumas during their childhood, those who killed a family member and those with higher rates of guilt. All of these three risk factors have been identified in our patient.

Conclusions.– Misdiagnosing a PTSD in homicide offenders with schizophrenia exposes them to a persistent psychological stress. This stress worsens the outcome of schizophrenia. Violent behaviour such a suicide or violent offenses may thus occur.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0384

Specific features of alcoholics' criminal offences

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Research on the frequency of alcoholism among the criminal offenders' population indicated high level of relation between alcoholism and criminal behaviour. The role of alcoholism in genesis of criminal offences is especially obvious in the most violent criminal offences; it is present in up to 70% of murders, and over 90% of sexual offences. The research indicated a higher frequency of occurrence of alcoholism among murderers than in other forms of violent crime. Furthermore, alcoholism affects road traffic accidents, which has been demonstrated by numerous studies conducted in this area. Alcoholism is also frequent among criminal offenders against property, as well as in robberies. The purpose of our research was to investigate the role of alcoholism related to the criminal offences. Objectives of this research were (1) to determine specific features of alcoholics' criminal offences in comparison with criminal offenders from other diagnostic categories on the basis of their demographic, psycho-social, medical and forensic characteristics, and (2) to analyze the relation between alcoholism and violent criminal offences. In conclusion, the results of the research made possible a significantly more differentiating insight into certain aspects of alcoholics, perpetrators of criminal acts and the perpetrators with other diagnostic categories. The contribution is evident in the analysis of the influence of alcoholism, i.e. alcohol-addiction on the manner of perpetrating a criminal act and the contribution of alcoholism on the predictability of violence. Aggressive behaviour in criminal acts was connected significantly with alcohol intoxication of alcoholics at the time of the committed criminal act.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0385

Trauma experiences among sexual offenders: The role of emotion dysregulation

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Introduction. – Although, mentalization has been individuated as an important predictor of violent behaviours (Velotti, Garofalo, Dimaggio, Fonagy, 2017), research on sexual offenders population remains limited.

Objectives. – We sought to explore the associations among a childhood trauma history, emotion dysregulation and reflective functioning, comparing a sexual offenders sample with community participants

Aims. – To highlight the role of the trauma history in the individuals' reflective competences, considering the role of emotion dysregulation.

Methods. – A sample of sexual offenders and a community sample, were administered the CTQ (Childhood Trauma Questionnaire, Bernstein & Fink, 1998), the DERS (Difficulties in Emotion Regulation Scale, Gratz & Roemer, 2004), and the RFQ (the Reflective Functioning Questionnaire, Fonagy et al., 2016).

Results. – As expected, both levels of childhood trauma and emotion dysregulation were significantly higher in the clinical sample while levels of reflective functioning were significantly higher in the community sample.

Conclusions. – Coherently with others results, our study confirmed that sexual offenders showed high levels of trauma and emotion dysregulation. The peculiar patterns of associations between trauma, emotion dysregulation and reflective functioning could be informative to tailor treatment programs for these populations.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0387

Management of gender dysphoria in forensic psychiatry settings in USA

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Transgender is an umbrella term used to describe people with gender identities and/or expressions not traditionally associated with the sex that they were assigned at birth. Based on extensive experience in working with transgender patients placed in correctional facilities, we offer a retrospective analysis of challenges facing execution of psychiatric practice in jail and prison systems. Transgender individuals are at risk for mental health issues, such as gender dysphoria, depression, and anxiety, if gender expression is suppressed. These issues can be exacerbated when transgender individuals are in correctional environments. Jails, prisons, and juvenile confinement facilities have a responsibility to ensure the physical and mental health and well-being of inmates in their custody, correctional health staff should manage transgender inmates in a manner that respects their biomedical and psychological needs. We will discuss the special issues that arise in the management and treatment of Gender Dysphoria in the Transgendered inmate population in correctional settings.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0388

Are cognitive scores on the SIMS of a UK population different to the US sample?

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Introduction. – The SIMS is a screening instrument that assesses malingered psychopathology and neuropsychological symptoms. It has demonstrable sensitivity, specificity with very good utility in identifying malingering across multiple studies.

Objectives. – Our hypothesis was that as previous trials did not show symptom variance, within diagnoses, between test centres, that the domains of psychosis, low intelligence, neurological impairment, and affective disorder would be unaffected. Some of the amnes-

tic disorder questions use US rather than UK language. There is criticism that it is not normed for a UK population and that some cognitive domain questions might be culture specific, affecting the final SIMs scores.

Method.– Data from 21 patients in secondary care, was collected. Data for scores on the amnesic impairment subscale, and total SIMs score was collected.

Results.– Overall, 21% were inpatients (57% female); average age 43. 15 tested SIMs-positive (9 female). Participants were subcategorised into their ICD 10 diagnosis: Psychosis (N=6), Affective disorders (N=9) and Personality Disorder/Substance Misuse (N=6). The Psychosis cohort were all SIMs-positive. The affective cohort had the highest scores for NI and AF categories. Personality Disorder/Substance misuse had the fewest SIMs positives, but the highest NI score (7.5) of the group. Cognitive scores were not affected.

Conclusions.– The SIMs accurately elicited psychopathology and malingering. Our findings suggest that UK participants scores were not affected by the cultural basis of cognitive questions, however there may be some merit in framing questions for a non-US audience, explaining that it relates to a US population; or consider replacing it with an alternative more relevant cultural question.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0389

The assessment and treatment of persons with mental disorder in criminal justice system – Review of legislation and practice in Georgia

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Introduction.– Statistics shows that in most countries prevalence of mental health problems are much higher among prisoners than the general population. Country approach to regulating mental health needs of persons with mental disorder who come into contact with justice system depends on variety of cultural or legal traditions, as well as on different concepts and structures of mental health care delivery.

Objective.– The aim of the survey was to study and assess the established practice of implementation of the legal procedure relating to individuals who commit crime and have mental health problems in Georgia.

Methods.– Qualitative analysis including desk review, in-depth interview and focus group discussion was conducted. Proceeding from the research objectives the current legislation with regard of people with the mental disorder has been analysed; the interviews on the shortcomings and problems of the implementation of the law in practice have been conducted with key informants.

Results.– The study acknowledges that recent changes in Georgian legislation imports much of the civil law standards and processes relating to admission, detention and compulsory treatment of criminal detainees with mental health problems. However, due to the ambiguous, ambivalent and incomplete nature of the aforementioned changes, the penal and administrative courts, as well as the clinicians are facing serious difficulties and confusions in their work.

Conclusions.– It is discussed that there is a strong need for closer cooperation between mental health and justice systems to treat

mentally disordered persons both in the system and after they are released into the community.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0390

Schizoaffective disorder ushering Fahr's syndrome

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Introduction.– Fahr's syndrome is a rare neurological condition, characterized by the deposit of intracerebral, bilateral and symmetrical non-arteriosclerotic calcifications, located in the central grey nuclei. Its clinical presentation is heterogeneous with a wide range of neurological and psychiatric symptoms. This condition can be either secondary or idiopathic.

Objectives & methods.– We report through this observation, a rare case of Fahr's syndrome revealed by schizoaffective disorder.

Case report.– Mr. M.B. was a 40-year-old man. He was hospitalized in our Forensic Psychiatric department following a dismissal for criminal responsibility for an act of sexual assault against his female neighbor. The patient had a history of three psychiatric hospitalizations since the age of 26. He was diagnosed as suffering from schizophrenia, and was put on long-acting injectable antipsychotic therapy. There was no history of chronic physical illness or drug dependence. The first psychiatric examination found an unsettled and irritable patient with familiar contact. He was neglecting his personal hygiene. He presented logorrhea, elevated mood and disorganized behaviour and speech. He reported delusions of persecution, prejudice, greatness and sexual delusions. He was diagnosed with schizoaffective disorder according to the DSM-5. We started him on haloperidol and valproate. He remained delusional and agitated, so we increased the doses of haloperidol then added olanzapine, but there was no amelioration. The CT scan prior to the initiation of clozapine showed calcifications in the lenticular nuclei suggesting Fahr's syndrome.

Conclusion.– This case emphasizes the importance of the role of neuro-imaging and the search for disrupted phosphocalcic metabolism in patients with treatment-resistant psychosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0391

Filicide in depressive psychosis: Case report of an emotionally unstable woman slaughtering her two children

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Keywords: Filicide; Depressive psychosis; Forensic psychiatry

Introduction.– Filicide is the murder of a child by the parent. It is associated with various psychiatric and non psychiatric conditions.

Objective.– To present a case report of filicide and highlight the importance of accurately and timely diagnosing and managing a psychiatric disorder in order to avoid the harm towards self and the others.

Methods.– A thirty year old woman previously treated for the depressive psychosis was brought by the police for psychiatric assessment. She had slaughtered her two sons of 4 and 7 years of

age three days ago without any guilt or remorse. She had low mood, irritability, crying spells, hopelessness and loss of sleep, appetite and sexual desires for the past six months along with the delusions of poverty and infidelity for the past two months. She was a chain smoker. Multiple deliberate self harm and suicidal attempts were reported in the past 2 months. Psychometrics revealed BDI score of 32, BPRS score of 39 and PCL-R score of 28.

Results.– She was diagnosed as a case of depressive psychosis with emotionally unstable personality traits leading to impaired judgment and poor comprehension of the consequences of her actions. She was put on Escitalopram 20 mg and resperidone 2 mg. Her symptoms improved in two weeks. Her husband forgave her for this act understanding the nature of her illness.

Conclusion.– This case report highlights the importance of accurately and timely diagnosing and managing a mental health disorder in order to avoid the harm towards self and the others.

Disclosure of interest.– The authors declare that they have no competing interest.

Genetics and molecular neurobiology

EV0392

Methylation status of the reelin gene (*RELN*) promoter in the blood and cognitive performance of schizophrenic patients

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Reelin plays an important role in regulation of neuronal migration during brain development and in maintenance of synaptic function in adulthood. A decreased *RELN* expression, which is observed in postmortem brains of schizophrenic patients, thought to be caused by *RELN* promoter hypermethylation and may lead to cognitive deficits seen in this disorder. The study aim was to investigate whether there is a relationship between *RELN* promoter methylation in the blood of schizophrenic patients and their cognitive performance. Schizophrenic patients ($n=34$, mean age 27.3 (SD 7.2) years, 56% women) and healthy controls ($n=34$, 27.8 (7.2) years, 47% women) donated blood for DNA extraction and completed a battery of neuropsychological tests assessing processing speed, verbal memory and executive functions. Methylation of 170 CpG sites within and in the vicinity of a CpG island flanking the *RELN* transcriptional start site was investigated using long-read single-molecule real-time bisulfite sequencing (SMRT-BS). To reduce the dimensionality of methylation data, a principal component analysis was used. The *RELN* promoter was predominantly unmethylated in both patients and controls. There were no significant differences in methylation between the two groups. In a multivariate linear regression analysis adjusted for age, sex, smoking and education, a cognitive composite score of patients was not associated with *RELN* methylation levels. Our results agree with previous studies that have not found any changes in *RELN* methylation in postmortem brains of elderly schizophrenic patients, regardless of the degree of their cognitive deficit. This study was supported by the Russian Science Foundation grant No. 16-15-00056.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0393

Beneficial effect of lipoic acid on brain tissue when exposed to cadmium through the activity of DNase

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Introduction.– Cadmium as a pollutant in the working environment poses a serious health and environmental problem because it is toxic, has a very long half-life in the soil and accumulates in living systems through active food chain. The main role of DNase is reflected in the regulation of the synthesis and degradation of endogenous and exogenous DNA as well as in modified DNA repair.

Objectives.– To examine the protective role of the supplement, α -lipoic acid, S-donor ligand, in the acute toxicity of a sublethal dose of cadmium.

Methods.– The preparation was done for testing biomaterial for making a homogenate of brain tissue albino Wistar rats, and the activity of acidic and alkaline DNase was measured spectrophotometrically.

Results.– The given results show that cadmium is a probable cause of the occurrence of cadmium oxidative DNA damage. It is manifested by an increased activity of acidic and alkaline DNase in homogenates of the brain tissue (0.57 ± 0.12 to 1.28 ± 0.39). Antioxidant α -lipoic acid as a potent chelator binds cadmium building a complex with it. In this way the detoxification of reactive oxygen species in rats is performed which are exposed to cadmium poisoning.

Conclusions.– Blocking the metal ions (Cd), due to the possibility of the complexation of metals with the added supplement (α -LA), decreases its effective concentration in the investigated physiological system which is manifested by the reduced generation of free radicals.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0394

One more tissue is required to understand the cytogenetics of intellectual disability in patients with multiple congenital abnormalities

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Introduction.– The genetic diagnosis of multiple congenital anomalies/mental retardation syndrome (MCA/MR) is usually performed on lymphocytes. However, patients were described having a normal karyotype in lymphocytes but a tissue-limited mosaicism in fibroblasts.

Objectives.– MCA/MR diagnostics improvement.

Aims.– To specify the genetics of MCA/MR in patients with r(13) and r(22), whose phenotypes could not be fully explained by the ring chromosomes.

Methods.– aCGH with 60K Agilent microarrays, qPCR, FISH.

Results.– The first patient is a 17-year-old male with neuropsychic and speech development delay, anxiety disorder, macrocephaly, microorchidism, and multiple internal anomalies. The cytogenetic analysis revealed 46,XY,r(13)(p13q34). aCGH found del13q34 and dup3q12. Del13q34 includes genes expressed in brain and testicles. Dup3q12 is associated with cancer. FISH found 50% of fibroblasts with monosomy 13. The second patient is a 4-year-old girl with severe psychomotor and speech development delay, autistic signs, aggression, sleep alteration, seizures, attention deficit-hyperactivity disorder, microcephaly, Dandy-Walker variant, and dysmorphic features. The r(22) was first detected by cytogenetic analysis in her lymphocytes. aCGH determined del22q13.32q13.33 and del3q13.31, associated with Phelan-McDermid and 3q13.31 deletion syndromes, respectively. The del3q13.31 was inherited from healthy mother. FISH-analysis found 8% of lymphocytes and 24% of fibroblasts with monosomy 22.

Conclusions.– Obtained results emphasize the necessity of investigation of another tissue in a patient with MCA/MR, in whom abnormalities in lymphocytes cannot fully explain the phenotype. Besides, the ring chromosomes instability was observed; therefore, in ring chromosome carriers it is necessary to perform FISH-analysis to determine cryptic mosaicism. This study was supported by Russian Science Foundation, grant no. 16-15-10231.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0395

Neuropsychological approach to the diagnostics of white matter brain pathology on a clinical model of patients with CADASIL disease

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Introduction.– Cerebral autosomal dominant arteriopathy with subcortical infarctions and leukoencephalopathy (CADASIL) is an inherited central nervous system disease, which is caused by NOTCH3 gene mutations. Also diffuse white matter changes and leukoaraiosis can be observed. Major neuroimaging characteristics of CADASIL with white matter hyperintensities are presented at pic.1. The mean age of the disease onset is approximately 30-40 years. Frontal lobe dysfunction, slowness of the processing speed, attention and motor control disturbances, impairment in the executive and visuospatial functions, memory loss have been described in CADASIL. Also gustatory or auditory hallucinations and “clouding of consciousness” may be presented.

Objectives.– White matter is an anatomical base of inter-analyzer interaction (IAI); it provides the connection between different cortex zones of analyzers systems. Clinical psychology does not have any developed methodology of experiments and tools for IAI research. It is important to investigate this interaction and disorders in neurological and psychiatric diseases involving disorders of the integrative brain activity, in particular IAI.

Methods.– Uznadze’s method of fixed set can be applied to identify and analysis of IAI disorder in patients with the white matter pathology, as irradiation of set from one modality to another is impossible without inter-analyzer connections.

Results/conclusions.– Experimental research design included eight patients with CADASIL disease and ten healthy subjects. In both

groups statistically valuable differences are obtained ($U = .0001$; $P \leq 0.003$). Such methodology can be used as an objective tool to assess the grade of safety IAI for diagnostic of white matter brain pathology.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0396

The importance of cytochrome 2D6 genotype in the revolving door condition of a psychiatric unit

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Introduction.– There are very little epidemiological data about the prevalence of cytochrome (CYP) P450 polymorphisms in psychiatric setting; pharmacogenetics may provide a very useful tool to identify patients at risk for adverse reactions (ADRs) and therapeutic failures (TFs).

Objectives.– To evaluate the prevalence rate of CYP2D6 polymorphisms in the Revolving Door (RD) condition patients admitted to psychiatric unit of Foggia in last two years.

Methods.– We introduced the analysis of 16 clinical relevant polymorphisms CYP2D6 genotype in the clinical practice of our psychiatric unit of RD condition to study treatment-resistance patients, by means of the Infiniti™ Analyzer.

Results.– We enrolled 29 drug-resistant patients (mean age 43,5 years; 17/29 F= 58,62%; 12/29 M= 41,38%). The average duration of psychiatric disease was 19.38 years. 62,07% (18/29 patients) live alone (unmarried, divorcee or widower). The majority of enrolled patients are affected by bipolar disorder (19/29 patients= 65,52%). Eighteen patients presented mutated CYP2D6 genotypes. The most frequent mutations are *4 and *4A (22,22%: 4/18 patients in both cases). CYP2D6 polymorphisms were: B.M. (*5/*2A*2); DP. C. (*2A/*4A); D.M. (*2A/*4A); DF. S. (*2A/*4); LB.T. (*4/*17); M. MG. (*2/*9); N.P. (*2A/*4); P.C. (*2A/*4); S. VAP. (*2A/*41); S.R. (*2A/*4A); S.G. (*2A/*4A); Z.F. (*2A/*XN); DA. G. (*5/*XN); Z.M. (*2/*6); C.M. (*2A/*4K); V.A. (*2A/*41); P.B. (*2A/*6A); B.M. (*41/*41).

Conclusions.– These preliminary results show that approximately 2/3 of the sample of RD patients have CYP2D6 polymorphisms. Since there haven’t been previous studies yet to really identify the prevalence rate of CYP2D6 polymorphisms in the RD condition patients, much research remains to be carried out to substantiate this statement.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0397

Genomic variants associated with schizophrenia in non-caucasian populations: Qualitative meta-analysis and preliminary results in a caucasian cohort

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Introduction.– Schizophrenia is a complex mental disorder that affects approximately 1% of the general population. Its etiology is not yet known, however, according to studies, patients' genetic background is strongly associated with the appearance of schizophrenia.

Objectives.– The aim of our study was the identification of genomic variants that are associated with schizophrenia's development in non-Caucasian populations, using a qualitative meta-analysis approach in an effort to replicate these findings in Caucasian patient cohorts of various ethnicities. We subsequently verified these findings in a well characterized Caucasian cohort of schizophrenia patients.

Methods.– We first conducted a literature review and a qualitative meta-analysis, which indicated genes and variants that have been previously studied in non-Caucasian populations and proven to be associated with schizophrenia's development. Subsequently we genotyped some of the variants identified using the previous approach in a Caucasian schizophrenia patient cohort, comprised of Greek, Italian, Slovenian and Croatian populations.

Results.– Eighteen genomic variants were identified from our qualitative meta-analysis that their allele frequencies varied significant between Caucasians and non-Caucasian patients. Studying the top four of these variants, our preliminary genotyping results indicated one of them to be associated with schizophrenia's development in the Caucasian cohort.

Conclusions.– Our preliminary results indicated an association of genetic background with schizophrenia development. Our future plan is to expand our analysis into all genomic variants emerged from the qualitative meta-analysis in order to verify their association with schizophrenia's development in Caucasian populations.

Disclosure of interest.– The authors declare that they have no competing interest.

Guidelines/guidance

EV0399

Patterns of psychotropic drug prescription for in-patients in Azerbaijan

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Introduction.– For the last decades rational drug use became an issue of concern. It is especially important problem for such countries as Azerbaijan with underdeveloped system of drug regulation, inadequate drug supply and increasing promotion by pharmaceutical companies.

Objectives.– The study is aimed to describe use of psychotropic drugs in psychiatric hospitals. Specific issues such as rational drug

use, monotherapy vs. polypharmacy and administering novel psychotropic drugs were investigated.

Methods.– This is a cross-sectional, observational study included a random sample of 626 in-patients, treated at the Psychiatric Hospital of MOH.

Results.– The study revealed mostly prescribed antipsychotic were chlorpromazine–272 (43.5%), haloperidol–182(29.1%). Increased odds in use of high dose of antipsychotics were associated with male sex OR=2.35; 95%CI [1.55; 3.55], diagnosis of schizophrenia OR=4.11; 95% CI [2.02; 8.36], length of hospitalization more than 1 year OR=2.31; 95% CI [1.61; 3.32], use of FGA OR=1.91; 95% CI [1.21; 3.02]. Odds of polypharmacy were higher in regard to male sex OR=3.29; 95% CI [2.33; 4.65]; repeated hospitalizations OR=1.84; 95% CI [1.31; 2.59] and length of in-patient treatment more than 1 year OR=1.92; 95% CI [1.39; 2.65] and lower in schizophrenic patients OR=0.64; 95% CI [0.41; 1.0]. Use of SGA correlated with young age OR=1.62; 95% CI [0.81; 3.24] and with diagnosis of schizophrenia OR=0.37; 95% CI [0.22; 0.62].

Conclusion.– Inappropriate dose regimen, polypharmacy and lack of SGA prescription seem to be main challenges of pharmacotherapy in psychiatric hospitals. Implementation of clinical guidelines on rational drug use should improve the current practice.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0401

Audit of physical investigations of patients admitted to burbage ward (an acute inpatient adult psychiatric ward)

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Introduction.– It is well-documented that mental health patients often suffer from poor physical health due to a combination of lifestyle factors and the side-effects of antipsychotic medication.

Objective.– To ensure that patients admitted to an acute inpatient adult psychiatric ward have had the appropriate blood tests, ECG, and a full physical examination within the designated timeframe as per Trust guidelines.

Methods.– The 20 most recently admitted patients prior to 10th March 2017 were selected. This included 13 mental health patients and 7 detox patients, i.e. planned admissions for alcohol and benzodiazepine detoxification.

Results.– Of 13 mental health patients, 61% had all appropriate blood tests. 54% had an ECG. 86% had a full physical examination. Average time from admission to blood tests was 18 hours; from admission to ECG was 12 hours; from admission to full physical examination was 62 hours. Of 7 detox patients, 0% had all appropriate blood tests done. 0% had an ECG. 100% had a full physical examination. Average time from admission to blood tests was 2 hours; from admission to full physical examination was 5 hours.

Conclusions.– Excluding patients who had refused any physical health investigation until their discharge or time of data collection, all mental health patients had all physical health investigations done within 72 hours of admission. All detox patients had a full physical examination during admission, however, none had bloods tests requested as per Trust guidelines, none had an ECG, and there was no documentation for the rationale for outstanding investigations.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0403

A meta-review of prevention, remediation, and compensation/adaptation approaches to address HIV-associated neurocognitive disorders: implications for an aging population

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Introduction.– Nearly 50% of adults with HIV experience observable cognitive impairments that interfere with everyday functioning and quality of life. By 2020 approximately 70% of the HIV population will be 50 and older; with age-related cognitive problems accompanying HIV-related cognitive impairments, exacerbations of neurological and cognitive issues in this population are expected. **Objectives.**– This meta-review provides updated information on the biological and psychosocial mechanisms in which aging and HIV interact to impact neurological and cognitive functioning. Topics include neuroinflammation, microbial translocation, cognitive stimulation, neuroplasticity, and cognitive reserve. From this meta-review, approaches for prevention, remediation, and compensation/adaptation for such neurological and cognitive sequelae are provided.

Methods.– Using an exhaustive and on-going search of studies on this topic, IRB-approved studies are identified and synthesized for their efficacy in protecting or remediating cognitive reserve and cognitive functioning as well as for compensating/adapting for loss in cognitive functioning.

Results.– Numerous approaches are identified to prevent or remediate cognitive loss in adults with HIV such as: (1) lifestyle engagement (e.g., employment, cognitive prescriptions, social stimulation); (2) brain fitness programs (e.g., speed of processing training); (3) neuroprotective and psychostimulant agents; (4) HIV treatments themselves (i.e., combination anti-retroviral therapy); and (5) treatments of comorbid conditions such as depression/anxiety that can alleviate additional neurological insults. Compensation/adaptation approaches include spaced-retrieval techniques, mnemonics, and low-tech and high-tech solutions. Ineffective approaches are also identified such as: (1) anti-inflammatory medications and (2) acetylcholinesterase inhibitors. **Conclusions.**– These approaches are important to consider for clinical and research purposes. Novel approaches are provided.

Disclosure of interest.– The authors declare that they have no competing interest.

Intellectual disability

EV0405

German mental health care in people with intellectual and developmental disabilities (IDD) in comparison to other European countries

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Introduction.– In Germany, Mental Health Care in people with IDD is mostly determined by experts' opinions. Particularities of the psychiatric assessment and treatment of people with IDD and a

comorbid psychiatric disorder are taught neither at medical schools nor in the scope of the medical training of psychiatrists.

Objectives.– The present study examined the influence of socio-political aspects of Health Care on quality and organisation of Mental Health Care in people with IDD.

Methods.– Various aspects of Health Care systems in Germany and three other European countries were explored and juxtaposed subsequently with a special developed questionnaire.

Results.– The health care systems of four different European countries differ in socio-economical, educational and system-financed aspects.

Conclusions.– Differing organisational levels of national health care systems and socio-economical aspects within these countries contribute to the organisation of the Mental Health Care System in people with IDD. Suggestions for a better harmonisation of European Mental Health Care in people with IDD are offered.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0407

A descriptive clinical profile of adults using neurodevelopmental services in Singapore: A pilot study

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Introduction.– The Adult Neurodevelopmental Services Multi-disciplinary Team (ANDS MDT) Clinic at the Institute of Mental Health (IMH) in Singapore is a service for adults between 19 and 64 years old with intellectual disability (ID) and/or autism spectrum disorder (ASD). Little is known about the sociodemographic and clinical profile of this patient population.

Objectives.– This study aims to determine the sociodemographic and clinical features of outpatients who presented for care at the ANDS MDT Clinic as a new case.

Methods.– Initial assessments conducted at the ANDS MDT clinic from January 1st to March 31st 2015 were retrospectively reviewed. Descriptive data were collected and analysed.

Results.– A total of 53 patients were included. There were more males (72%) than females (28%) and the mean age was 27 years. The majority stayed at home (94%) with an immediate family member as their primary caregiver (91%). Nearly one-quarter needed some form of assistance in their basic activities of daily living. ID comprised of 47%, ASD 30%, and ID with ASD 13%. Common comorbidities were psychiatric disorders (40%) and epilepsy (13%). The most prevalent presenting complaint was aggressive behaviour towards others (34%). Psychiatric medications were either newly started or adjusted in 40% of patients and 64% were referred to allied health services.

Conclusions.– The profile of patients attending IMH's ANDS MDT clinic revealed a high proportion of males with ID and/or ASD with EVoccurring psychiatric disorders with multiple behavioural, functional and social issues. The findings of this study support the need for a multi-disciplinary approach in managing this unique group of adults with special needs.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0408

Developing mental health pathways for people with intellectual disability and mental disorders: Experience from a specialist intellectual disability service in North London, UK

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Introduction.– Psychiatric illness is significantly high in people with Intellectual disability (ID). Increased prevalence is particularly seen in ASD, ADHD, dementia and challenging behaviour. Treatment of mental disorders often requires multidisciplinary approach, as they are due to multitude of factors. This often can lead to under diagnosis, under treatment, over medication and inequitable service.

Objectives.– To create mental health pathways, so people with ID presenting to mental health services are assessed and treated as per national guidelines and best practice.

Methods.– Various meetings were carried out involving members of the multidisciplinary team. There were no treatment pathways identified. Quality improvement methodology was applied to identify what changes needed to create pathways. New mental health pathways were created with the involvement of multidisciplinary team. NICE guidelines on mental disorders and other local and national guidelines were used to design these pathways.

Results.– Five pathways were created. This included 'Mental illness', 'Challenging behaviour', 'ADHD', 'Autism' and 'Dementia' pathways. Patients presenting to ID services with mental health problems fit in to one or more of these pathways. Each pathway clearly set out what assessments and interventions are needed within each pathway.

Conclusions.– Mental health pathways made sure that every patient receives the right assessment and intervention. This helped to reduce risks to patients and improved staffs' understanding of what is expected when a patient is referred. It also helped to understand where each patient is in their journey when they get referred to specialist ID services. This also helped to use existing resources more effectively.

Conflict of interest:

Main author has been given honoraria to attend and speak in conferences.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0409

Obsessive-compulsive and Psychotic symptoms in adolescent woman with 22q11.2 deletion syndrome and intellectual disability: A case report

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Introduction.– The 22q11.2 deletion syndrome (22q11DS) occurs at around 1:4000 live births. The phenotype is variable and involves multiple organ systems, with high rates of psychiatric disorders and intellectual disability associated (Philip & Bassett, 2011). COMT, PRODH, GNBIL, PIK4CA, ARVCF are some genes in the 22q.11.2 deleted regions involved in influencing psychiatric phenotypes.

In particular, the Val-108/158-Met COMT polymorphism could be possible risk factor for psychosis (Squarcione et al., 2013).

Objectives.– We assessed psychiatric condition in a 22q11DS case, referred in 2011 for psychiatric and psychological treatment to Youth Mental Health Service, treated until 2017, showing a good outcome.

Methods.– M. showed visual hallucinations, obsessive-compulsive disorder (OCD) with trichotillomania, stalking, challenging behaviours and mild intellectual disability (WAIS-R = 67; Vineland Scale = Communication: 256/266; Daily Living Skills: 138/402; Socialization: 202/268; Motor Skills: 111/144). Haloperidol 1 mg was replaced with Aripiprazole 15 mg and Sertraline 100 mg), was replaced with Venlafaxine 150 mg. She started twice a month psychological consultations and protected category jobs.

Results.– At 2017 SCID-I, M. shows no more psychotic symptoms, OCD with trichotillomania is less severe, but still persists. At 2017 Vineland Scale = Communication: 248/266; Daily Living Skills: 312/402; Socialization: 226/268; Motor Skills: 136/144

Conclusions.– Aripiprazole showed efficacy on psychotic symptoms, and Venlafaxine improved her OCD, but trichotillomania persists. Psychological support has been important for M. to learn accepting her disability and coping with, while her parents still struggle with it.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0410

Naltrexone and the Reduction of Self-injurious Behaviour in Patients With Intellectual Disability and Autism: A Case Series

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Introduction.– Self-injurious behaviour (SIB) is challenging disorder to treat in patients with intellectual disability (ID) and autism. One of the mechanisms mediating SIB is that of the release of endogenous opiates¹, leading to its possible treatment through the use of naltrexone, an opioid antagonist².

Aim.– To describe two adult patients whose SIB improved with naltrexone.

Method.– A retrospective review of case files of patients who were treated with naltrexone was done in a specialist inpatient unit that admits adults with ID and/or autism with severe behavioural problems.

Results.– Mr A. (28-years-old) and Mr S. (22-years-old) have a history of severe ID with autism. Despite treatment with behavioural interventions and titration of psychotropics, namely anti-psychotics, anti-depressants and mood stabilisers, both patients continued to demonstrate significant SIB in the form of the hitting and banging of their heads. Following the initiation of naltrexone 50 mg OM, marked improvements in the frequency and intensity of their SIB were observed within weeks. No side effects e.g. liver enzyme derangements were noted. The improvements were sustained for months, particularly in the case of Mr A. The reduction in their SIB may be confounded by the concurrent titration of antipsychotics, though the magnitude of said dose increase was marginal.

Conclusion.– Naltrexone may be effective in reducing SIB in patients with ID and autism.

Disclosure of interest.– The authors declare that they have no competing interest.

Mental health care

EV0413

Patient satisfaction questionnaire adaptation process – Experience from Latvia

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Introduction.– According to recent initiatives in quality evaluation in mental health care there appeared a great need of validated tool to assess the mental health care from the patient's point of view. A lot of researches suggest patient opinion as a best evaluation instrument that is why we decided to use patient questionnaires. We have chosen Psychiatric inpatient patient questionnaire - on site (PIPEQ-OS) with a permission of Norwegian colleagues.

Objectives.– To determine patients' satisfaction with a quality of health care services in psychiatric inpatients subacute ward by mean of adaptation and validation of PIPEQ-OS in Latvia.

Methods.– Questionnaire was translated from English to Latvian and Russian languages and back-wards. Translations were tested in 20 cognitive interviews. The questionnaire was completed on a day before discharge. Item missing was assessed, and factor analysis was conducted. The scales were tested for internal consistency reliability using Cronbach's alpha, item-total correlation.

Results.– Pilot study was conducted for 8 months. 204 questionnaires were analysed. Questionnaire translation proved to be maintaining the principal of conceptual equivalent. Cognitive interviews showed the questions and topics were relevant to the patient group. 19 of 21 questions showed low missing data (<20%). Factor analysis identified 3 factors that met the criteria of Cronbach's alpha 0.7.

Conclusions.– The factor analysis revealed satisfactory reliability and usefulness in clinical practice. Further study in acute department is needed to be conducted. Further addition of the social and demographic data need to be done with the aim to make correlation analysis in the spectrum of diagnoses.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0415

Medical-seeking behavior as mediator in relation to posttraumatic growth in oral cancer survivors: A longitudinal study

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Introduction.– The diagnosis and treatment of oral cancer can be a traumatic experience with long-lasting psychological effects. Research examining the relationship between distress and posttraumatic growth has been inconsistent. Additional research is required to provide enhanced understanding of this complex relationship.

Objective.– This present longitudinal study was to examine the mediating effects of medical-seeking behaviour underlying the relationship between distress and posttraumatic growth (PTG).

Methods.– The Chinese version of the Impact of Event Scale - Revised (IES-R), Depression scale, Posttraumatic Growth Inventory (PTGI), medical-seeking behaviour (ie., shared decision making/decisional regret/decisional conflict/decisional trust) were completed by 54 oral cancer survivors participating in a surgical reconstruction program at baseline and at 6 and 12 months' follow-up. Hypotheses were tested through the use of hierarchical multiple regression.

Results.– The results showed that decisional regret and decisional trust mediate completely the relationship between distress and PTG. Moreover, depression could effectively predict patients' shared decision making and decisional regret behaviours. Finally, testing for the moderating effects provides helpful information regarding the role of medical-seeking behaviour in buffering the relationship between distress and PTG.

Conclusions.– Previous studies characterize the relationship between distress and PTG with the potential for positive and negative outcomes. The preliminary findings suggest that interventions should address the perceived effectiveness of medical-seeking behaviour from practitioners. Results indicated that clinicians have to consider the presence of decisional regret and decisional trust among patients with oral cancer to address their psychological well-being.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0419

The diet and aggression study: Reducing aggression among chronic psychiatric inpatients through nutritional supplementation

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Background.– Aggressive incidents are highly prevalent among chronic psychiatric inpatients. Previous studies have already demonstrated the potential of supplementation to reduce aggression in maladjusted children and forensic populations.

Objectives.– The aim of the current study is to test the hypothesis that multivitamin-, mineral-, and n-3FA supplementation reduces the incidence and severity of aggressive incidents among chronic psychiatric inpatients.

Methods.– The Diet and Aggression study is a pragmatic, multi-center, randomized, double-blind, placebo controlled, intervention trial. Eligible for the study are psychiatric inpatients aged 18 years or older, who are residing in open and closed long-stay psychiatric wards. During 6 months one group receives 3 supplements daily: 2 Orthica Multi Energie (containing vitamins and minerals) and 1 Orthica Fish EPA Mini (containing n-3FA: eicosapentaenic acid [EPA] and docosahexaenic acid [DHA]). The control group receives 3 placebo capsules.

Outcome parameters.– The main parameter is the number of aggressive incidents as registered with the Staff Observation Aggression Scale-revised (SOAS-R). At three points during follow-up questionnaires will be administered: the Aangepaste Versie van de Aggressievragenlijst (AVL-AV), a 12 item self-report questionnaire about feelings of aggression; the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF), a 26-item observer rated quality of life instrument; and a 25-item observer rated instrument that includes the Montgomery Asberg Depression Rating Scale (MADRS). Also, blood samples will be taken to determine nutritional status. Lastly, at four time points, nursing staff will fill out the Social Dysfunction Aggression Scale (SDAS), measuring observed levels of aggression and social dysfunction.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0420

Cognitive emotion regulation strategies to mothers raising children with burn injuries in various stages of treatment

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Introduction.– Processing of mother's own traumatic experience, the availability of adaptive strategies for the regulation of their emotional state is one of the most successful factor of organisation of the child's treatment

Objective.– To conduct a comparative analysis of cognitive emotion regulation strategies used by mothers at different stages of child's burn injury treatment.

Methods.– The first group included 28 mothers who were hospitalized due to the recent (from 5 to 14 days) burn injury of a child. The second group consisted of 12 mothers who are on planned hospitalization with the child due to the effects of burn injury (12-18 months ago). Mothers were asked to conduct CERQ (N. Garnefski), Beck Depression Inventory (A. Beck), The Trait Anxiety Scale (Spielberger) questionnaires.

Results.– In both groups of mothers one of the most popular was the strategy of “Self-blame”. is “Planning” and “Positive refocusing” and “Putting into perspective”, and in the first group - “Rumination” and “Catastrophizing”. In the first group, only the strategy “Rumination” is positively correlated with a reduction of severity of depression and “Catastrophizing” and “Self-blame” - negatively. In the second group “Self-blame” strategy positively associated with the severity of depression and the “Positive refocusing” - negatively. The strategy of “Planning” in the first group is negatively associated with the severity of situational anxiety, and the second - positive.

Conclusion.– Emotion regulation strategies do not remain the same and have a multi-directional correlation with symptoms of depression and anxiety at various stages of treatment

Disclosure of interest.– The authors declare that they have no competing interest.

EV0421

Professionals' attitudes towards medication in mental health care service

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Introduction.– Division of Mental Health at Sørlandet Hospital serves 300 000 inhabitants in South Norway. A diversity of diag-

noses are handled, and patients ranging from infants to elderly are targets for the service. The service includes inpatient and outpatient treatment, daycare, and ambulatory supervision. The therapists hold different professions, which can affect treatment provided by the service

Objectives.– In Norway there has been focus on medication-free options in mental health care recent years. Political expectations of drug-free treatment options for all patients in mental health care are communicated. Therefore, an initiative to explore therapists' perceptions towards medical treatment was taken.

Methods.– A one week cross-sectional study was conducted. All therapists at the division were eligible to respond to Horne's general Beliefs about Medicines Questionnaire (BMQ), which assesses understanding of drug overuse and harm. A higher score represents a more negative perception that drugs are harmful or overused.

Results.– Of 405 therapists, 310 responded to the survey. On a scale 4-20 they reported mean 11.97 (SD 2.39) on drug overuse, and 9.63 (SD 2.13) on drug harm. The professions doctor and psychiatrist reported a significant lower score ($p=0,015$ and $p=0,001$, respectively) on the subject drug overuse today, and on perception towards drugs doing harm (both $p<0,001$). Older therapists (>54 years) reported significant higher ($p=0,009$) perception that drugs are more harmful.

Conclusions.– The therapists' attitudes towards drug treatment in mental health care vary between the different professionals. If drug-free treatment option accessible for all patients shall be realized, the service needs experienced professionals who appreciate this working mode.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0423

Face-body emotions' recognition and clinical communication – A study in psychiatric nurses

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Introduction.– Effective communication is a fundamental element of nursing care which requires the ability to recognize emotions, be empathic and to gather and share relevant information. Studies addressing communication skills in the relationship between nurses and their patients in psychiatric contexts are scarce.

Objectives.– To examine the ability to recognize emotions in psychiatric nurses and explore the relationship of this ability with the use of specific communication strategies.

Method.– This observational study followed a cross sectional design. Fifty-two nurses working in a psychiatric hospital accepted to participate. The Emotions Revealed Photo Set, the Bochum Emotional Stimulus Set, the Face-Body Compound and a socio demographic questionnaire were included in the survey. Nurses were also questioned about their communication strategies. Results were analysed using SPSS version 20.0.

Results.– Nurses working in psychiatric settings were able to recognize six basic emotions using static facial and body stimulus. Happiness and surprise facial expression were accurately identified; anger, and fear presented high scores of correct answers in body stimuli. Happiness, fear and surprise identification was associated with the use of specific communication strategies.

Conclusions.– The ability to identify basic emotions (face and body stimulus) was associated with the nurse's capacity to dialog and be empathic when dealing with psychiatric patients. Understanding patient's emotions from non-verbal emotions recognition may

have an essential function in health professional communication training.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0426

Giftedness is it a predictor or risk factor for mental health

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Keywords. Intelligence; Emotional problems; Behavioural problems

Starting with Lewis Terman in the 1920s, many theorists have traditionally looked to high general intelligence, IQ, measured by standardized psychometric instruments as the principal indicator of giftedness.

Rather than being a source of vulnerability, empirical research has shown that giftedness is a protective factor for mental health.

This research was organized in the professional condition, with a sample of gifted and non-gifted adolescents. The Youth Self Report was used to measure mental health problems and Standard Progressive Matrices test SPM+ to assess the IQ.

Results show that intelligence correlates positive and significantly with externalization problems, attention problems and rule-breaking behaviour, although the association is weak. Comparison between both groups showed no significant differences on emotional and behavioural problems.

Linear regression analysis with intelligence, gender, age, place of living and success in school as predictors, and mental health problems as the dependent variable. The model was significant and explained 10% of variance, the significant predictor was Intelligence, gender, age and school success.

Linear regression showed the same results just with higher level of variance as a predictor was intelligence, gender, age, place of living and success in school, where significant predictor was intelligence, age and school success.

According to our results and some other studies, high intelligence is not a predictor of mental health problems, specifically emotional and behavioural problems. It serves more as a predictor of mental health because of high ability and high level of self-resilience.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0427

Lifestyle habits in a severe mental disorder sample

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Aims.– To analyze lifestyle habits in a sample of patients with Severe Mental Disorder (SMD) in community monitoring. Guess if patients taking more antipsychotic drugs are using tabaco or other drugs to get auto-medicated.

Methods.– A total sample of 30 patients was taken (43% (13) were women and 57% (17) men). The inclusion criteria were belonging to the USMC Motril and meeting criteria for a Severe Mental Disorder diagnosis. Data were analysed using SPSS statistical analysis.

Results.– Tabaco and number of antipsychotic drugs: Smokers were more than a 76% of the sample. The average of smoked cigarettes a day was 30. 100% of women smoked compared to 58.8% of men, being statistically significant this association. The average age of consumers was lower than nonusers. As for the possible relationship between smoking and the number of antipsychotic drugs, it was not statistically significant. Other Drugs: 23% consumed other toxics, specially alcohol and cannabis. 100% were tabaco consumers at the same time snuff. Physical Activity and other variables: For other variables, the results were not significant, but there was a high degree of physical inactivity among individuals in the sample, of which only 16.7% performed exercise.

Conclusions.– In young populations, such as patients with TMG it highlights a sedentary lifestyle mainly, moreover, smoking prevalence is high, especially among women and often comorbid consumption of other toxic, especially alcohol. We did not find an association between number of antipsychotic drugs and smoking, further investigations should be made taking into account the dose. *Disclosure of interest.*– The authors declare that they have no competing interest.

EV0428

Describing caffeine consumption among severe mental disorders in Motril, Spain

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Background.– Caffeine is a mild stimulant with well characterized cardiovascular actions and effects on neurotransmitter turnover in peripheral and central nervous system. Schneider and Siris suggested that schizophrenia was associated with increased rates of caffeine consumption (1).

Objectives.– We aim to evaluate caffeine consumption among serious mental disorder patients treated in day hospital regime carried out by trained personnel and ICD-10 diagnosis of the same and the main sociodemographic characteristics of patients.

Methods.– We described the profile of the study population ($n=22$). Measures were used trend central and dispersion (mean \pm standard, quantitative variables and median deviation distribution of absolute and relative frequencies for categorical variables). The results of quantitative variables were expressed as a percentage

Results.– The mean age was 35 years old. (15 M, 7 F). The most prevalent diagnosis was paranoid schizophrenia (54%) followed by severe personality disorder (22%). 77% smoked regular cigarettes. The average daily caffeine consumption was 224gr.

Conclusion.– Our clinical experience suggests that average schizophrenia inpatients may have more access to caffeine and tobacco products. The limited published information suggests that the extreme use of very high levels of caffeine, or caffeinism, may be particularly associated with schizophrenia. Our survey indicate that no schizophrenia patients show caffeinism, defined as >700 mg/day.

Reference

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Disclosure of interest.– The authors declare that they have no competing interest.

EV0431

Pathways to psychiatric care in psychiatric hospital of Sarajevo

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Background.– Patients suffering from psychiatric disorders use different pathways to seek psychiatric care. Many get non- professional care before attending specialized services.

Aims.– This paper's objective was to study help- seeking behaviour of patients referred to Psychiatric hospital of Sarajevo (PHS).

Methods.– Study included all patients referred to the named facility in two month period. Eligible patients were adults, in their first episode of psychiatric illness, or those who were in remission before current episode, and without psychiatric care during previous one year.

Results.– The sample consisted of 34 patients; 17 male and 17 female. Most of patients, 23 (67.6%) did have history of psychiatric care, for 11 (32.4%) this was first episode of mental illness. Overall, 11 (32.4%) patients finished their pathway to care on first step; professional care was provided on second step to 23 (67.6%), on third to 6 (17.6%) on fourth step to 4 (11.8%) patients. Majority interpreted symptoms to be a signs of somatic illnesses, therefore were more likely to consult some other specialists, 15 (44.1%), or GP's, 2 (5.9%); 6 (17.6%) patients first consulted traditional healers. In 25 (73.5%) cases, patients were with poor insight, and were advised to seek help, 9 (26.5%) were with insight, and admitted by themselves.

Conclusion.– Most of patients were with poor insight, were more likely to seek the help of various sources prior attending PHS. Their pathways to psychiatric care mostly consist of two steps.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0434

Emergency department presentation and readmission after index psychiatric admission: A data linkage study

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Objective.– To use linked administrative datasets to assess factors associated with Emergency Department (ED) presentation and psychiatric readmission in three distinctive time intervals after the first ever psychiatric admission.

Method.– Four linked datasets containing data from 07/2005–06/2012 in NSW defined the cohort and/or exposure. Logistic regression was used to examine factors associated with psychiatric admission and ED presentation for three intervals: 0–1 month, 2–5 months, and 6–24 months after the index admission.

Results.– The sample included 35,056 individuals (51% males) with a median age of 42 years at index admission. Of the 16,281 (45%) individuals with at least one ED presentation after the index admission, 3734 (23%) presented within 0–1 month, 6439 (40%) within 2–5 months and 10,436 (64%) within 6–24 months after index admission. Of the 14,523 (45%) individuals with at least one psychiatric readmission, 8110 (56%) were admitted within 0–1 month, 6539 (45%) within 2–5 months and 7740 (53%) within 6–24

months after index admission. Principle diagnoses at index admission, sociodemographic factors, comorbidity and non-psychiatric inpatient service utilisation significantly impacted ED presentations and psychiatric readmissions. Drug and alcohol comorbidity increased psychiatric readmissions in the last two intervals.

Conclusions.– Social determinants of service utilisation, drug and alcohol intervention and addressing the unmet needs of individuals with intellectual disability and mental illness are key areas for investment to improve trajectories after index admission and should be emphasised in recovery-oriented approaches in mental health care. Further research should investigate innovative approaches to support people with complex comorbidities in and beyond inpatient settings.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0435

Effect of multidisciplinary management in community dwelling patient with depression: Preliminary study

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Keywords: Multidisciplinary management; Depression; Community

Objective.– This study aimed to investigate the effect of multidisciplinary management in community-dwelling patients with depression

Methods.– We obtained data from Korean subjects with major depressive disorder ($n=78$) at baseline, taking case management from community mental health center. we decided to manage 3 multidisciplinary factors: physical activity, healthy diet, and social activity. We provided 4 visits and 12 telephone contact in 12 weeks. Subjects were randomly assigned to intervention group ($n=38$) and control group ($n=40$). We investigated depressive symptoms through Short Form Geriatric Depression Scale-Korean version (SGDS-K) at baseline and every month for 3 months to all subjects. We tested interaction between group and time in SGDS-K score to evaluate the effect of program. And post hoc test examined between group differences of SGDS-K at each time points.

Results.– In quadratic linear mixed effects model analysis, interaction between group and time was statistically significant (Total SGDS-K score: Coefficient = 0.31, $P < 0.001$; SGDS-K dysphoria subscale: 0.22, $P < 0.001$; SGDS-K hopelessness subscale: 0.07; $P = 0.089$; SGDS-K cognitive impairment subscale: 0.08; $P = 0.004$). And significant between group difference was shown in post hoc test at time points of third month (SGDS-K score of control group: SGDS-K score of intervention group = 10.88 ± 3.524 : 7.50 ± 4.512 , $P = 0.0186$).

Conclusions.– These results may suggest that community-based multidisciplinary management program has efficacy in reducing depressive symptoms.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0436

Role of NGO's and hospitals in provision of sustainable mental health services in cases of domestic violence in Pakistan

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Objective.– This preliminary paper looks at mental health as an emerging development issue which causes significant personal distress, and is closely associated with social determinants, notably poverty and gender disadvantage, and with poor physical health.

Method.– Semi-structured interviews were conducted with the representatives from hospitals and NGO's to assess the functions and policies related to these facilities.

Results.– It is argued that the individual's demographics like age, gender, geographical location and income status may dictate certain restrictive socio-cultural norms limiting the scope and use of available mental health service. NGO's have helplines which provide counselling support to women, youth and children. It specifically addresses violence against women, child sexual abuse, sexual and reproductive health, and other psychological and emotional concerns. In crisis cases, e.g. acid burn or child abuse victims, there is also referral for medical or legal support along with shelter. This strength based counseling, awareness of rights and intervention services assist youth and families to realize their life goals despite past experiences of abuse or violence. In most tertiary care hospitals, health care personnel in emergency department and general practitioners usually are the first point of contact for the cases of domestic violence. These doctors and nurses are trained to screen for domestic violence in suspected cases, and refer them to the medi-legal department for further support and management. However it is widely acknowledged that a vast number of such cases go undetected due to inadequate screening protocols used by the hospital staff and doctors.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0437

Physical health monitoring in psychiatric patients: An audit to assess compliance with best practices

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Introduction.– Life expectancy of people with mental illness, such as schizophrenia, is 15 to 20 years less than the general population. Many of these early deaths are caused by preventable illness such as heart attack. The need to improve physical health care for people with mental illness was highlighted by the first National Audit of Schizophrenia (NAS, 2014). 'Lester Cardiometabolic Health Resource' is based on screening the well-known determinants of cardiovascular disease. The adaptation, commonly known as the Lester tool, provides a framework of factors that indicate increased risk of poor cardiovascular health and thresholds at which interventions should be offered.

Objectives.– The objective was to standardise physical health monitoring (PHM) in a busy inpatient psychiatric unit.

Materials & methods.– All adults between 18–65 years admitted to male inpatient ward between July and August 2017. Patient who refused to have PHM were excluded.

Results.– Results show that appropriate PHM is only being done in approx. 16% of psychiatric inpatients. Around 53% patients received partial PHM and about 31% of patients received no form of PHM.

Conclusions.– Results show that there is significant room of improvement in relation to PHM of patients being admitted. After discussion in MDT meeting, recommendation was made that a dedicated PHM clinic based on Lester tool guidelines would run on every week by trainee advance nurse practitioners (figure 1)

Table 1

Average age	48.53 (standard deviation 18.09)	Gender	Females 60.1%
Nationality	Spanish 95.4%	Origin	Rural 60.7%
Psychiatry history	46.8%	Didn't finish their follow-up	82.1%
Show-up for their visit	75.4%	Adequacy of the demand	55.7%

Figure 1.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0438

Real-life clinical decision-making: Examining the role of multiple clinical and non-clinical factors on decisions to admit patients to acute psychiatric units

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Introduction.– Whilst there is an extensive literature describing the effectiveness of discrete interventions for circumscribed psychiatric conditions, there is limited research into real-life clinical decision-making about allocation of elements of service provision. Decisions to acutely admit patients to residential psychiatric facilities have serious implications not only for patients, but also for the use of limited resources.

Objectives.– The primary objective of this study was to identify factors that influence clinicians in deciding to admit patients to acute psychiatric inpatient units.

Methods.– Narrative data regarding admission decisions were gathered over the course of 5 semi-structured focus groups involving a total of 33 practitioners working in acute assessment teams at the interface with 3 inpatient facilities. Key themes were identified by applying inductive thematic analysis to transcribed narratives.

Results.– The thematic typology of influencers of decisions to admit comprised (i) 'Formal' risk assessment factors (e.g. intent to harm self, diagnosis, protective factors), (ii) Patient-clinician dynamics (e.g. assumptions about patient's motives), (iii) Clinician-clinician dynamics (e.g. perceptions of inter-disciplinary differences in risk thresholds and tolerance), (iv) Threat/fear factors (e.g. anticipated criticism for decision-making, consequences of worst case scenario), (v) Personal/environmental context (e.g. fatigue, lone-working), and (vi) Resource availability (e.g. pressure on inpatient/community services).

Conclusions.– Although, unsurprisingly, clinical risk assessment factors played a role in decisions to arrange acute admissions, it was striking that parallel non-clinical factors were reported to be so influential in these decisions. The results of this study will inform

the shaping of a model of service provision/culture that attenuates adverse influences on practitioner decision-making.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0439

Long-term unemployed people with depression – Is screening for eligibility for disability pension worthwhile?

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Introduction.– Research on the clinical assessment of work ability of the long-term unemployed is scarce.

Objectives.– The present study of long-term unemployed people screened clinically for work disabilities seeks to assess the significance of depression, in particular with respect to being granted disability pension.

Methods.– The data consists of medical histories of long-term unemployed people referred to a screening project. Those now diagnosed as clinically depressed were classified into previously diagnosed and not previously so diagnosed. Binary logistic regression models were used to explore the effect of previous depression diagnosis on being granted a disability pension.

Results.– From the total of 395 long-term unemployed, 203 (51%) were diagnosed as clinically depressed, and 134 (70%) were granted disability pensions. The pension was significantly more likely (odds ratio 2.64, $P=0.001$) to be granted to those without earlier depression diagnosis than to those whose depression had already been diagnosed in health care. The difference remained significant after adjusting for the set of background factors. Of all those with depression diagnosed and disability pension granted through the project, one fifth, and of men nearly one third, had not attended health care for three years prior to the project.

Conclusions.– A significant proportion of the long-term unemployed deemed to have impaired capacity for work are depressed and eligible for a disability pension. This, however, tends to go unnoticed in health care, partly due to these people's marginalization from health services. Clinical screening of the long-term unemployed in terms of work disability seems to be worthwhile.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0441

Use and misuse of benzodiazepines and z-drugs in the French psychiatric population, an in-patients cohort

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Introduction.– While benzodiazepines and related z-drugs (zolpidem and zopiclone) are widely used among patients with psychiatric disorders, multiple studies show an association

between these drugs and adverse events in this population: aggression, suicide, sedation, ataxia, cognitive impairment, anxiety, depression, lack of effectiveness associated with long duration treatment.

Objectives.– The main goal of our study was to investigate the use and the misuse of benzodiazepines among psychiatric in-patients.

Methods.– A cohort study was conducted in the hospital Charles Perrens (Bordeaux), including all adults initiating a hospital stay in February or June 2016. They were followed until the end of the hospitalization, or for six months if they are still hospitalized or if they had an ambulatory follow-up in the same hospital permitting data collection. Misuse was defined as a treatment period above 28 days for the hypnotic benzodiazepines and z-drugs, or 84 days for anxiolytic benzodiazepines, according to practice guidelines.

Results.– A total of 200 patients were included, with a mean age of 43 years, and almost as many women (47%) as men (53%). A large majority of them had a benzodiazepine treatment ($n=175$, 88%). While more than a half of hypnotic users (52%) were in a misuse situation, only a small number of anxiolytic users (9%) were in a misuse situation.

Conclusion.– The number of users and proportion of patients misusing hypnotic benzodiazepines seem concerning. Further analyses are necessary to assess the impact of this misuse and associated factors, in order to better define misuse in this population

Disclosure of interest.– The authors declare that they have no competing interest.

EV0442

Screening of adult ADHD in acute inpatient wards: a Quality improvement project

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Introduction.– Attention deficit hyperactivity disorder (ADHD) is a common disorder that is often underdiagnosed in adults (Asherson et al., 2012). This holds especially true in acute settings where the main presentation, from substance induced psychosis to suicidality, may mask underlying perpetuating factors. Indeed, an audit previously conducted at our Trust suggested that the presence of ADHD might be underestimated when exclusively based on clinical suspicion (about 3% of the acute clinical population).

Objectives.– We investigated whether screening measures may improve the detection of adult ADHD in acute inpatient wards.

Methods.– We initially screened 28 inpatients by using the long version of the Barkley self-rated scale (BARS-IV). Subsequently, we EVadministered two short versions of the ADHD Self-Report Scale (ASRS), based on either DSM4 or 5, to a separate group of 21 inpatients. As the latter partially differ in the set of symptoms they measure, we also conducted a quantitative and qualitative comparison of the two.

Results.– The short ASRSs provided results which were comparable to those of the long BARS-IV, with 23% patients detected as possibly having ADHD, while being less time consuming. The total scores of the two ASRSs showed a modest statistically significant positive correlation ($r=0.706$, $P=000$), suggesting that they may capture partially distinct features of ADHD. Overall, the ASRS-DSM5 was preferred by both patients and clinicians, mainly as the scale was easier to understand and use.

Conclusion.– The short ASRSs are simple and effective tools to identify patients that might have ADHD, and thus need additional assessment and treatment, in acute clinical settings.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0445

Travelling through recovery

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Keywords: Addiction; Treatment; Recovery

Introduction.– Addiction is a complex condition with many consequences and requires long-term, individualised and integrated care including a range of pharmacotherapy and various psychological interventions with ongoing monitoring and treatment review.

Objectives.– To evaluate treatment of 593 outpatient opiate addicts with medication assisted recovery and practiced during 2016.

Methods.– The results are based on data collected from Pompidou questionnaire, urine analysis and measured by the expert consensus document which includes areas of individual response, damage reduction and involvement in the society.

Results.– Data show high retention rate, 52,4% abstinent, 10% unchanged/occasionally have taken the main substance, 26,4% abstinent from the main but have taken other substances. More than half of the addicts (52%) work continuously or occasionally. Material status is most commonly average, while only 5,7% are endangered existentially. The majority of the addicts live with their parents (40%) or with their partner (38%), very few live alone (15%). 44% of the addicts have a child and only (0,34%) have been deprived of custody. 43% of the addicts are emotionally connected. The incidence of HCV (18%) and HIV (0,5%) is without noticeable significant annual statistical discrepancies.

Conclusion.– These results suggest that recovery oriented approaches build on and improve treatment interventions also provide benefits not only for individuals but families and the community as well. Having access to good quality mental health care may facilitate recovery. We can use these experiences to suggest clinical and systems-based approaches to improve addiction recovery outcomes.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0446

Specialized PTSD team within a tertiary psychiatric care unit in Sweden

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Introduction.– The modern world of globalization offers paradoxes such as increased economic activity and forced migration due to wars and natural disasters. Quality of health care services varies in the world and within wealthier countries. The goal of each health system is reasonable cost of care and preserved quality of health care in order to preserve secondary and tertiary prevention. Guidelines for PTSD treatment in the Region Västra-Götaland state that the primary health care has the main role. However, a number of patients receive specialized psychiatric care due to lack of response and a low functional level. Our interest is to observe the factors that lead to psychiatric care as well as needs in order to optimize health care services.

Objectives.– To show the development of PTSD team model within subspecialization in psychiatric services in the Region Västra-Götaland.

Methods.– This study explores the development of specialized teams for the care of patients with PTSD using descriptive statistics of the observed group of patients with PTSD in the period from 2014 to 2017. The data will be displayed numerically and graphically. Furthermore, to demonstrate the present situation of the system and the development of the PTSD team, which is the only specialized team within the specialist psychiatry in the region for the time being.

Results and conclusion.– Results will be presented at the congress along with a discussion of the possibilities of further development of the treatment model.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0447

Autism assessment and diagnosis: Evaluation of a multi-disciplinary service for adults in London, UK

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Introduction.– The UK National Autism Strategy (2010) recommended establishing multi-disciplinary teams for assessment and diagnosis of autism in adults.

Objectives.– To describe the pattern and characteristics of referrals to a newly-established adult autism assessment and diagnosis service and to audit activity against national best-practice guidelines. To explore results with a view to informing future service development.

Methods.– Data were collected retrospectively using the electronic health record of all people referred to the autism service between 2014 and 2017. A subset of the most recent referrals were audited against National Institute for Health and Care Excellence (NICE) guidelines to determine current practice and identify areas for improvement. We conducted logistic regression to explore predictors of autism diagnosis amongst those referred, and calculated specificity and sensitivity of an autism screening tool, the AQ-10.

Results.– A total of 289 adults (67% male; average age 33 years) were referred to the service in the first 3 years of operation. The proportion of self-referrals and those from primary care increased over time. Seventy-four individuals underwent comprehensive assessment between May 2015 and April 2016; audit results indicated the majority of quality standards were met. Just under a quarter of those assessed were diagnosed with autism; female gender was the only significant predictor of diagnosis (adjusted odds ratio 7.78, $P=0.028$). The positive predictive value of the AQ-10 screening questionnaire was 31%. Half of those assessed were referred to alternative services.

Conclusions.– High-quality multi-disciplinary autism assessment services are important in improving access to diagnosis and appropriate intervention.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0448

FACT teams at the regional level: The impact of personalised treatment

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Community mental health teams at the primary level of care were established in Slovenia in 2013 only in four regions with worst mental health indicators, for example high suicide rates. They use Flexible Assertive Outreach methods and include two nurses and half time psychiatrist, occupational therapist and psychologist. These teams were educated in a programme with strong involvement of service users and their carers. First results of their work are to be presented regarding patients' demographic data, diagnosis, needs assessment, service provision and outcomes, as well as regarding financing in comparison with hospital assertive outreach. *Results.*– In all four regions 903 patients were treated and supported, predominately with schizophrenia and related disorders from 2013–2016. The assessment was made in one of the regions with 134 patients involved. The majority of patients are socially excluded and poor. Patients and staff reported about various needs, among them most prominent need for companionship, regular activity and employment, selfcare and relieving distress. Suicide danger was present in 12% of patients. One third of patients needed treatment because of severe signs of mental illness. Management of their needs was assessed successful in 33% of patients, in 13% there was no change in their condition, 15% was lost from follow, up and 5 patients died in this period. The public funding of the program is about one third of the funding for hospital outreach that involved about 300 patients altogether. The educational program and examples of CMHTs in Slovenia will be presented.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0450

Experience of a Social worker clinic based within a crisis resolution home treatment team in North East London

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Background.– Social workers are imperative to effective Crisis Resolution Home Treatment Teams but are an increasingly limited resource.

Objectives.– To assess the effectiveness of the social worker clinic provided by the Home Treatment Team. To assess patients' satisfaction with attending a clinic location whilst under the care of the Home Treatment Team.

Results.– A social worker clinic ran weekly at a location near patients' homes. Appointments focussed on social problems brought by the patients. We assessed the initial experience of 17 consecutive patients who attended the clinic. All attendees reported that the clinic was easily accessible and that staff listened to patient concerns. Most people who presented (76%) required help with benefits claims. 65% reported the problem was fully resolved. If staff were unable to resolve the problem, the majority (73%) reported that they were provided with other information that was of help. 100% of patients felt that help provided in the social worker clinic had a beneficial effect on their mental health. 94% rated the experience of attending the clinic as very helpful. Patients are willing to attend a clinic base to see a social worker despite the

fact that most Team interventions are provided in patients' homes. The clinic is effective at resolving patients' social care problems and has a beneficial effect on patients' subjective reporting of their mental health. A social worker clinic allows scarce social worker manpower to be deployed in an effective manner within in a Crisis Resolution Home Treatment Team.

Disclosure of interest.– The authors declare that they have no competing interest.

Mental health policies

EV0453

Where is the psychiatrist? Factors affecting provision and distribution

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Mental health care is based on people relationships. Despite the continuous progress of pharmacotherapy, neuroimage and genetics, most of the technology developed and currently in clinical practice is based on the human contact. Psychologists, nurses, occupational therapists, social workers, psychiatrists among other professionals are, and probably will always be needed to have a face to face contact in order to guarantee the best information possible. The content gathered by the professional will be the substrate to base an accurate diagnosis and the clinical decision. Health professionals supply is an issue all over the world. It has been a big challenge to predict the numerous causes of students and professionals that will give quality mental health care to populations. Brazil is a country with a huge distance between states and huge differences among the mental health provided by each state. Some states in Brazil have numbers of psychiatrist compared to high-income countries (0.12/1000 population) and others to low-income countries (0.004/1000 population). At this study, data from the number of psychiatrists and residency positions by the region was confronted with suicide rates, extreme poverty rates and indigenous population by region. The results call attention to the importance of the mental health professionals, the role of the training programs and the role of the state to diminish inequities supporting and encouraging migration.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0454

Diogenes syndrome: How social services, authorities and medical networks could improve their actions to help and take care, according to ethics?

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Introduction.– After two studies were published on Diogenes syndrome in Paris: a retrospective study and a prospective study designed to improve our knowledge on these syndromes, we have made a multidisciplinary working group, to improve our actions.

Objectives.– Our working group will improve and coordinate actions for Diogenes syndrome subjects living in their home in Paris. These situations require time and a coordinated investigation by a mediEVsocial team, as subjects with Diogenes syndrome do not always have an associated disease, but always refuse any intervention. These Diogenes subjects are notified to the community authorities due to risks (fire) or nuisances (stench, parasites, hoarding). Last year, in Paris, the authorities made 176 prefectural orders to clear and clean the Diogenes' home within 15 days.

Methods.– Three meetings in one year for the whole territory of Paris strengthen contact between staff of different mediEVsocial, medical and administrative services. Our guidelines were based on clinical cases.

Results and conclusions.– The medical team should first make a diagnosis before any decision to clean and empty their home is taken. The diagnosis can be an associated to a disease: like FDT or Schizophrenia. . . Or if no associated disease is found, hoarding can be categorized as a OCD (according to DSM5) due to emotional trauma during the early childhood. We have in preparation a multi-professional directory. We seek project funding for a new mobile coordination team.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0455

On global approaches to psychiatry

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Introduction.– Enormous global problems are essentially related to mental health incl. education-ecology-economy-medicine-etc. New scientific&organizational models in psychiatry are necessary.

Conception.– Discussion about EPA/WPA&national societies under consideration of meritocratic and triumvirate principles as well as interdisciplinarity and international co-operation.

– Enlargement of leading boards/Exec. Committee, etc. by:

– 3 honorary (permanent moral support/continuity) & 3 presidents (fixed-term),

– Interdisciplinary board: Scientists from philosophy/psychology/medicine incl. c. representatives of intern. soc.:

philosophy-FISP-IVR-ISB/psychol.-psychosom.-IUPsyS-ICPM/physiol.-IUPS/pharmac.-IUPHAR/med.-FIGO-SIU-ISIM-etc.

Enlargement of,

– congress topics by approaches to philosophy (epistemology-ethics-aesthetics), theology (Brahmanism-Yoga/Buddhism incl. Zen-Shintoism/Christianism-Mosaism/Confucianism-Taoism/Mohammedanism-Sufism and;

– congress summaries to 300-500 words, similar to other soc.;

– organization of common interdisc. Congr., see 1c.;

– creation of an International Academy for Psychiatry with national branches by network also of institutes to Intern. Universities (proposal by British Nobel-Laureate B. Russell/G. Menschnig): intern. UNO-employees, e.g. intern. professors, possibility for whole-life work, etc.

Conclusion.– Realization of proposals [1-5] by EPA/WPA&other societies could be example for other sciences, i.e. as model for scientific-renewal supporting UNO-Agenda21 for better health on global level (1)

Disclosure of interest.– The authors declare that they have no competing interest.

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Dedication for moral support–Nobel Laureates: Austria: K. Lorenz, China-Taiwan: Y.T. Lee, France: J. Dausset, J.-M. Lehn, Germany: M. Eigen, K. von Klitzing, H. Michael, E. Neher, GB: B. Josephson, Lord A. Todd, Japan: K. Fukui, USA-India: J. Deisenhofer, H.B. Khorana, L. Pauling, E. Wiesel

EV0456

The transcultural communication workshop (“MEDI+: Center for the improvement of competence of Poznan University of Medical Science”)

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Today's time is characterized by dynamic changes taking place within the cultures that exist side by side and at the same time permeate and benefiting from each other. The idea of the transcultural society (Welsch, 1998) seems to be a suitable theoretical construct describing the perspective of individual and group identity formed by many cultures simultaneously. The consequence of this is the pressure of functioning according to the new norms and rules. In the case of medical professions, where contact with the patient is commonplace, it seems important to deepen the topic among professionals. The answer to this need is The Transcultural Communication Workshop, organized as a part of the project named “MEDI+: Center for the Improvement of Competence of Poznan University of Medical Science” (EVfunded by the European Union under the European Social Fund and implemented under the Operational Program Knowledge Education Development 2014-2020). The classes aim to raise students' awareness of the topic of cultural hybridization and increase their communication skills. The workshops run by members of the UMP Department of Clinical Psychology include a variety of tasks and exercises related to identity, nonverbal and verbal communication, communication barriers, acculturation strategies, group processes, and lecture content. Realizations of goals set before the project started verified the results of the author's questionnaire and the Social Competence Questionnaire. There has been an increase in social competence, a deeper understanding of the issues of cultural diversity and a sense of compassion.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0457

The current state of the mental health care reform in the Czech Republic

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Background.– Mental health care in the Czech Republic as well as in other countries in the region of Central and Eastern Europe remains to be hospital based and ineffective. The Czech Republic has initiated mental health care reform in 2011. The aim of this analyses is to review the current stage of mental health care reform in the Czech Republic and identify its strengths, weaknesses, opportunities and threats.

Methods.– The Strategy of the reform, documentation related to reform's implementation projects, minutes from the meeting of reform executive board, and reform working groups, have been analysed. SWOT analysis was conducted, results are interpreted narratively.

Results.– A clear and widely accepted vision for the mental health care reform, good system for mental health care monitoring, and availability of finances for the reform's implementation projects have been identified as strengths; non-existence of a reform plan which would contain SMART goals, non-existence of a consensus on reform evaluation, and vaguely defined implementation projects were identified as weaknesses; enthusiasm of many stakeholders, increasing public attention to mental health, and high-quality international collaboration were identified as opportunities; and political instability, non-existence of a plan for financial sustainability, and lack of relevant professionals such as psychiatric nurses were identified as potential threats to the reform.

Conclusions.– The current reform initiative is the strongest in the post-communist history of the country, however, it is not clear whether it will lead to the true rather than cosmetic changes. Update on the current situation will be provided during the presentation.

Conflict of interest:

I am a member of the Executive Committee of Mental Health Care Reform in the Czech Republic, and I am also leading two implementation projects within the reform.

Disclosure of interest.– The authors declare that they have no competing interest.

Migration and mental health of immigrants

EV0462

Trauma, migration and mental health in a sample of asylum-seeking women in Italy

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Introduction.– Many refugees are exposed to traumatic events prior to and during their migration process. Women are more vulnerable, and may have less access to health care for multiple reasons.

Objectives.– We sought to assess trauma exposure—as defined by BTQ- and psychiatric diagnoses among asylum seeking women.

Methods.– A total of 44 women were evaluated in our multidisciplinary outpatient unit for asylum seekers between March and November 2017. They came from 11 different countries, primarily Nigeria, Somalia and China.

Results.– Overall, 79.5% of women were exposed to traumatic events prior to their migration or during the migration process. The most frequent events were: rape, torture, witnessing the death of a family member, witnessing torture, rape or death of others, being exposed to life-threatening events, food and water deprivation. 27% fulfilled the criteria for PTSD, 21% for adjustment disorder, 2.3% for generalized anxiety disorder, 2.3% for major depression, 2.3% for somatoform disorder and 4.5% for borderline personality disorder. 16% were pregnant (7% as a consequence of being raped during their migration). Patients with a history of trauma reported more difficulties in coping with the stress of post-migration factors during informal clinical evaluation.

Conclusions.– Exposure to trauma and resulting psychiatric symptoms, such as PTSD, are a significant issue among asylum seekers. Women are at increased risk due to gender violence, cultural, and physical factors (i.e. pregnancy). Systematical evaluation of trauma and mental health issues is crucial in order to provide women with early and adequate treatment and promote coping and adaptation to post-migratory conditions.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0463

Disposable cameras as a novel research tool in migrant mental healthcare

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Introduction.– In an increasingly globalised society, healthcare must adapt to the diversity of its populations, particularly the specific needs of migrant populations. A method that overcomes barriers such as language and educational attainment is needed to offer a clearer insight into migrant mental health.

Objectives.– To assess the feasibility of disposable cameras as a data collection tool in migrant mental health.

Methods.– The potential sample included: adult men living in the Porte de la Chapelle Refugee camp in Paris. Recruitment was completed on a single day using signs in French, English, Arabic, Farsi and Pashto. Fifteen disposable cameras were distributed along with 2 blank postcards for participants to write an accompanying message. The cameras were kept for up to 7 days.

Results.– Of the 15 cameras, 8 were returned. Participants with better spoken English were more likely to return the camera. Two of those not returned were lost, 2 participants were moved camps during the 7 days and 3 were untraceable. Participants found the cameras easy to use and the 181 developed photographs offered a unique insight into the lives of those involved. The postcards provided anecdotal evidence that the photographers appreciated the process, one reading 'thank you for giving me hope'.

Conclusions.– Disposable cameras offer a cost-effective route to better understand the perspectives of those limited by language and cultural barriers. A shorter window would reduce the risk of camera loss or departure of participants. Porte de la Chapelle is an adult men's camp—there is a need to trial the method in mixed populations.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0465

Xenophobia and coping strategies among Lebanese population

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Objective.– To provide a better understanding of the current prevalence of xenophobic attitudes and behaviours amongst Lebanese and individuals currently residing in Lebanon, while also looking at the potential effects of demographic characteristics on the prevalence of xenophobia.

Methods.– Subjects were asked to complete a questionnaire that included three parts on: (1) sociodemographic characteristics (age, gender, marital status, educational level and monthly income); (2) 30-items about xenophobia; and (3) 16 items on coping strategies.

Results.– A significantly higher mean total xenophobia score was demonstrated by females (103.56) compared to males (101.32) ($P=0.018$). The total xenophobia score was associated with the educational level and reached statistical significance ($P=0.031$). Problem-focused engagement ($r=0.157$; $P=0.001$), emotion focused engagement ($r=0.212$; $P<0.0001$) and age ($r=0.07$; $P=0.029$) were significantly and positively associated with the total xenophobia score. Emotion focused engagement (Beta=0.587), problem focused engagement (Beta=0.25) and female gender (Beta=2.04) were associated with a significant increase in the total xenophobia score.

Conclusion.– Xenophobia and acceptance toward immigrants have crucial consequences for the functioning and welfare of a society. Our study supports the prevalence of xenophobia amongst Lebanese, but requires a broader assessment of that trend.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0466

Psychotic disorders in the immigrant population: A case report

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Numerous studies show that the rates of psychotic disorders in the immigrant population are higher than in the general origin population. We present the case of a 28-year-old male patient, Maghreb origin, with no prior psychopathological antecedents, who develops psychotic symptoms. We analyze the case to show the difficulties involved in understanding symptoms due to cultural differences, diagnosis and therapeutic management. On the exploration he was scarcely collaborator, presenting marked irritability, fear, social withdrawal, globalized insomnia, denial of intake because of poisoning ideation. Suspicious and with psychotic anguish, false acknowledgments and experiences of control, without disease awareness.

We emphasize the importance of identifying the symptomatology in the context of the patient, it is important knowing cultural and social base on which the disorder appears. At the same time, social and language differences should be taken into account, which may hinder to describe symptoms. The symptoms have to be understood in terms of these variables, so it allows to evaluate the diagnosis,

treatment and prognosis. In this case we opted for the administration of prolonged release injectable paliperidone palmitate due to the difficulty to medical monitoring because of the social and familiar problems that the patient presented, being forced to make multiple visits from time to time to his native city. The goal was to be able to switch to the option of manageable treatment every 3 months, thus facilitating adherence and improving the prognosis, due to an insufficient health support network in the city of origin.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0467

Impact of migration-related trauma on self-harm and suicide in migrants confined to prison: A prospective cohort study

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Introduction.– Although numerous studies have shown that self-destructive behaviour and psychological trauma are more common in immigrated prisoners than in native ones, exposure to traumatic events during the migration process has never been examined as a possible risk factor for suicide.

Objectives.– This paper investigates the impact of migration-related trauma on self-harm and suicide in newly detained migrants. A secondary aim is to examine whether certain types of trauma are associated with self-harm rather than suicide.

Methods.– A total of 54 migrants recently confined in Modena correctional facility were assessed using a standardized interview (JSAT) and two self-administered questionnaires (LiMEs and BIS) and followed-up for a minimum of one month.

Results.– Statistically significant positive associations were found between: pre-migration exposure to wars/conflicts or familial trauma and self-harm ($P=0.03$) and post-migration exposure to wars/conflicts or familial trauma and suicide ($P=0.03$). Additionally, positive associations with other types of trauma were found; however, the number of self-destructive acts occurred during the follow-up period was too small for them to be statistically significant. Pre-migration traumas were found to be associated with higher risk of suicide and self-harm.

Conclusions.– These findings suggest that migrants are more vulnerable, and that this vulnerability might result in self-destructive behaviour within the prison system. A history of severe migration-related trauma might be used as a clinic indicator of increased risk of self-destructive behaviour; hence, it should be included in the proper suicide risk assessment in prison. A future multicenter national study might expand upon this analysis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0469

Post-migration stress induces psychiatric symptoms in unaccompanied Eritrean refugees

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Introduction.– Eritreans belong to one of the largest group of refugees in Switzerland coming from countries outside of Europe. Despite of life threatening circumstances and negative experiences during their flight Eritreans often show good factors of resilience. Being confronted with even more postmigration challenges in the communities of their reception, they are often unable to activate their resources.

Methods.– Currently, there are data of 65 Eritrean ambulant patients available, all between the age of 14 and 21 years (YSR, DISYPS, UCLA). The data were collected during the transcultural interviews. The refugees concerned are unaccompanied youths or young adults.

Results.– So far clinical evaluation of the situation of Eritrean refugees is missing. Only very few patients show criteria of PTBS, though we find high levels of post-migration stress disorder correlating with the gravity of PTBS and other symptoms.

Disclosure of interest.– The authors declare that they have no competing interest.

Neuroimaging

EV0472

Statistical study of the thickness of retinal nerve fiber layer and macular thickness in the healthy population

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Optical coherence tomography OCT as a non-invasive and relatively inexpensive method for imaging the retinal nerve fiber layer (RNFL), is generally used in the diagnosis of ocular pathology, but in the last decade it has been increasingly used in early detection biomarker group of neurodegenerative diseases, including Alzheimer Disorder.

This study evaluate the normative values regarding retinal parameters for the general population in Romania for a correct interpretation of the pathological differences.

Material and methods.– We studied the retinal parameters in the healthy general population of Romania in order to identify normative values in this population and to identify possible differences compared to other studies, known as the fact that there are still no general normative values valid for these parameters. In order to obtain information on potential differences between groups, we compared the thickness of RNFL between sexes and age groups on each quadrant. We also analysed the potential correlations between RNFL thickness and aging.

Results.– The study looked at the thickness of the macular thickness to 1387 eyes and the RNFL thickness at 1372 eyes from healthy individuals aged 18 to 94 years. There are differences of RNFL normal

values in different populations. The thickness of RNFL in Caucasians is lower than in Asians.

Conclusions.– Concerning the age-related RNFL thickness analysis, there is a slight but statistically significant negative correlation between aging and the RNFL thickness at all four quadrants.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0473

Effects of harmful alcohol use on brain morphometry among people living with HIV in Western Cape Province, South Africa – A baseline description

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Introduction.– HIV is brain degenerative and long-term infection can alter brain morphology. In South Africa, alcohol remains the dominant substance of abuse and long-term use has equally been linked to poor neuroimaging outcomes. The individual liability of alcohol and HIV on brain structure has been well demonstrated, however there is relatively little evidence of the potentially aggravating effects of this dual burden on brain structural outcomes. Studies have indicated that various brain regions are affected by both HIV infection and chronic alcohol abuse, with a predilection for white matter damage. Alcoholism, therefore, contributes significantly to the scope of structural brain deficits present in people living with HIV. **Objective.**– The present study is ongoing and sought to identify the effects of harmful alcohol use on brain morphometry in the context of HIV infection. **Method** All participants were living with HIV and on antiretroviral therapy. Participants ($n = 53$) underwent structural magnetic resonance imaging (sMRI) using a 3-Tesla Skyra Magnetom whole-body scanner. Self-reported alcohol use was recorded using the Alcohol Use Identification Test (AUDIT). The sample consisted of 50 women and 3 men.

Results.– A total of 26 (49%) participants reported abstaining from alcohol and 27 (51%) reported drinking alcohol. Results revealed a significant difference between groups for left insula, left precuneus, left posterior cingulate cortex and left and right amygdala. Mean volume of the aforementioned regions was significantly smaller in alcohol users compared to abstainers.

Conclusion.– Alcohol use in the context of HIV infection significantly contributes to brain structure disruption.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0474

Rare neurodegenerative diseases related to dementia symptoms – Characteristic neuroimaging findings

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Introduction.– Rare neurodegenerative diseases include i.a. progressive supranuclear palsy (PSP), multiple system atrophy (MSA), corticobasal degeneration (CBD), Creutzfeldt-Jacob disease (CJD) and Huntington disease (HD). Clinically all of these diseases present variety of neurological alterations and proceed with dementia symptoms.

Objectives.– The aim of this study is to present characteristic neuroimaging findings of rare neurodegenerative diseases causing cognitive impairment.

Results.– Typical findings of PSP include midbrain atrophy with Mickey Mouse appearance, morning glory sign and hummingbird sign in sagittal view. Neuroimaging findings in MSA differ regarding to subtype—in MSA-C there is predominantly cerebellar atrophy with hot cross bun sign in pons, in MSA-P there are pronounced atrophy and low signal intensity on DWI and SWI within putamen. In course of CBD asymmetric cortical atrophy is found, especially in superior parietal lobule, in peri-Rolandic gyri and in basal ganglia with adjacent T2/FLAIR hyperintensity areas. CJD manifests with rapidly progressive cerebral atrophy and hyperintensities on T2/FLAIR with early restriction of diffusion on DWI within basal ganglia, thalamus (hockey stick/pulvinar sign) and cortex. The most characteristic findings in HD is caudate head and putamen atrophy with increased T2 signal intensity.

Conclusions.– Structural magnetic resonance imaging is a useful tool in establishing diagnosis of neurodegenerative diseases ongoing with dementia symptoms and helps in differentiating these conditions. DWI as well as SWI sequences should be incorporated in the routine MR protocol dedicated to neurodegenerative disorders assessment.

Disclosure of interest.– The authors declare that they have no competing interest.

Neuroscience in psychiatry

EV0475

Neuro-rehabilitation and treatment of neuropsychiatric sequelae post-recovery from NMDA encephalitis

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Introduction.– Neuropsychiatric manifestations post-NMDA Encephalitis is not often discussed in literature. Overlapping psychiatric symptoms are usually cited in the acute presentation of NMDA Encephalitis, but not in the post-recovery period. The course of illness in NMDA Encephalitis can often be turbulent with a prolonged recovery period, and not much is known about the resultant neuropsychiatric symptoms that may develop thereafter.

Objectives.– This case report discusses a middle aged male who developed frontal lobe signs, including disinhibition, repetitive behaviours, hyper-sexuality and personality changes, about 3 months post-discharge from a prolonged and turbulent admission due to NMDA encephalitis. It further discusses the treatment, both pharmacological and non-pharmacological, undertaken thereafter. Even as this patient's physical function and strength was improving, the development of neuropsychiatric symptoms were alarming and impeded his recovery and full return to work as an aircraft engineer. A combination of a neuro-rehabilitative approach to manage his behaviour, the use of Methylphenidate and Paroxetine to target

his frontal lobe symptoms and close supportive engagement with his family and employer allowed for the graded return to his work role.

Conclusion.– There is a lack of research in understanding the neuropsychiatric complications of NMDA encephalitis, symptom patterns, longitudinal prognosis and treatment strategies. There is research suggesting that cognitive recovery could be fully back to baseline or partial, but the timeline and patterns of recovery remain unclear and treatment of psychiatric symptoms has been largely supportive and symptom-driven. More can be done to guide psychiatrists to target their treatment options in post-NMDA encephalitis care.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0476

Serum prolactin levels in antipsychotics naive patients

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Introduction.– The role of prolactin hormone is still underestimated. The list of cells secreting this hormone keeps getting longer over time. Neurobiological studies found that prolactin is present even in extra pituitary cerebral space suggesting that it plays other roles in addition to lactation. In literature, authors found high prolactin serum levels among psychiatric patients and especially among those diagnosed with schizophrenia.

Methods.– It is a descriptive and comparative study evaluating 58 patients hospitalized in Razi hospital for diverse psychiatric disorders. The serum prolactin levels were assessed at admission. The positive and negative symptoms severity was assessed, at admission and discharge from hospital, by the "Positive and Negative Syndrome Scale" (PANSS). We compared medians using Kruskal-Wallis test. We also tested correlation between PANSS scores and prolactinemia.

Results.– Patients suffered from 8 different psychiatric disorders (schizophreniform disorder, schizophrenia, schizoaffective disorder, bipolar disorder, chronic delusional disorder, depressive disorder, substance-induced disorder, and mental retardation). Psychotic disorder group has the higher prolactin medians (22 for schizophreniform disorder, 34 for schizophrenia and 21.5 for schizoaffective disorder) compared to chronic delusional disorder, substance induced disorder, depressive disorder and mental retardation (respective medians = 12; 14.5; 17; 13.5). Medians differences are significant ($P=0.0018$). The analysis of schizophrenia subgroup found a negative correlation between negative PANSS scores and prolactin serum level ($\rho=-0.512$; $p\text{-value}=0.06$).

Conclusion.– In accordance with previous studies, we found the higher serum prolactin levels among schizophrenic group. In addition, elevated prolactin levels are associated to low negative symptoms. These results suggest a probable neurobiological role in schizophrenia process.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0477

Hallucinations in a new light: Study in Parkinson's disease and schizophrenia

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Introduction.– Hallucinations have been described in various clinical populations. In schizophrenic patients (SCZ), hallucinations are hallmark symptoms. In Parkinson's disease (PD), the descriptions of hallucination modalities are sparse. Hallucinations can be evaluated using The Psycho-Sensory hAllucinations Scale (PSAS) which is a multimodal hetero-evaluation scale that includes four domains (auditory, visual, olfactory/gustatory, and coenesthetic modalities). **Objectives.**– This study aimed to explore the phenomenology of hallucinations in 100 SCZ and 100 PD patients using the PSAS. Is this phenomenology homogenous and/or disease specific? And what about repercussion on patients?

Methods.– To identify groups of subjects with similar hallucinations characteristics and independently from pathological groups, factorial analyses (multiple correspondence analysis confirmed by hierarchical clustering) were performed. Comparison between groups on characteristics and repercussion index (frequency, duration, negative aspects, conviction, impact and control of each hallucinations) were compared between clusters of subjects.

Results.– Regarding phenomenology of hallucinations, a pronounced clustering structure within patients has been observed. Three groups with a low inter-group-recovery rate (24%) were determined. The majority of G1 group ($n = 88$) are PD patients (82%), majority of G2 group ($n = 19$) are SCZ patients (89%) but G3 group ($n = 93$) is a more mixed pathological group (72% PD vs 28% SCZ). All groups have specific pathway phenomenon but no significantly difference in the control on hallucinations.

Conclusions.– We confirmed that there's no strict overlap between pathology and hallucinations phenomenology. This latest have specificities that could help to better understand the complexity of the neurological process involved.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0478

Brain-derived neurotrophic factor – Major depressive disorder and suicide

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The aims and objectives of this systematic review are to look into the different theories underling Major Depression and suicide while investigate the correlation between BDNF, Major Depression and suicide. Literature was researched through the University of Malta research platform and statistical reports published by the Maltese National Statistics Office, Eurostat and World Health Organisation were consulted.

Low blood BDNF levels have been identified to occur in Major Depression which normalise during remission. Additionally, since BDNF is associated with increased neural plasticity and survival and decreased atrophy, exposure to chronic stress was identified to decrease BDNF levels and reverse such traits in laboratory rats. Single nucleotide polymorphism Val66Met on the BDNF gene has been identified to be responsible for decreased activity-dependent secretion of BDNF and resultantly increased depressive features. Sertraline administration in human subjects and laboratory rats has been also identified to have a neurogenic effect on serotonergic and BDNF neurons; increasing their expression.

Despite that suicide is commonly associated as part of the symptomatology of psychiatric disorders, in light that children of suicide attempters are six times more susceptible to attempt suicide that children of non-suicide attempters; recent research considered suicide as an independent phenomenon with a high percentage of heritability. Additionally, higher cholecystokinin receptors and

cholecystokinin B receptors have been reported in individuals who died by suicide.

Large randomised replicated research looking into BDNF, Major Depression and suicide is still absent. Further research is necessary to validate the reported findings

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EV0479

Quantitative prediction of outcome in schizophrenic patients with manic-delusional disorders using background EEG and neuroimmunological parameters

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Introduction.– The problem of treatment optimization in schizophrenia is actual because of heavy social-economic burden of the illness and rather high percent of non-responders. One of ways to such optimization is prediction of clinical outcome.

Objectives.– The goal of the study was the search for some background (registered before the beginning of treatment) neurobiological parameters informative for quantitative individual prediction of therapeutic outcome in schizophrenic patients using innovative approach.

Methods.– A total of 45 female in-patients (mean age 31.3 ± 11.4 years) with attack-like paranoid schizophrenia (F20.0 by ICD-10) and manic-delusional disorders were enrolled in the study. Resting eyes closed EEG spectral power values and four neuroimmunological parameters were measured before the treatment course. Quantitative clinical assessments (by PANSS scale) were obtained after treatment course. Background neurobiological data were matched with PANSS scores (PANSS-positive, PANSS-negative and PANSS-sum) of the same patients after treatment course using correlation and multiple regression analyses.

Results.– Mathematical models obtained, contained only 3 to 4 EEG parameters (from background 80) and one (of 4 background) neuroimmunological parameter explained from 72% to 87% of PANSS scores variance in patients after treatment course. Deviation of calculated values from real PANSS scores varied from 3% to 24%.

Conclusions.– The approach described and the data obtained may be useful for elaboration of innovative methods for quantitative individual prediction of treatment outcome in schizophrenic patients. The study supported from Russian Basic Research Foundation Grant No.15-01-00496a

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EV0480

The golf ball and the brain: A case study

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Introduction.– Traumatic brain injury to the frontal lobe has been known to cause significant personality changes including loss of inhibition, increased aggression, as well as emotional instability. However, whether injury to other parts of the brain leads to similar personality and emotional changes remains yet to be proven.

Aim.– To describe an adult patient who sustained injury to his temporal lobe leading to similar changes in personality with increased aggression and impulsivity.

Results.– Mr S. (35 years old) was described by his family as a gentle and amicable man whose behaviour started to change 2 years ago, becoming an individual who was increasingly irritable, with moments of impulsivity, aggression and heavy drinking. His family was unable to recall any significant stressor which occurred 2 years ago, besides an occasion when he was hit on the head by a golf ball. A brain MRI with contrast was done, showing significant changes with a focus of T2 W/FLAIR hyperintensity in his left anterior medial temporal white matter and cortex. His adjacent left amygdala appeared bulky, with mass effect on the left temporal horn. In a conversation with our neurology colleagues, it was noted that a lesion in this region could lead to seizures, memory impairment, as well as personality changes. In this particular case, Mr S presented with significant personality changes, and a neuropsychological assessment for his cognition is still pending.

Conclusion.– Damage to the brain's temporal lobe can lead to significant personality changes with increased aggression and impulsivity, which may mimic injury to the frontal lobe.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0481

Frontal EEG asymmetry in full-term infants and infants born preterm

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Introduction.– Frontal EEG asymmetry (FEA) is spectral electroencephalogram pattern, which usually defined as relative measure of the difference in absolute alpha-power between the right and left frontal regions. FEA is associated with state-dependent emotional reactivity and individual differences in emotional regulation and may be a risk marker for psychopathology.

Objectives.– To evaluate the FEA differences between full-term and preterm infants.

Methods.– A total of 10 full-term infant (mean chronological age 11 months (SD= 1,09 months)) and 10 preterm infant (corrected age 11,4 months (SD= 1,95 months)) were included in the study. EEG was registered with HydroCelGeodesic SensorNet (128 electrodes). 30-second EEG segment was selected for analysis in each case. After EEG preprocessing the power spectrum of each channel that ranged in the of infant alpha frequency band 6–9 Hz was calculated, using a fast Fourier transform for all of frontal left channels (12, 19, 20, 23, 24, 26, 27, 28, 33, 34) and frontal right channels (2, 3, 4, 5, 116, 117, 118, 122, 123, 124). Applied FEA formula is as follow $\ln(P(\text{Right})/P(\text{Left}))$, where P is absolute power for channels of corresponding sides.

Results.– Frontal EEG asymmetry was significantly lower, which reflects greater relative right frontal neural activity (relative right frontal asymmetry) in preterm infants than full-term infants.

Conclusions.– FEA is apparently not stable EEG marker. It's known that FEA can change in young children across the first years of life

along with behavioural changes. It probably can also depend on degree of brain maturation.

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EV0482

Depression after a stroke: Collapse or improvement of the psychic handicap?

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Introduction.– In the immediate aftermath of a stroke, depression is frequent both as a link with the brain injury (spalletta G., 2006), but also as a psychic manifestation of the consequences of the frightening somatic accident. Ms. G. is a 50-year-old woman at the time of her stroke. The motor and cognitive recovery will allow the professional recovery on a fitted post. The psychological state, initially precarious, will evolve favorably in a few months. Several years after a major depressive syndrome will take place in a professional situation, consisting of severe moral harassment.

Objectives.– To study what types of psychic rearrangements depression allows the subject in the recovery of the somatic and psychological accident.

Methods.– A protocol of intellectual tests (neuropsychological assessment and the Wechsler IV Intelligence Scale), projective (Rorschach and Thematic Apperception Test) and quality of life scales will be passed at a time t and t+ 1 year.

Results.– The intellectual tests show cognitive sequelae and a fluctuation in the functioning of the psyche at 1 year intervals. The projective tests allow us to understand the emergence of depression in the aftermath (several years after the stroke) as an attempt at somatic recovery.

Conclusion.– Depression in cerebral vascular pathologies is common both as a narcissistic collapse but also as a possibility of recovery of psychic functioning.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0483

Psychological handicap in Wilson's disease: When genetics get involved

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Introduction.– José is a 12-year-old boy hospitalized for a wilson disease (WD) discovered during hepatitis. This genetic pathology due to the accumulation of copper in the liver initially can, if left untreated, result in cerebral organic damage leading to significant cognitive and psychiatric sequelae. In this review, the analysis of the genealogical tree reveals the incestuous birth of José. He is in college in a specialized teaching class for learning and relational difficulties since small classes.

Objectives.– To try to understand the psycho-intellectual difficulties of José according to the different causalities: cerebral damage related to WD, original trauma freezing thought, developmental pathology to be characterized.

Methodology.– A neuropsychological assessment (memory evaluation, executive and attentional functions), a WISC IV, as well as a complex Rey figure and projective tests (Rorschach and TAT).

Results.– The WISC IV finds an intellectual functioning in very weak norms whereas the neuropsychological assessment reports a cognitive functioning quite efficient for the age. The projective tests find a good perceptual adaptation but a psychic inhibition of the thought.

Conclusion.– The use of all the intellectual and projective tests allows us to grasp the psychic functioning as close as possible to its reality, taking into account the organic repercussions of the disease and the life history of the patient in which the genetic disease is inscribed. It also eliminated cognitive impairment related to WD.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0484

Heart rate variability and clozapine in schizophrenic patients

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Introduction.– Heart rate variability (HRV) is a measure allowing the assessment of the activity of autonomic nervous system (ANS) and reflects the ability to adapt in a changing environment. This measure is highly influenced by treatments but this is poorly taken into account in the field of psychiatry. For example, clozapine is known to be responsible for induced tachycardia that could drastically influence the data analysis, leading to the confusion in conclusions drawn of a diminished HRV in schizophrenic patients.

Objective.– In order to improve HRV data analysis in this population, we propose to evaluate the impact of clozapine on this measure in schizophrenic patients.

Methods.– We conducted a prospective study of schizophrenic patients who were referred to the functional laboratory of the Caen University Hospital for the exploration of the autonomic nervous system. Twenty-four patients were examined between December 2014 and November 2016: 11 patients under clozapine, 12 patients under neuroleptic therapy and one with beta-blocker that was excluded from the study.

Results.– Heart rate was significantly higher in patients with clozapine than in other patients (100.2 vs 77.6 bpm), HRV was significantly lower during rest (34.7 vs 8.3) and in the deep breathing test assessed by RMSSD (49.4 vs 10.5). The Valsalva ratio was also lower in the clozapine population (2.0 vs 1.5). There was no difference between the two populations during the orthostatic test.

Conclusion.– Our results show that clozapine treatment profoundly influences HRV in schizophrenic patients. This must be taken into account in further studies to better understand ANS activity in this population.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0486

A case report: Misdiagnosed psychiatry patient who in fact had focal epileptic seizures

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Introduction.– Psychiatric comorbidities, including mood and anxiety disorders, adult attention deficit hyperactivity disorder, psychotic disorders are common in epilepsy. But on the other hand, a lot of patients who have focal epileptic activity are misdiagnosed in psychiatry clinics as various anxiety disorders like panic disorder, psychotic disorder and depression. Most of the time, these patients are either supposed to be treatment resistant or considered to have another psychiatric disorder not otherwise specified.

Objectives/aims.– Our case report aimed to draw attention to misdiagnosed patients who have focal epileptic seizures instead.

Methods/case.– A 22-year-old female was diagnosed with major depressive disorder and Obsessive-compulsive disorder by a psychiatrist. She used several kinds of antidepressants and had multiple therapy sessions but, there was no response. She had a variable mood during the day with sleeplessness, increase in sexual desire, suicidal thoughts, light sensitivity at nights, bad smelling from time to time throughout the year. Upon a history of bad smelling and light sensitivity, we wanted consultation from department of neurology to rule out epilepsy.

Results.– EEG showed the presence of a two sided unformed sharp wave, slow wave activity of 1-2 second duration in the left hemisphere. Upon this finding, the patient was diagnosed as epilepsy.

Conclusions.– Epilepsy may be associated with a variety of neuropsychiatric symptoms. Psychiatrists must be aware of these varied presentations while obtaining the medical history in order to investigate and manage these patients effectively.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0487

Psychotic and depressive symptoms in a patient with left frontoparietal meningioma – Is there a relationship? A case report and literature review

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Introduction.– Meningiomas are often accompanied by psychiatric manifestations. Affective disorders are a common presentation and psychotic symptoms have been reported. A therapeutic approach is difficult due to symptom resistance.

Objectives.– To report the case of a patient with left frontoparietal meningioma that presents persecutory delusion and depressive symptoms; briefly review the current literature on the psychiatric manifestations of meningiomas.

Methodology.– We describe the patient's clinical history, diagnostic investigation, therapeutic approach and clinical evolution. We searched the "Pub Med" database with the terms "Meningioma", "Depressive Disorder", "Depression" and "Psychotic Disorders". Only papers published in English were selected.

Results.– A total of 23 articles met the selection criteria. We report the case of a 58 year-old woman admitted to our psychiatry community team for depressive symptoms, in 2015. During the assessment we found that in 2011 she experienced persistent headaches and a CT brain scan revealed a left frontoparietal meningioma. In 2012 she suddenly develops persecutory delusion involving her neighbours, with progressive social retirement. The following months she progressively develops depressive symptoms (low mood, anhedonia, avolition). Although there was a partial response to sertraline 100mg and paliperidone 9mg, a complete remission was never achieved. Neuropsychological assessment is consistent with frontal and parietal dysfunction.

Conclusions.– We propose a relationship between the meningioma location, the patient's psychopathology and resistance to treatment. (Figure 1)

Table 1

n	437	Gender	61.6% males
Age	50.41 (standard deviation 14.732)	Origin	41.2% urban
Diagnosis	schizophrenia 44.2%; bipolar disorder 24.7%; schizoaffective 12.6%; delusional disorder 8.5%; not otherwise specified psychotic disorder 5.9%; schizotypal 4.1%	History of substances use disorder (SUD)	unknown 39.6%; yes 37.8%
Actual SUD	unknown 41.6%; no 24%	Attendance	82.6%
Compliance	92%	Number of admissions	1.71 (standard deviation 2.723)

Figure 1

Disclosure of interest.– The authors declare that they have no competing interest.

EV0488

Non-motor symptoms in Parkinson disease: Impulse-control disorder. A case report

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Introduction.– The neuropsychiatric manifestations of Parkinson's disease (PD) result of great importance because of their frequency and severity. We highlight the Impulse-Control Disorder (ICD) in the form of: pathological gambling, compulsive buying, eating disorder and sexual behaviour disorder. Its prevalence ranges 6–9%, although it is underdiagnosed.

Objectives.– To emphasize the importance of ICD diagnose in PD to improve functionality and prognosis, through a clinical case.

Case presentation.– A 45-year-old male patient diagnosed with idiopathic PD at age 39, advanced stage (2.5 Hoehn and Yahr). Past psychiatric history: depressive episode and impulsive personality. Treated with Levodopa 200 mg/4 hours and Bupropion 150 mg/day. Rotigotine was added by Neurology because of motor worsening. The patient started with gambling, compulsive shopping, hyperphagia and hypersexuality with important repercussions in his daily life. It was decided to stop Rotigotine, with partial improvement of the symptomatology. Topiramate was added up to a dose of 100 mg/day, and complete resolution was achieved.

Discussion.– Given the frequent association between ICD and PD, a common neurobiological substrate has been suggested. Therefore, it may be difficult to discern primary phenomena from those related to the treatment. The predisposing factors to develop ICD in PD are: male sex, evolution years and early onset of the disease, aknetic/rigid forms, high doses of levodopa, use of dopamine agonists, personal or family history of substance abuse or affective disorders and impulsive personality [1].

Disclosure of interest.– The authors declare that they have no competing interest.

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EV0489

Integrating neuroscience in psychotherapy: Shifting paradigm or language evolution?

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Recent developments in cognitive neuroscience have changed in many ways our perception of psychotherapy. New findings like unconscious associative network, neural plasticity, mirror neurons, interpersonal neurobiology, and Psychophysiology of dream imagery, provided scientific grounding to our day-to-day practice and shed a new light on how the brain works and how we can improve its functioning.

However, we can ask ourselves if these findings are game changing in the psychotherapist's clinical practice or a "new language" that gives a new credibility and a scientific ground to psychopathology concepts such as the unconscious, traces, empathy, transference, implicit language and dream interpretation.

We will try to illustrate, by comparing these modern and classic entities, that the quest of the modern psychiatry should be to harmonize the understanding of the brain and the mind, in order to be more patient-focused with a more global approach.

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EV0490

The effects of combined transcranial direct current stimulation and speed of processing training on sleep quality in older HIV-positive and HIV-negative adults

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Introduction.– Many older HIV-negative adults and HIV-positive adults experience poor sleep quality; for older HIV-positive adults, such disturbances may be exacerbated. As separate interventions, transcranial direct current stimulation (tDCS) and cognitive training have been shown to improve sleep quality in older adults; however, their combined influence has not been examined.

Objectives.– This study examined the combined influence of tDCS and cognitive training, specifically speed of processing (SOP) training, on improving sleep quality in older HIV-positive and HIV-negative adults.

Methods.– Older (age 50+) HIV-positive ($n = 33$) and HIV-negative ($n = 33$) adults were randomized to receive one of two treatments: 1) tDCS with SOP training or 2) sham tDCS with SOP training. In this study, there were four treatment groups derived from the two interventions between HIV-positive and HIV-negative adults. At both baseline and posttest, sleep quality was examined using the Pittsburgh Sleep Quality Index (PSQI). SOP training consisted of 10 hours of computerized training designed to improve perceptual

speed of processing. tDCS with a current of 2 mA was applied to F10 (right inferior frontal cortex).

Results.– At baseline, older HIV-positive adults experienced significantly more disruptions in sleep quality compared to older HIV-negative adults. Unfortunately, no change in sleep quality resulted from the interventions.

Conclusions.– Support was found that older HIV-positive adults experienced poorer sleep quality compared to their HIV-negative counterparts. Since treatment did not result in improved sleep quality, using tDCS in combination with cognitive training to ameliorate sleep quality is not warranted at this time.

Disclosure of interest.– The authors declare that they have no competing interest.

Obsessive-compulsive disorder

EV0492

Symptoms of Anxiety and depression, and female gender are associated with lower quality of life in patients with obsessive-compulsive disorders

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Background.– One to three percent of the adult population suffers from obsessive-compulsive disorders (OCD). Symptoms of OCD include time-consuming, distressing and impairing persistent intrusive thoughts (obsessions), repetitive and ritualistic behaviours (compulsions), poor insight, and strong avoidance behaviour. Additionally, quality of life is adversely affected. The aim of the present study was to compare the quality of life of patients with OCD with that of healthy controls; gender, and symptoms of depression and anxiety were also taken into account.

Method.– A total of 100 patients diagnosed with OCD (mean age: 32 years; 64% females) and 100 controls (mean age: 31 years; 59% females) took part in the present cross-sectional study. All participants completed questionnaires covering socio-demographic characteristics and dimensions of QoL. Experts rated participants' symptoms of OCD, anxiety and depression.

Results.– Compared to healthy controls, patients with OCD reported a lower QoL, and had higher symptoms of depression and anxiety. This pattern was particularly pronounced among female patients with OCD. QoL was lower in patients with OCD, even when controlling for depression and anxiety. Results from binary logistic regressions showed that female gender, low QoL and higher symptoms of OCD, depression and anxiety predicted status as patient with OCD.

Conclusions.– Compared to healthy controls, patients with OCD have poorer quality of life and this is independent of depression or anxiety, and is particularly pronounced among female patients. Thus, treatment of OCD might take into account patients' comorbidities and gender.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0495

Coimbra obsessive inventory – Short version (COI-SV): Development, factor structure and psychometric properties

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Introduction.– The Coimbra Obsessive Inventory (COI) is a self-report instrument encompassing two scales of frequency and degree of emotional disturbance of obsessive-compulsive symptoms (50 items each). The COI would benefit from being shortened to facilitate assessment.

Objectives.– The current study sought out to develop a COI short version (COI-SV) and study its factor structure and psychometric properties.

Methods.– The COI-SV was developed based on psychometric criteria. This study was conducted in the original sample (604 participants from the general population). Subsequently, in another sample of 338 subjects a 5-factor model was tested through confirmatory factor analysis. Cronbach alpha and composite reliability (CR) were calculated. Convergent and divergent validity were addressed through correlations with the Padua Inventory (PI) and the Depression, Anxiety and Stress Scales (DASS-21). Test-retest reliability was studied in a subsample of 23 participants.

Results.– The emotional disturbance subscale was maintained. A 19-items and 5-factor (“contamination/washing”, “indecisiveness/slowness”, “repeated checking/hoarding”, “immoral content”, and “magic thinking”) version was achieved. The COI-SV showed a good model fit (CFI=0.937; GFI=0.901; RMSEA=0.067; MECVI=1.374). Regarding internal consistency, Cronbach alpha was .93 and the CR was .97. Correlation results between the COI and the COI-SV was .97. The COI-SV revealed a correlation of .75 with the PI and correlations of .44, .46, and .49 with the DASS-21. Test-retest reliability showed to be .66.

Conclusion.– The COI-SV showed to be a valid and reliable measure of obsessive-compulsive symptoms among the general population. These results substantiate the use of this scale in research and clinical practice.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0496

Mind the gap in OCD: From good to poor insight

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Objectives.– The author shows how insight became a miller-stone concept in OCD research, how it can explain OCD variability and the limitations one can find in insight research.

Methods.– The author evaluated 60 OCD patients and measured insight (apart from other clinical and laboratory variables). A revision about when we can expect from it and how insight changed OCD research is done.

Results.– Many authors studied insight in OCD. More studies are needed in order to fully understand why insight is so important for OCD prognosis and therapeutical success and what makes good-insight patients so different.

Conclusion.– Since the beginning of insight research in OCD many things were concluded. Nevertheless, a gap still exists and some more answers are needed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0499

In patients with obsessive-compulsive disorders and major depressive disorders, higher anhedonia scores are related to low self-efficacy

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Background.– Both patients with obsessive-compulsive disorders and major depressive disorders report lower quality of life. By definition, poor quality of life is associated with lower self-efficacy (SE) and anhedonia (ANH), that is, the relative lack of feelings of enjoyment, happiness and satisfaction. In the present study, we investigated the associations between symptoms of OCD and MDD, SE and ANH among patients with OCD and MDD.

Methods.– At total of 30 patients with OCD and 30 patients with MDD took part in the study. They completed a series of self-rating questionnaires on symptoms of OCD, MDD, ANH and SE.

Results.– Higher scores of OCD and MDD correlated with higher ANH and lower SE. After controlling for SE, associations between higher scores of OCD and MDD and higher ANH persisted.

Conclusions.– The pattern of results suggests that anhedonia seems to be a serious mental health issue both in patients with OCD and MDD independently of self-efficacy. Accordingly, treatment might focus on increasing patients' capacity to enjoy and to experience positive emotions.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0500

No differences in the concept of field dependency between patients with OCD and healthy controls

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Background.– Witkin introduced the intriguing theory of field dependency as a cognitive style. Briefly, people with a prevalently field-dependent cognitive style rely their cognitive-emotional processes rather on cues from the (social) environment, while people with a prevalently field-independent cognitive style rely their cognitive-emotional processes rather on internal and experience-based cues. Accordingly, as a rule of thumb, people with a field-independent style are more active, assertive, explorative, independent, and action-oriented. In the present study, we investigated, if and to what extent patients with OCD and healthy controls might differ in their field-dependency.

Method.– A total of 49 patients with obsessive-compulsive disorder and 49 healthy controls took part in the study. Participants completed questionnaires on socio-demographic and psychiatric dimensions; experts assessed participants' IQ and field-dependency.

Results.– Patients with OCD and healthy controls did neither descriptively, nor statistically significantly differ with respect to IQ and field-dependency/independency. OCD scores were associated neither with IQ, nor with scores of field-dependency/independency.

Conclusions.– Despite the apparent differences in psychiatric dimensions, patients with OCD did neither differ in IQ, nor in field-dependency/independency. It remains unclear, if and to what extent field-independency of patients with OCD might be considered a resource or an issue to cope with their disorder.

Disclosure of interest.– The authors declare that they have no competing interest.

Old age psychiatry

EV0501

Antipsychotics and the risk of cerebrovascular accidents in the elderly population with dementia

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Introduction.– Antipsychotics (AP) are widely used as therapy for psychotic episodes and behavioural problems among elderly population. The efficacy of AP for the treatment of behavioural problems remain unclear, and multiple side effects are linked to the use of AP. In particular, there is an increased risk of cerebrovascular accidents (CVA) reported in the elderly. Data on differences between new-generation and old-generation antipsychotics with regard to the incidence of CVA remains controversial.

Objectives & aims.– We aimed to evaluate CVA caused mortality in relation to the use of antipsychotics in geriatric patients with stroke and matched controls.

Methods.– An literature search was conducted using Pub Med, EMBASE searching for studies reporting AP-therapy and the risk of stroke.

Results.– Increased cerebrovascular risk was associated with use of AP, especially in the first weeks of treatment. CVA caused mortality was 18% and occurred predominantly within 10 days after initiation of AP-therapy. Classic AP-drugs were more likely to cause CVA, when compared to new-generation AP. Possible pathophysiological mechanisms include a trombo-embolic process, changing function of platelets, cardiovascular and atherosclerotic effects.

Conclusion.– Our findings suggest that treatment with classic AP-drugs might be particularly hazardous within the first weeks after initiation of the therapy. After 3 months, the risk stabilizes and there is no ratio to withdraw the treatment. Our data indicate that care should be taken in prescribing AP, and that regular adequate clinical controles are necessary.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0504

Aging brain of bipolar patients; a relation between bipolar disorders and dementia?

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Introduction.– Bipolar disorder (BP) is a life-long, relapsing disorder cause serious disability. Late onset illness is seen in minority of patients. Some elder patients with BP show some persistent behavioural problems and cognitive deterioration other than symptoms of mood episodes. The knowledge about etiologic or progressive relation between BP and dementia is scarce.

Objectives.– We described a case series; patients with BP and frontotemporal dementia (FTD) to discuss the relation between two illness.

Methods.– The onset of illness, description of clinical features, progression, neurocognitive tests, brain images of patients with BP and FTD are presented and discussed in the light of literature findings.

Results.– We presented four patients with BP. Patient A: 64 year old male, diagnosed with BP 1 for 20 years. He has been diagnosed with FTD for last 6 years. Patient B: 59 year old, female with diagnosis of BP 1 for 37 years. She was also diagnosed with mixed type dementia. Patient C: 75 year old male, diagnosed with late onset BP1 for 18 years and FTD for 6 years. Patient D: 70 year old male, late onset BP1 and FTD for 16 and 4 years respectively. We observed that late onset BP are more risky and has degenerative, aging process which prone to developed FTD.

Conclusion.– The patients with BP may aging with more degenerative process and FTD diagnosis may resulted from dis neurodegeneration. Some etiologic data about FTD might come out with traces of BP.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0506

Use of restraint in geronto psychiatry: A descriptive study

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Introduction.– The use of coercion within the psychiatric services is problematic and raises a range of ethical, legal, and clinical questions. “Physical restraint” is an emergency procedure used in psychiatric hospitals to control patients that pose an imminent physical danger.

Objectives.– The aim of our work is to analyze the indication, the risks and modalities of restraint for aged hospitalized subjects in psychiatric services.

Methods.– A descriptive cross sectional epidemiological study was performed in two psychiatric services in which nurses were individually interviewed using semi structured questionnaire. Five topics were explored: indication and contexts, impact on the patient, caregivers-patient relationship, perspective on the practice and feeling of caregivers.

Results.– Twenty-nine nurses were recruited; they all had participated in experiences of restraint. The agitation and aggressiveness were the most frequent indication (75%), and the prevention of the fall for 35%. The emotional experience of nurses was predominantly negative type of frustration for 25% and lack of feeling for 39%. 21% of the nurses declared that it's essential to explain to the patient

the modalities of the act before the restraint. 85% answered that they supervise systematically patients during restraint.

Conclusion.– In our investigation we found that most frequent indication of restraint was to protect the patient and the environment but it must be made with caution and moderation to avoid complications.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0507

Cognitive impairment, a mask of depression in elderly people

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Introduction.– The diagnosis of depression in old age is usually very complex. Clinically, it appears more frequently at body levels, showing somatization processes or chronic pain as psychosomatic phenomena. Mnesic complaints are quite common, sometimes masking the presence of emotional and affective symptoms. The outward clinical manifestations, alongside the evolution of symptoms and response to antidepressant treatment remain the most widely used criteria for differential diagnosis between depression, dementia and depressive pseudodementia.

Objectives.– To present a clinical case study reflecting the diagnostic difficulty of depressive disorder in old age.

Material and methods.– Descriptive study of a clinical case and literature review of the topic.

Results.– We describe the case study of an 85-year-old man with psychiatric history, diagnosed with major depressive disorder. He is admitted to the Acute Care Setting for functional and emotional worsening over the last few weeks, exhibiting persecutory delusional ideas, complaints about his state of health, weight loss, lack of appetite, mnesic symptoms, odd behaviour and occasional verbal aggressiveness. The tests administered -blood test, electrocardiogram, thorax x-ray and brain scan- are all normal and so the screening tests for cognitive impairment rule out the possibility of brain damage. The patient is treated with venlafaxine (150 mg/day) and paliperidone (9 mg/day), showing good response and clinical improvement, with the previous delusional ideas disappearing and with memory errors gradually getting better.

Conclusions.– The differential diagnosis between dementia and depression is very complex. Depression in old age usually triggers cognitive symptoms affecting both attention and memory. Response to antidepressants with remission of symptoms suggests underlying depressive disorder pathology.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0508

Depression and dementia – The complex relationship

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Introduction.– Dementia and depression are the most common mental health problems in older age. Late-life depression is frequently associated with cognitive impairment. In turn, depressive

symptoms are often associated with or precede a dementia syndrome. The relationship between the two disorders is bi-directional and complex and the accurate differential diagnosis remains extremely challenging.

Objective.– To characterize and present the current state of evidence about the relationship between depression and dementia.

Methods.– A literature search on Pub Med was performed using the keywords “Depression”, “Cognitive Impairment”, “Dementia” and “Pseudo-dementia”.

Results.– Approximately, half of the patients with late-onset depression have cognitive impairment, mostly impairments of executive functions, attention, information processing, psychomotor speed and working memory. There are several ways in which depression and dementia could be related: both being common conditions, they could occur together in the same individual by chance; cognitive impairment and depressive symptoms could both be manifestations of the same brain disease; depression could appear as a reaction to recognition of cognitive loss; depression might unmask a dementia which had until then remained undetected; there is a growing evidence suggesting that depression itself could be an independent risk factor for the future development of dementia, especially with early-onset recurrent or chronic depression. Various mechanisms have been proposed to explicate this association.

Conclusion.– The relationship between depression and dementia is far from clear. There are several methodological limitations in the studies that need to be sort out. This area has enormous public health implications considering our growing elder population.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0509

The profil of Moroccan elderly psychiatric inpatients

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Introduction.– The aging of populations is a major public health issue, because of its health consequences, but also social and economic. In response to this demographic evolution, geriatrics, medicine of the elderly, developed from the end of the 1950s. In the field of psychiatry, the peculiarities that characterize the disorders of the elderly also led to a reflection on the need to propose a specific offer of care.

Material and method.– We conducted a descriptive cross-sectional study of all elderly patients hospitalized in the psychiatric unit of Mohammed VI University Hospital, Marrakech, from 1 February 2016 to 31 August 2016.

Results.– The sample studied includes 24 patients hospitalized in the psychiatric ward of Mohammed VI Marrakech Medical Center and whose diagnosis was retained on the criteria of the Diagnostic and Statistical Manual of mental disorders in its fifth version (DSMV). The average age of our sample was 62.84. 84.21% of patients ($n=16$) were male with a sex ratio of 5.3. Behavioral disorders and delusional syndrome are the most common symptoms found at admission. 73.86% of patients were diagnosed with schizophrenia. 84% of the patients were on atypical neuroleptics.

Conclusion.– Demographic evolution already confronts psychiatrists of adults to take care of elderly patients, whose clinical characteristics (atypical clinical presentations, frequency of somatic EVmorbidity and associated cognitive impairments, delayed therapeutic responses, etc.) require that a particular teaching and a specific offer of care can be offered as widely as possible.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0510

Diagnostic and therapeutic challenges in patient with persistent delusional disorder and pneumosinus dilatans

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Introduction.– Treatment of persistent delusional disorders in old age is often complicated with non-compliance and somatic drug treatment. These circumstances can sometimes lead to presence of new symptoms such as seizures, compromised consciousness etc.

Objectives.– To present a case with complicated clinical presentation due to the morphological changes, age and influence of the applied pharmacotherapy.

Methods.– Case report of a 76 years old female inpatient. We performed extensive laboratory tests; microbiological, pneumologic and neurologic examinations, neuroimaging methods (CT, MRI), EEG, psychological tests.

Results.– Anamnesis - alteration of consciousness and extra pyramidal symptomatology, treated several years with LAI Risperidone. CT - calcification of the basal ganglia. Toxicology screening without overdose. Laboratory analysis: sodium = 116 mEq/dL; CK = 3683 U/L; hematocrit 0,31%; leucocytes = $9,3 \times 10^6/\text{mm}^3$ and neutrophilia 0,88%. During treatment she had two tonic-clonic seizures with amnesia. EEG: theta activity over right frontal-central area. MRI: intracranial pneumosinus dilatans without compression of the tissue. Psychologist: visual-retentive deficits and difficulties in graphomotoric performance. Neurosurgeon preferred conservative treatment.

Conclusions.– Several factors could explain the current clinical state of the patient. First the patient was old age female with history of treatment with SGA. We can assume that mechanism of hyponatremia is similar to other psychotropic medications i.e. secondary to the syndrome of inappropriate antidiuretic hormone (SIADH). The possible mechanism for seizures could be the presence of pneumosinus dilatans in right frontal sinus. Such patients should be diagnosed and treated with multidisciplinary approach.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0511

Frailty evaluation in aging adults with autism spectrum disorder and intellectual disability (EFAAR study)

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The frailty syndrome is defined as a medical state of increased vulnerability due to aging-associated decline of physiological reserves. In the Rockwood's cumulative model, a frailty index (FI) is calculated from a lot of clinical and biological criteria. In general population, this FI depends only on age. Few data are available about aging with autism spectrum disorder (ASD). Nevertheless a premature frailty is suspected.

The principal aim of our monocentric and prospective study is to determine if FI is age-dependent in a population of adults with ASD and intellectual disability (ASD-ID). Secondary objectives are to determine the frailty prevalence in our ASD-ID population and to characterize its health condition.

Our primary endpoint was the complete or selected FI (respectively 104 clinical and biological criteria or 62 criteria (criteria with frequency between 5% and 80%)). In addition, ASD severity, adaptive and intellectual functioning, somatic and psychiatric comorbidities, and treatments were evaluated. After checking FI gamma distribution by Kolmogorov-Smirnov test, log-linear univariate and multivariate regressions have been performed to determine on which variables FI depends.

To date, 41 patients aged from 20 to 63 years have been included. FI mean was 0.24–0.25. FI depends significantly on age, ASD severity (CARS), and somatic comorbidities (CIRS). Frailty prevalence ranges from 9 to 61% in accordance with the used FI threshold model. We noted high prevalence of depression (20–23%) and gastrointestinal disorders (70–73%).

Finally, ASD-ID frailty depends on a complex synergy between age, disability and somatic comorbidities. The observed FI is in favour of a premature frailty.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0513

Revisiting Hippocrates – The particular case of the 5th humour illness

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Objectives. – Bibliographical review of the scientific literature on the topic Glaucoma and its relation with psychotropic drugs.

Methodology. – Bibliographical analysis of the works already published on the subject. Identify keywords, collect primary sources, review secondary sources, make a critical review and summarize available literature.

Results. – Based on the keywords, we obtained 22 bibliographic sources that we considered relevant.

Discussion/conclusions. – Glaucoma—an optic nerve disease, responsible for a progressive (but silent) vision loss - is the 2nd worldwide cause of blindness and the first cause of reversible blindness. 60 M people worldwide with Glaucoma and an increase in incidence with age. Numbers that worry? A problem of all, no doubt. The challenge gets harder. The bidirectional relationship between Glaucoma and Mental Illness is known. 17% of patients have both Mental Illness and Glaucoma. After all—our problem is greater than others' is. Psychotropic drugs can cause Secondary Glaucoma, described in the

literature as a type of angle-closure Glaucoma. How bad is our problem? Although less prevalent, angle-closure Glaucoma accounts for 50% Glaucoma-induced blindness. The conclusion? Our problem is WAY bigger than others' is. Our motion? Answer to simple questions of daily clinical practice: Which patient should make the alert sound? What symptoms should concern us? What to do and what to avoid?

Disclosure of interest. – The authors declare that they have no competing interest.

EV0514

The Cotard syndrome: A case report

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We present the case of an 83-year-old man who was hospitalized in psychiatry after a suicide attempt, by defenestration. We have done a review of the literature on the subject of a clinical case, due to its peculiarities. He was diagnosed of Somatic Symptom Disorder (according to DSM5) with hypochondriac overvalued ideas. He required admission to the Mental Health Hospitalization Unit showing psychomotor agitation, verbiage and aggressiveness, with progressive deterioration of his mental state; it was necessary a joint follow-up was performed with a Neurology service, and the diagnosis was “unspecified Dementia”.

Hypochondriac ideas are common in the elderly. In most cases they present a depressive substrate. There are several factors that favor the development of delusional disorders in the elderly, such as physical deterioration, pluripathology, progressive loss of loved ones, previous personality and thoughts about death. All this influences the development of concerns about diseases and somatic well-being, and can trigger a picture with delusions. The treatment of this syndrome is usually complex, however, it can be treated effectively if the appropriate pharmacological combination is found for each case. Antidepressant drugs such as mirtazapine or venlafaxine, or antipsychotics such as risperidone, olanzapine, or aripiprazole are usually used. The choice of each of these drugs (or combination of both if required) should be individualized in each case, since there is no infallible treatment to treat cotard syndrome. *Disclosure of interest.* – The authors declare that they have no competing interest.

EV0516

Psychopharmacology approach of the bipolar disorder in the aged outpatient

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Introduction. – The difficulty in the therapeutic management of the bipolar disorder in elderly population, it is due to the high sensitivity in general pharmacological effects and in psychotropic drugs in

Table 1

	Current age	Years of evolution	Somatic backgrounds	Drugs previous to current treatment	Cause of modification	Current treatment	Side effects
N1	79	59	Arrhythmia, high blood pressure, cholecystectomy	Lithium	Renal failure	Gabapentine	Tremor, drowsiness
N2	76	60		Haloperidol, lithium biperiden, Fluoxetine, lamotrigine	Extrapyramidal syndrome	Lithium, trazodone,	Distal tremor, cognitive impairment
N3	72	25	Ischemic heart disease, high blood pressure, VHB. Essential tremor, cognitive impairment	Oxcarbazepine Haloperidol olanzapine	Ineffective Neutropenia Extrapyramidal syndrome Gain Weight	Quetiapine, valproic acid.	Worsening Cognitive impairment, drowsiness
N4	68	38	Diabetes mellitus	Tricyclic antidepressants, valproic acid, lithium	Drowsiness, gastric discomfort, fatigue	Risperidone, zolpidem	Tremor, dependence on zolpidem

particular. There are no specific recommendations to this age group. Most of the evidences are extrapolated from studies in middle age.

Objectives.– To analyze longitudinally the pharmacological route of a sample of outpatient with diagnosis of Bipolar Disorder (DSM5 Criteria) above age 65.

Method.– Descriptive analysis were performed about data collection from clinical histories from 9 outpatients.

Results.– Preliminary results from part of the sample are shown (Table 1).

Conclusions.– Most of the patients experienced at least three drugs prior to the current treatment. The principal reason for drug change was the presence of intolerable adverse effects. The trend is to be replaced by atypical antipsychotic or antiepileptic. The available literature is still limited to justify these indications based on empirical data.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0518

Maintenance electroconvulsive therapy in elderly, the experience of Magalhães Lemos's hospital, Porto, Portugal, in 2016

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Introduction.– Before a successful acute treatment, maintenance electroconvulsive therapy (ECT) is a usual practice in elderly, because of its efficacy (HP Spaans et al., 2015), in relapse prevention safety (G Petrides et al., 2011) (DT Manly et al., 2000) however there is no general agreement (M Frederikse 2006).

Objectives.– Clarify the efficacy of maintenance ECT in relapse prevention.

Methods.– Brief review of the literature about maintenance ECT in elderly, using Pub Med and presentation of epidemiological data of ECT Unit in Magalhães Lemos's Hospital related to this practice, during 2016.

Results.– In terms of ECT practice in elderly, in Magalhães Lemos's Hospital during 2016, 21 individuals were treated with acute ECT. 14 of them started maintenance treatment and 5 of these relapse (35.7%). Of the 7 individuals that didn't start maintenance therapy, only 1 relapse (14.2%).

Conclusions.– Maintenance ECT in elderly is usual but there is formal guidelines supporting it. Studies show good efficacy in relapse prevention of severe psychopathology however, our unit data fail to show that. However, a larger population was needed to support our idea.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0521

Preventing hospital admission in acutely unwell older adults

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Introduction.– Interim Assessment and Treatment (IAT) provides funding to purchase care for urgent and specific treatment needs for Older Adults in Cornwall where the likely alternative might be an admission to hospital. Used appropriately it is much less restrictive and increases the possibility of maintaining patients in familiar surroundings. It is important for the effectiveness of IAT that specific steps are taken to ensure the most appropriate treatment and/or placement.

Objectives.– This audit assessed whether we are meeting the required standards of assessment and communication throughout the process. We also reviewed the outcomes from each placement (e.g. hospital admission, return home, continued placement at IAT address) as well as length of placement as proxies for the success of the process.

Methods.– We reviewed all patients where IAT funding had been used in the past 12 months and used a standardized data extraction form covering five key domains; assessment, placement details and outcome, information sharing, legal process and follow-up.

Results.– In total 12 patients received IAT funding. They received physical (100%) plus mental (91.6%) plus cognitive (66.7%) assessments for their decline prior to funding. All involved MDT discussion. Only 1 (8.3%) patient ultimately required admission to a mental health hospital. The median length of placement was 19.5 days which compared favourably to the national median inpatient stay of 78 days.

Conclusions.– Our IAT placements are well planned, executed and effective and in the majority of cases result in a suitable placement being found or maintained and hospital admission avoided.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0523

Subjective well-being in older women with breast cancer in remission

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Keywords: Older women; Breast cancer in remission; Subjective well-being; Aging well.

Objectives.– To analyze significant differences among two groups of older women with and without breast cancer, regarding subjective well-being (SWB); to assess the association of SWB with breast cancer; and to examine the association of the affective with the cognitive dimension of SWB in both groups.

Methods.– We recruited 387 older women (M=85.27; SD=6.59; range 75–100). Measures included demographics, the Satisfaction with Life Scale and the Positive and Negative Affect Schedule.

Results.– Women with breast cancer in remission presented a significantly higher SWB score. Cognitive and affective dimensions of SWB were correlated to breast cancer, and were strongly associated in both groups.

Conclusions.– Clinical and program development may benefit from addressing SWB of older cancer survivors.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0524

Psychological challenges of older clients in person-centered therapy

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Keywords: Older client perspectives; Empathic approach; Person-centered therapy; Psycho-emotional challenges; Therapeutic relationship

Objectives.– Dramatic increases in life expectancy within the older population have revealed challenges specific to older adults, yet these are rarely addressed in the person centered literature. In this paper, we offer the perspective of adults experiencing old age, by using a case study of a 74-year-old older adult as well as research that supports the various challenges in old age.

Methods.– We explore several psycho-emotional challenges experienced by older adults—cognitive capacity, time perspective, autonomy, loss and reminiscing, and the aging body, in order to facilitate understanding of their specific needs.

Results.– The results show that for older adults, an empathic approach is key to creating relational depth within a therapeutic relationship so that the older client can deepen his or her personhood and his or her sense of agency.

Conclusions.– We assert that a genuine and authentic encounter between an older client and her or his therapist is the key to facilitating growth and development for the older client.

Disclosure of interest.– The authors declare that they have no competing interest.

Oncology and psychiatry

EV0525

Psychiatric symptoms in brain tumor, case report

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Keywords: Mental disorders; Signs and symptoms; Brain neoplasm diagnosis

Case report.– We presented patient with the diagnosed brain tumor where psychiatrist had been the first specialist to be consulted. Neurological examination was generally unremarkable with no focal signs or features of raised intracranial pressure.

CT scan demonstrated Proecessus expansivum region sellaris et suprasellaris nonfunctionalis cum compression chiasmaopticum in a 67 y male patient.

His family said that the first behaving changes such as heightened suspicion and elevated jealousy of wife is in the last year, and that symptoms grow up after retirement.

Psychiatric symptoms in patients with brain tumors are not specific enough and can have the same clinical presentation as the genuine psychiatric disorder.

It is important to use the neuroimaging in patients with abrupt beginning of psychiatric symptoms, in those with a change in mental status, or when headaches suddenly appear or in cases of treatment resistant psychiatric disorders regardless the lack of neurological symptoms.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0527

The announcement of diagnosis of malignant oculo-orbital tumor in children: Impact and repercussions on parents

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Objectives of the study.– The purpose of our work is to describe the experience of the parents of a child with oculo-orbital cancer and to evaluate the degree of satisfaction of these children both for the therapeutic management of their child and for the clarity of the information transmitted.

Patients and method.– We conducted a prospective study of interest to parents of children with cancer oro-orbital and who had been treated in the ophthalmology department of the Mohammed VI University Hospital of Marrakech over a period of one year. Data collection was done through semi-structured interviews with parents, to whom we also provided self-questionnaires to assess their lived experience at the time of diagnosis, treatment and after treatment. *Results.*– Twelve families participated in the study. The average age of treated children was 11 months. 73% of children had retinoblastoma, and 27% had rhabdomyosarcoma. The sick child was the only child of all the families participating in the study. At the time of the announcement of the diagnosis, the father was absent in 75% of the cases. 10% of the families considered that the doctor could not find the right words to announce the diagnosis. At the announcement of the treatment (enucleation/exenteration): all the parents did not accept immediately the proposal of the treatment. 80% of parents needed an average of 3 days to adapt to this situation. After treatment (average time of 1 month): The majority of parents (92%) expressed overall a significant satisfaction

Disclosure of interest.– The authors declare that they have no competing interest.

EV0528

Emotional distress, alexithymia and coping strategies in newly diagnosed patients with cancer

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Introduction.– Receiving a diagnosis of cancer may cause psychological responses such anxiety, depression and alexithymia. Patients adopt various coping strategies to deal with this situation.

Objectives.– To determine the prevalence of anxiety, depression and alexithymia in newly diagnosed patients with cancer and explore coping strategies used by these patients.

Methods.– It was a cross-sectional study involving 40 newly diagnosed patients with cancer and followed in the oncology department of Habib Bourguiba University Hospital in Sfax. The Hospital Anxiety and Depression Scale (HADS) was used to assess emotional distress. Alexithymia was assessed using the Toronto Alexithymia Scale (TAS-20). Coping was evaluated by the Ways of Coping Checklist-Revised (WCC-R); this scale measures three cop-

ing factors: problem-focused coping, emotion-focused coping, and social support seeking.

Results.– The average age of the patients was 54.65 years. The sex ratio (M/W) was 1.5. The colorectal cancer was the most frequent (50%) type of cancer. The average duration of disease was 4 months. 10% of patients had metastases. All patients were treated with surgery and 55% underwent radiotherapy. A high level of anxiety was found in 40% of patients, while depression was found in 30% of cases. Four patients (10%) had alexithymia. The most adopted coping strategy was problem-focused with an average score of 31.44 ± 3.97 . High alexithymic patients scored higher on the emotion-focused coping and significantly lower on problem-focused coping than non alexithymic patients.

Conclusion.– After a cancer diagnosis, depression, anxiety and other emotional problems may occur. Psychological support can reduce emotional distress and reinforce strategies of adjustment to illness.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0529

On psychooncological therapy

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Introduction.– Psychooncological therapy is very important for health-behaviour-modification&psycho-neuroimmunomodulation related to occidental&oriental philosophy-psychology-medicine incl. Chinese, India, Japanese, etc.

Methods.– Psychic/body-training by occidental/oriental practices (patients/probands). Evaluation of psychic-“polar-attitude-list”/physiological-parameters: heart-rate, blood-pressure, etc. (see ref.).

Results.– Observations demonstrate strong positive influence of psycho-somatic parameters after music[1], respiratory[2], yoga-physical[3] therapies. Items of psycho-physiological (relaxed), emotional (tranquil/happy), cognitive (few/ordered thoughts), voluntary (active/spontaneous), social (open/assertive), consciousness (clear/sleepy) categories are significantly positive changed 25-50%. The 3 therapies have specific psychic effects, e.g. items “relaxed/tranquil” after respiratory- (+45/50%) & music- (+20/5%), also item “open” after music-therapy (+25%) are positive, but negative after respiratory-therapy (-20%). Radiooncological patients/gynecol.-urol. reported after training [1-3] to be more relaxed-47%/tranquil-62%/clear-40%, large mental-quietness-62% ($p < 0.05-0.01$, $n = 206$).

Conclusion.– Psychopathology needs new integrative therapy-models considering application of psycho-somatic (Th.v.UEXKÜLL and somato-psychic (Y.IKEMI) approaches caused by high complex interaction of psychic-physiological-pharmacological-social factors, appointed also by Emperor AKIHITO during opening ceremony of ICPM-Congr. in Kobe: “total symptoms of mind-body, seeking ways of holistic care”. Model for integrative psychooncotherapy by high mental control incl. oriental&occidental practises & pharmaEVtherapy could essentially help oncological patients after radiochemotherapy incl. intraoperative radiotherapy/IORT, supportingUNO-Agenda21 for better health, ecology, economy, etc. *Dedication for moral support.*– Nobel Laureates: Austria: K. Lorenz, China-Taiwan: Y.T. Lee, France: J. Dausset, J.-M. Lehn, Germany: M. Eigen, K. von Klitzing, H. Michael, E. Neher, GB: B. Josephson, Lord

A. Todd, Japan; K. Fukui, USA-India; J. Deisenhofer, H.B. Khorana, L. Pauling, E. Wiesel

Disclosure of interest.– The authors declare that they have no competing interest.

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EV0530

The use of mirtazapine in cancer patients: A review

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Introduction.– Cancer patients often have concurrent physical and psychological symptoms. These problems may become barriers towards the healing process. Antidepressants seem to be beneficial for the purpose of palliative care in this type of patients. One of the useful medications is mirtazapine, which is known as noradrenergic and specific serotonergic antidepressant (NaSSA). This paper examines the use of mirtazapine in physical and psychological symptoms of cancer patients.

Methods.– Literature search was done on Pub Med (from inception to January 2017) by matching the key terms: 'noradrenergic and specific serotonergic antidepressants' or 'NaSSA' mirtazapine' AND 'cancer' or 'oncol*' or 'malignancy' or 'carcinoma'. Eligible papers were screened at the title and abstract level. Various types of study included in this review, according to certain criteria. Additional papers were also identified by screening of reference lists.

Results.– A total of twelve papers were reviewed and summarized. Positive findings obtained for the use of mirtazapine in cancer patients associated with various symptoms, including depression, anxiety, cachexia, nausea, hot flashes, and pruritus. Some rare side effects are reported, including constipation, myalgia sedation, dry mouth, stimulation of appetite and weight gain.

Conclusion.– Mirtazapine has the potential to be beneficial for cancer patients suffering from these physical and psychological symptoms. However, more research studies with sufficient power are warranted to validate the findings.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0532

Body image perception, marital adjustment and sexual satisfaction in breast cancer

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Introduction.– Breast cancer causes alterations in body image, threatens perception of femininity and sexuality, and may lead to

problems arising from inadequacy perception in sexual and marital relationship. Breast cancer patients' partners generally form the ultimate source of social support. However, they are frequently ignored. Studies report that partners simultaneously suffer from psychosocial problems experienced by the women, and they have a negative and avoidant attitude about having close relationship with the patient and thus their sexual lives are negatively affected. Sexual problems experienced by the couples frequently arise from women's avoidant attitude with the feelings of incompetency and partners' concerns on causing unintended harm/distress on the patient. This mutual suffering and anxiety negatively affects the couple's sexual life and can lead to marital adjustment issues.

Objective.– The aim of the study is to review breast cancer patients' and their partners' sexual satisfaction and marital adjustment that are affected by body image perception.

Method.– This study was carried out as a review of literature.

Results.– With the support of psychoeducational interventions, it is possible that couple can cope effectively with breast cancer process, or even grow with this process. Programs focused on improving skills related to sexual and marital adjustment are effective on the improvement of women's body image perception, couples' sexual functioning and marital adjustment.

Conclusion.– Health care professionals should be alert on and discuss these issues with the couple during routine assessments by adopting a sensitive approach. Psychoeducational programs targeting sexual and marital adjustment should be developed and conducted.

Disclosure of interest.– The authors declare that they have no competing interest.

Others

EV0533

Antidepressant-induced sexual dysfunction among fluoxetine, paroxetine, venlafaxine and mirtazapine in a naturalistic study Mohammed Alburaiqi, Mandhar Almaqbali

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Introduction.– Antidepressants agents had been associated with a variable degree of sexual dysfunction. Failure to address this side effects to the patient may lead to non-adherence to the treatment and relapse of depression.

Objective.– Measuring the prevalence of sexual dysfunction in psychiatric outpatients treated with fluoxetine, paroxetine, venlafaxine or mirtazapine.

Methods.– This is a cross-sectional study conducted in SQU hospital Oman. All patients above 18 years of age, on above mentioned medications for various indications were invited. Sexual side effects part of Toronto Side Effect Scale was used to assess the presence of sexual dysfunction. Male patients were asked to rate the frequency and severity of erectile dysfunction, premature ejaculation and delayed ejaculation. Both genders were asked to rate the frequency and severity of anorgasmia, decreased libido and increased libido.

Results.– A total of 73 patients were included. The mean age for the participants was 40 years. The number of patients on paroxetine, fluoxetine and mirtazapine was equal (21 patients for each). Meanwhile, 10 patients were on venlafaxine. The average dura-

tion of the antidepressant use was 3 years. The overall prevalence of sexual dysfunction was 34%. Paroxetine was the most common antidepressant associated with sexual dysfunction (43%). In contrast, mirtazapine was the lowest among antidepressants to cause sexual dysfunction (9.5%). Decreased libido was the most frequent reported sexual side effect.

Conclusion.– Sexual dysfunction is common among patients treated with antidepressants particularly selective serotonin reuptake inhibitors (SSRIs). Addressing this side effects early in treatment can improve compliance to treatment and prevent relapse.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0534

Asperger syndrome: Comorbidity with gender dysphoria. Case report

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Introduction.– The number of publications describing gender identity problems in patients with Asperger's syndrome appears to be greater more frequent. Current studies highlight a striking association between autism spectrum disorders and gender dysphoria. Several researchers acknowledge that between 7.8% and 12% of transgender people suffer from an autism spectrum disorder. Although lines of work in this field are increasing, it is a controversial subject and pending clarification.

Objectives.– Reviewing literature to understand why this relationship could be produced.

Methods.– A 19-year-old patient with a history of Asperger syndrome asks for to be evaluated in the gender dysphoria unit. During tracking he presents ambivalent thoughts and feelings. He chooses different gender options at each meeting and he dress ambiguous clothes. He presents many doubts during the interviews. He has a fantastic thought, idealistic with femininity.

Results.– Finally, he was not accepted to continue with the gender reassignment.

Conclusions.– Several theories have been described on the joint manifestation of both processes. On the one hand, the more biological theories that explain autism emphasize hormonal alterations. Other visions emphasize the importance of deficits in social interactions and social cognition and in other cases it seems that the factor that facilitates comorbidity could be the overlap of an Obsessive-compulsive disorder. Finally, given the different arguments of the problem, the decision to authorize the resignation of gender is a complicated decision to address and identify the most opportune moment remains controversial.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0536

Effects of sertraline on seizure duration during ECT

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Introduction.– Selective serotonin reuptake inhibitors are known to lower the seizure threshold; however, some studies have claimed that antidepressant sertraline is particularly effective in preventing seizures. The particular efficacy of sertraline to prevent seizures

induced by ECT is explained by its high effectiveness to reduce brain presynaptic Na and Ca channels permeability.

Objectives.– We aimed at exploring whether sertraline shortens the seizure duration in electroconvulsive therapy by raising seizure threshold.

Methods.– We retrospectively reviewed the files of patients who underwent ECT treatment in our clinic. We have analysed their seizure durations, antidepressant medications, sociodemographic factors and medical conditions.

Results.– While we were retrospectively reviewing the files of patients who underwent ECT treatment, we noticed that six patients who had short ECT seizure durations were taking sertraline medication. We have analysed the files of these patients in detail. All patients undergoing ECT received a general anaesthetic regimen including propofol and esmoron. Four of them was female, and two of them was male. The ages of patients was between 23 and 71. Five of them was diagnosed with major depression and one of them had schizophrenia. Patient's sertraline doses was between 50 and 200 mg/day. In two patients it was noticed that the duration of seizures during ECT suddenly shortened after sertraline treatment was started. In one patient, sertraline dose increased and seizure duration shortened. Other three patients who were previously known to be taking sertraline medication have had brief seizures during ECT since the beginning of the ECT treatment.

Conclusion.– Sertraline shortens the seizure duration during ECT in some patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0537

Celebrating the first decade of the EFPT research working group

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Introduction.– The Research Working Group (RWG) was established in 2008 at the European Federation of Psychiatric Trainees (EFPT) Forum in Gothenburg. As a platform for trainee-led collaborative studies, it offers the possibility to work in a multicultural environment and investigate matters that concern trainees across the continent.

Objectives.– To evaluate the scope of the research produced by the EFPT RWG in its first decade of activity.

Methods.– A review was conducted to identify all the outputs, identifying completed and ongoing projects of the EFPT RWG. All former chairs were contacted and enquired about the research activities undertaken in their term, covering the last 10 years period. All publications related to projects conducted under the EFPT RWG auspices were searched in the ResearchGate profile of previous working group members and in the Pub Med database.

Results.– In the past 10 years of existence, the EFPT RWG has developed several projects, made dozens of presentations (both oral and poster) in several national and international psychiatric congresses and has published dozens of research articles, comments, reports and letters to the Editor. Currently there are eight ongoing projects. Remarkably, all these projects have been conducted without any funding support.

Conclusions.– There has been a significant number of collaborative research projects conducted in the last 10 years. The EFPT RWG is functioning as a successful platform, which facilitates international trainee-led collaborative studies, promotes an effective method to transfer knowledge, and forms the basis of a trainee-led international research network.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0539

Using physical activity in acute psychiatric inpatients

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Introduction.– The benefits of physical activity for psychiatric patients are well known. However, there is a paucity of data regarding the use of exercise programs in inpatients. Specifically, all studies on this issue involved patients hospitalized in residential facilities for minimum 6 weeks. To the best of our knowledge there is no evidence on the potential benefit of physical activity in acute psychiatric inpatients

Objectives.– To evaluate the effect of physical activity on acute psychiatric inpatients admitted consecutively in a psychiatric ward

Methods.– Physical activity consisted in a one 1-h weekly session of supervised aerobic floor exercises. Patient's participation during hospitalization was recorded. Mean hospitalization length, number of violent behaviours, necessity of seclusion, global clinical impression were recorded for both participants and patients who did not join the exercise program during one year. These data were compared with historical data (5 years before the beginning of the study) obtained from the psychiatric ward's clinical records

Results.– Preliminary results showed better outcomes for patients who participate in the program compared to patients admitted in the same period who did not participate

Conclusions.– The use of physical exercise seems useful and feasible in the context of the psychiatric ward.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0540

Free-T3 as a weaker biological marker for ADHD in adults compared to children

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Introduction.– Thyroid function has been less frequently studied in adults with ADHD than in children. Some authors noticed similarities between ADHD symptoms in children and the Thyroid Hormone Resistance while others concluded that the thyroid function was normal based either on total-T3, free-T3, total-T4, free-T4 or TSH (Thyroid Stimulating Hormone). We found in a previous study that free-T3 was higher in a subgroup of children with ADHD more likely to have comorbid ODD, while free-T4 and TSH were within normal range.

Objectives.– If free-T3 were a biological marker of ADHD then our findings in children would hold in a sample of adults with ADHD.

Methods.– Retrospective analyses of systematic biological assays performed before prescribing any psycho-stimulant treatment to an adult formally diagnosed with ADHD in our department since 2001.

Results.– No hypothyroidism or hyperthyroidism case in our sample of 83 adults (including 44 women). Biological laboratories either used IECL/Centaur or EIA/Beckman techniques. Age and free-T3 correlated ($\rho = -.42, P < 0001$). Three adults (3.62%) had free-T3 levels beyond the reference interval provided on result sheets. Free-T3 dosage was beyond the percentile 90 of the reference interval in 8 cases out of 26 with IECL/Centaur (30.77%; $p < .003$ by binomial law) and beyond the percentile 95 in 6 cases out of 57 with EIA/Beckman (10.53%; $p < .065$).

Conclusions.– Those proportions are smaller than those obtained in a sample of children; one reason may be the strong negative correlation between free-T3 and age. Analyses should be replicated in a multicentre prospective and controlled study.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0541

Serotonin syndrome? An unlikely case

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Introduction.– Serotonin Syndrome is an uncommon clinical iatrogenic condition related to the potentiation of the serotonergic action induced by drugs. It usually presents with neuropsychiatric, neurovegetative and neuromuscular clinical manifestations. The severity of the cases is highly variable, and remission may occur with simple pharmacological suspension or may lead to death.

Objectives.– The authors review the literature on Serotonin Syndrome, addressing a clinical case.

Methods.– Case report and relevant literature review.

Results.– A 65-year-old woman starts taking trazodone 150 mg and quetiapine 150 mg a day per insomnia at which point she began to have tremors. One month later, it was started sertraline 100 mg due to depressive symptoms and quetiapine was suspended. After a month, the tremors remained, presenting cogwheel rigidity, reason

why initiates biperiden. Two days later, she went to the emergency department with exuberant tremor, hyperreflexia, agitation, confused and disorientated, and with disorganized speech. Substance abuse, infectious or metabolic disease and brain injury that might be causing the described symptoms were excluded. Following serotonin agents and biperiden withdrawal, there was full symptoms remission.

Conclusions.– Serotonin Syndrome is believed to be underdiagnosed and potentially fatal, and its timely identification requires a high level of suspicion. Thus, clinicians should be able to recognize this syndrome in their daily medical practice, as often polymedicated and elderly patients with increased susceptibility to drug interactions are likely to develop such condition as described.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0545

Living kidney transplantation: Preoperative assessment in the donor and recipient

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Introduction.– The kidney transplantation isn't only medical process but it also influences the patient's body image, with difficult to accept a new part of itself (Karaminiaet al.).It's complex both for the receiving and the donor,because it's psychological, emotional, relational and social implications, as shown in literature (Gallettaet al.). It's just analysed with multidisciplinary approach with a couple of brothers, inserting other tools in the assessment (Gallettaet al).

Objective.– To demonstrate the importance of the assessment of psychological profile for the evaluation of the being ready to take on the operation.

Methods.– It is evaluated another pair of brothers, using the following tests: SCL-90, IRI, graphics test, Raven's Progressive Matrices and Rorschach test.

Results.– In the donor there's a search of security in the past, tendency to coarctation and defensive attitude. He has a strong self but difficulties to act in the future, showing anxiety, stress and difficult to manage. The receiving'san immature self, exposingtraits of obsessive-compulsive behaviour, negative mood and traits of anxiety.He tends to excessive adherence to reality, blockage in affections, defensive attitude seeking security in the past. Compared to donor, he seems to have the capacity to manage the difficulty.

Conclusions.– Living donor kidney transplantation didn't affect the lives of donors and improved many aspects of the lives of recipients (Pascazioet al.). However, psychological and social aspects may be impaired by living donation (Hazet al.). Therefore, it's important an appropriate multidisciplinary approach, knowing the psychological status of both patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0549

A healthy weight group experience in a psychiatric clinic

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Introduction.– The work describes the experience of the Healthy Weight Group (HWG) realized in the period of november, 2016 to july, 2017 in a psychiatric clinic in the city of Rio de Janeiro, Rio de Janeiro, Brazil.

Objectives.– The program had as objectives to promote the weight reduction to levels considered healthy in those patients with overweight and with obesity, hospitalized in the clinic due to diverse mental disorders. It's aimed with the HWG the reduction of the weight of the patients, associated with the improvement of the eating habits and to the practice of regular physical exercises, thus promoting, as expected, the improvement of the physical health conditions and the life expectation of the participating patients.

Methods.– The patients who presented, in the initial clinical evaluation, body mass index (BMI) indicating overweight or obesity were invited to participate of the HWG. The HWG met weekly during the studied period, the patients being allowed to address over the meeting their difficulties in executing the proposed program. In the end of the meetings, each participating patient had their weight and length of the abdominal circumference measured.

Results.– The participation in the HWG was a factor recognized as important to motivation and to the adhesion to the proposed programs, as well as to the achievement of the observed results.

Conclusions.– The study realized showed that it's possible the realization, during the psychiatric hospitalization, of programs for the weight loss in population of psychiatric patients.

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Disclosure of interest.– The authors declare that they have no competing interest.

EV0550

Evaluation of an antismoking program in psychiatric

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Introduction.– The work evaluated the well succeeded experience of the antismoking program, realized between the years of 2008 and 2015 in a psychiatric clinic in the city of Rio de Janeiro, Rio de Janeiro, Brazil.

Objectives.– The program had as objectives, evaluate the treatment of tobacco dependence in patients with disorders for the use of substances and other psychiatric disorders, and the experience of transforming the clinic therapeutic space in a free-tobacco environment, considering that the use of tobacco is responsible for a large number of preventable deaths and other damages to health.

Methods.– The program reached the proposed objectives, promoting the tobacco abstinence in a large number of patients, through the use of pharmacological treatment, mutual help groups, cognitive behavioural psychotherapy, occupational therapy, art therapy and moderate physical activity.

Results.– In a period of 12 months, after the completion of the program, 48% of the assessed patients kept in tobacco abstinence

Conclusions.– The realized study showed that it's possible the elimination of the tobacco in the therapeutic environment by setting clear goals, with the engagement of the whole staff and patients. The progressive reduction of the consumption of tobacco during the period of study, until its complete elimination of the physical space of the institution, was successfully reached. Besides that, the patients benefit from the Antismoking Program, as demonstrated by the fact that about half of the patients kept abstemious in relation to tobacco after 12 months of discharge from hospital.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0551

Perceptual processes and language in rural school children

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Keywords: Perception; Language; Rural children; Education

Background.– According to Cogen (1991), perception is a complex process that is both cognitive and physiological. Perception doesn't always start within the individual but it also can start with an experience. It means as a response to stimuli. It is understood that the sensory-motor processes must be completely integrated [1], interrelated and automatized in order to learn the symbolism and acquisition of reading and writing and posterior perceptual, motor and emotional development. **Method:** The Escala Neuropsicológica Infantil (ENI), Matute, E; Roselli, M; Ardila, A; Ostrosky, F [2] was applied to fifty 5-12 year olds students who attend 13 rural schools. Data was analysed by an univariate analysis to determine significant differences among the selected variables according with classification criteria such as age range and levels of schooling. Three age ranges and 4 levels of schooling were considered.

Results.– Results show that level of schooling generates significant differences in the majority of the analysed variables. In other words, the higher the level of the students' schooling, the better their performance in the analysed variables.

Conclusion.– Age doesn't provide significant differences in students' performance [3].

Disclosure of interest.– The authors declare that they have no competing interest.

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EV0552

Analysis of applied behavior treatment for children with autism spectrum disorder

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Keywords: Autism Spectrum Disorder; Applied behavioural analysis; Child; Adolescent

According to Boesch, M. C et al. (2015), people with Autism Spectrum Disorder (ASD) are at a greater risk of developing harmful behaviours, such as self-aggression and other challenging behaviours than individuals with normal development do not exhibit. The method of approach that is supported by scientific evi-

dence for interventional procedures is applied behaviour analysis, reported by Carr, M. E. et al (2014).

Aim.– In order to provide evidence-based intervention for autism from this approach in practice.

Method.– In reference to a longitudinal approach, an intervention program was designed and implemented to serve 40 children with ASD, who were treated for one (1) year at the Victory BRT Institute in Florida, US. The behaviours targeted for reduction (excess behavioural), are the following: physical aggression, self-aggression and non-compliance. The program began with a baseline (12 consecutive days) with observations at home and others different natural contexts. The last three (3) months of the year consisted of monthly follow-up sessions to monitor the treatment implemented. The **results** were analysed by repeated measures, ANOVA Sig ($P=0.003$) ($F=8$). Analyses show that the critical level associated with the effect of time-content interaction is strong, so the treatment generated a positive effect by reducing the behaviours targeted in time.

Conclusions.– These results provide evidence that interventions from applied behaviour analysis are effective.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0555

What helps psychiatrists to be more resilient?

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Resilience can be defined as one's capacity to recover from trauma and stress. Psychiatrists experience a set of speciality-specific stressors such as emotionally demanding therapeutic relationships, personal threats from violent patients, patient suicide and other rare but serious events, and perceived stigma of the profession. Being able to successfully cope with everyday work-related stress is essential for maintaining good mental and physical health.

This study aims at exploring factors involved in the development of work-related resilience among working psychiatrists.

We have interviewed five psychiatrists who work in three different countries (Croatia, Sweden and UK).

Our findings indicate that resource oriented approaches may be helpful in building resilience. We will provide a set of examples and recommendations that might help younger colleagues to build their resilience and the resilience of our profession.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0556

Psychiatric intervention in Tuvalu: Prior study

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Introduction.– Tuvalu, which is one of Polynesia island nation and located in the south Pacific ocean, consisted of three reef islands and six true atolls. The limited medical service was supplied by the Princess Margaret Hospital (PMH), which is the only hospital in Tuvalu.

Objectives.– There has never been any psychiatrist providing the medical service in Tuvalu. Based on the cooperation between PMH and Chung Shan Medical University Hospital (CSMUH) of Taiwan, we provided the prior psychiatric intervention in Tuvalu.

Methods.– The mobile medical team of CSMUH had annually medical supply and helps in Tuvalu. During the stay of Oct. 18th to 27th in 2016, one psychiatrist from Taiwan joined the out-patient service in PMH. The medical staff of PMH announced this information by the public radio and invited potential patients to the psychiatric out-patient service. The psychiatric out-patient service provided the diagnostic interview, psychotherapy, further medical treatment and follow up.

Results.– There were 31 patients and 63 visits (including the followed up patients) in the psychiatric out-patient service during the six work days. 64.5% were female and the age was mostly during 30 to 44 years old (41.9%). The psychiatric diagnosis were depression and anxiety disorders (45.2%), developmental disorders as mental retardation (38.7%), psychosis (25.8%), organic brain syndrome (25.8%), and others (autism, internet using disorder, attention-deficit hyperactivity disorder, domestic violence and partner relational problem).

Conclusions.– As the first psychiatric intervention in Tuvalu, the mental illness there should be noted and needs more attention. The further follow up is also needed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0557

Implication on the training program for clinical psychologists in South Korea

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Objectives.– The purpose of this study is to recognize and analyze the present state of training system and create a revised manual for clinical psychologists in Korea.

Background.– Since Korean Clinical Psychology Association (KCPA) was founded in 1964, clinical psychologists have continuously becoming experts in the field of mental health. While Korea's clinical psychology has attained boundless progress, the need for discussions on the institutional system is also increasing.

Method.– We conducted a survey of the clinical psychology training system in Korea. Through this survey of training programs and trainees and licensed psychologists welfare benefits, we sought to identify problems and seek solutions. It was divided into groups of trainee and licensed psychologist, and a total of 80 trainees and 281 licensed psychologists participated in the survey.

Results.– The results of a survey conducted by the trainee showed that the poor welfare benefits, including wages, was pointed out first, and that it felt burdened by heavy workload. The results of the licensed psychologists have indicated that a detailed answer to how clinical psychologists improve their activity and enhance the qualification of the experts.

Conclusions.– Through the results of the survey, we identified the problems faced by the current training system. Also, it has been suggested that the direction for the next study will be based on the actual revision of the manual. Consequently, we hope that a bet-

ter training/qualification system will be adopted by revising new manuals for the clinical psychological training system, which is the goal of our research and development system.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0560

With five senses

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Objectives.– The phase of prodromal initial manifestations or phase of high risk of developing psychosis, is characterized by a deviation from emotional, cognitive, behavioural or social functioning, and by the presence of non-specific prodromes. Delays in treatment may lead to an alteration in vital circumstances, such as school and work failure, self-harm, changes in interpersonal relationships, intrafamily conflicts. . .

Methods.– Analyze the case of a 32-year-old female patient with a history of abusive alcohol intake, occasional self-injurious behaviours through self-piercing cuts in the arm, hypersensitive and overly sincere temperament traits. It has the diagnosis of borderline personality disorder. The radical change in their attitude is striking: inhibition, bradypsychia, dysarthric speech, bradyphyma, increased latency of response, totally dull affection. . .

Results.– The first diagnostic hypothesis after assessing this patient is that of an adaptive disorder in a patient with few intellectual resources. As a second diagnostic hypothesis, we propose that we are facing a first psychotic episode with a predominance of negative symptomatology in a patient with a history of borderline personality disorder. First-order Schneider's symptoms are explored and although no hallucinatory experiences are present in the present.

Conclusions.– It is of vital importance that we make adequate diagnoses and in our evaluation “put the five senses”. It is not the first time that a mental retardation is diagnosed when we are facing an incipient psychosis. Therefore, the intervention in this phase is aimed at detecting the disorder with the highest precocity possible and to establish the treatment most appropriate to each situation.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0566

Psychology in the city

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Psychology and urban planning have been interacting for a long time. As we look closely at cities, we find that the two sciences of psychology and urban planning have grown alongside. It is therefore not in vain that the emerging science of environmental psychology can be considered as the fruit of the psychological tree in the garden of city. Thus, along with studying impacts of early psychologists on urban planning, this study seeks a meaningful relationship between psychology and urban planning. For example, we found that concepts as justice in utopia and its management, the sense of belonging, and the importance of the leader in Plato's view,

have become the famous term of justice-centered city in urban planning. A similar pattern can be seen in the opinions of Jean-Jacques Rousseau and John Locke. In this regard some exact terms such as naturalism and the city as a phenomenon in Rousseau's philosophy are also found in urban science with almost same meaning. Rooted in John Locke's approach, it becomes clear that the branch of behavioural thinking, which is one of the most important factors in today's urban planning, is derived from psychological and philosophical, educationalism, behaviourism and associative psychology. Therefore, the identification of approaches of these early thinkers and exploring their ideas in today's urban planning can help to recognize the interactions between psychological aspects and urban planning and thus understanding the issues that affect human's life and vice versa.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0567

Psychogenic nonepileptic seizures

– Case report

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Introduction.– Psychogenic Nonepileptic Seizures (PNES) are sudden clinical manifestation and transitory on the motor sphere, sensory, cognitive and autonomic, being other times called “pseudo crisis” or “hysterical seizures”. The differential diagnose with epilepsy is a challenge for clinical, neurologists and psychiatrists.

Objectives.– Diagnosis and clinical management of non epileptic crises.

Methods.– Information of the clinical case of a patient with psychogenic non epileptic psychogenic.

Results.– S., 14 years old, started treatment due to “fainting” crises preceded of involuntary head, core and other members movements, and generalized tremors, trance crisis and possessions which she believed to be possessed by the devil. In general, being unleashed by stressful situations, to the point of having 20 crises a day. Referred to somatic complaints (headache, abdominal pain, nausea). Interictal electroencephalogram with focal alterations, cranium tomography with no alteration. No alterations on the physical and neurologic exams. Medicated with risperidone 1,5 mg/day, fluoxetine 20 mg/day, clonazepam 1 mg/day and weekly psychotherapy. It evolved with improvements on the crisis frequency (4 crisis/month) after 2 months of treatment.

Conclusion.– Non epileptic crisis (NEC) comprise in many physiological or psychological conditions that simulate epileptic seizures, this one being associated as NEC in the same person. Severe traumatic events, physical and sexual abuses during the childhood or teenage period, which generates suffering to the person, could also generate a development of convertible and dissociative reactions in patients with epilepsy. Videoelectroencephalographic monitoring is the most accurate diagnostic resource, once its clinical and semiological criteria are not specific. The therapeutic approach includes psychotherapy and psychotropic.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0568

Psychotropic drugs during pregnancy

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Introduction.– Psychiatric conditions are potentially life threatening illnesses that can be successfully treated by psychotropic drugs, even during pregnancy. Initially, the clinical recommendation has been to discontinue the psychiatric medication, especially during the first trimester. The choice of whether to prescribe a drug during pregnancy is difficult and must be taken into account the risks and benefits to the mother and the unborn infant.

Objectives.– The authors conducted a non-systematic review about the effects of psychotropic drugs in pregnancy.

Methods.– The authors have conducted an online search in Pub Med and Medscape with the terms “psychotropic drugs and pregnancy”, from 2011 until 2017. From the outcome, the articles considered to be relevant were collected, analysed and summarized.

Results.– In the past decades, the latest prospective studies have showed that most classes of psychotropic drugs seem to be relatively safe during pregnancy, also, untreated psychiatric disorders during this period are associated with risks for both mother and child, including tragic outcomes like suicide and infanticide; also, psychotropic drugs should not be precipitously stopped, and a comprehensive evaluation and individualized treatment plan is needed for these patients.

Conclusions.– The lack of evidence in several areas means that definite conclusions cannot be made about the risks and benefits of all psychotropic drug use in pregnancy, and future work should focus on the proper management, including prophylactic dosing strategies and management before and after delivery.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0570

Psychiatry in context of global health policy

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Objectives.– Psychiatry is of fundamental importance for total human health (spiritual-mental-emotional-social-somatic); Globalization needs renewal of psychiatry by new philosophical fundamentals related to scientific theory, metaphysics, ethics, aesthetics. Social responsibility of psychiatry needs renewal of scientific organization beginning with EPA/WPA as example.

Methods.– Theoretical fundamentals

Results.– Conception–proposals concerning:

– enlargement of Executive Committee of EPA/WPA by a. election of permanent 3-honorary (triumvirate principle: moral support, continuity), 3-presidents (fixed term), 3-general-secretaries; b. interdisciplinary commission to EPA/WPA incl. scientists from philosophy, psychology, physiology, pharmacology, internal-medicine, etc.; c. scientific-political commission–incl. representatives of international societies: Philosophy/FISP, medicine/CIOMS, psychology/IUPsyS, physiology/IUPS, etc.; d. Election of permanent (seniors: continuity)& fixed-term (flexibility) members to the Executive-Committee: (sub-)continental representatives from important countries (Afro-West-Asia; America; Australia, Asia-

China, India, Japan; Europe: France, Germany, Russia, Spain, Italy, etc.);

– implication of *interdisciplinary topics to congress-programmes: occidental&oriental* medical-philosophy, psychology, psychiatry, etc. esp. Buddhist/Tibetan-Zen, Chinese/Tai-chi, yoga, others;

– replacement of congress/conference abstract-books by *proceedings/proper scientific journals*, similar to other societies (IUPsyS/Int.J. Psychol., SIU/Urology);

– creation of an International Academy of Psychiatry to EPA/WPA with clinics/institutes related to international university (proposed by Brit. Nobel Laureate Bertrand RUSSELL and Gustav MENSCHING) via network of national scientific-units: Common interdisciplinary research/educational programmes, personnel (similar to UNO-employees), possibility for whole life work, etc.

Conclusions.– Realization of proposals (1.-4) could increase scientific-political authority of EPA/WPA, continental&national societies for psychiatry, leading to model for future psychiatric education/research&application in the praxis, supporting UNO-Agenda21 for better health, education, ecology, economy in all countries.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0571

Determination of the options of communication students on stigmatization against mental illness

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Aim.– This study is carried out on the students who study at the communication faculty of a private university in Turkey. In this study, it was aimed to determine the opinions of the students about the stigma made to the individuals with mental illnesses and to learn the views and suggestions for the prevention of stigmatization

Methods.– As a qualitative study, this research was conducted with 12 students who read in the communication faculty of a foundation university in İstanbul in the 2016–2017 academic year and agreed to participate in the study. The data were collected by face-to-face interview method.

Results.– In individual in-depth interviews, 83.3% of the students in order to prevent stigmatization for mental illnesses argue that health programs should be done by health workers. In addition, 75% argue that society should be informed correctly and 50% of the students stated that adding courses to universities would play a major role in preventing stigmatism against mental illness.

Conclusion.– In the study, it was concluded that communication faculty students found the behaviour of stigma against mental illness wrong and according to participants' answers, the employees of the newly emerging media sector will approach the psychiatric patients more devoted, empathic, tolerant and respectful when they are reporting news or in the media. The fact that those who participate in the research will take the role of media in the future makes this research important.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0572

Sertraline induced microscopic colitis: A case report

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Introduction.– Microscopic colitis (MS) is a rare inflammatory disorder of the colon, which presents with diarrhea, abdominal pain, weight loss, and has a significant impact on the quality of life. Case reports suggest that the use of SSRI's is associated with MS. However, no direct link between SSRI's and MS has been shown. Interestingly, current study provides a case of an onset of colitis de novo right after the initiation of sertraline therapy and its complete remission after sertraline cessation.

Objectives & aims.– Case report of a patient with an established MS after initiation of treatment with sertraline, followed by a review of the literature on the association between SSRI's and MS.

Methods.– An English-language literature search was conducted using Pub Med, EMBASE searching for case reports and observational studies reporting MS among patients using SSRI's.

Results.– A 44-year-old female patient with medical history of Obsessive-compulsive disorder was treated with sertraline 50 mg. 1dd1. Two months after initiation of sertraline she developed diarrhea, abdominal discomfort and weight loss over the past 2 months. The patient was referred to the gastroenterology clinic one month later. A total colonoscopy was performed and revealed no abnormalities. Random biopsies were taken from the ascending and descendent colon, revealing the diagnosis of MC. Sertraline was discontinued, budesonide was prescribed, and two months later diarrhea was resolved.

Conclusion.– Although rare, MC must be excluded in cases of chronic diarrhea. Upon MC diagnosis, suspected medication should be discontinued even before starting steroid therapy.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0573

Untangled: Breaking the cycle

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Natural and man-made disasters are sadly becoming common phenomena, and unfortunately, they are becoming almost the norms these days.

Due to their personal and intimate nature, man-made disasters like abuse, rape, and torture seem to affect the psyche of their survivors more negatively than natural disasters, as the latter seem to indiscriminate.

The invisible wounds and mental scars of such experiences can go unnoticed, leading to long-term dysfunction and at times trans-generational transmission of the impact of trauma.

The suffering might extend beyond psychiatric symptoms to include somatic, academic, vocational, and relational struggles.

As psychiatrists, we can either regress, react in fear, anger, or despair, and be part of the problem, or we can choose resilience and become active part of the solution. But what can psychiatrists really and realistically do in response to such incidents?

Violence puts us face to face with the dark and evil side of humanity, but choosing to take part in the healing process confirms our unshaken belief that love always trumps hate. Humans are not only capable of destruction and bloodshed, but are also capable of creating a healing environment and safe spaces for survivors to thrive.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0574

The dissemination of the French school of psychiatry and its impact in the world

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The French School of Psychiatry has characteristics which are proper to it, and it conveys many notions related to health care, in addition to the accompaniment and the comprehension of mentally ill people and mental illness. These notions are specific to the French culture.

Thus, famous French psychiatrists have described many syndromes and discovered the first neuroleptic, chlorpromazine. Among these psychiatrists: Pinel, Esquirol, Janet, Ey, Delay and Deniker. Furthermore, the first World Psychiatry Congress was held in Paris in 1950. It was a major congress for many specialists from all the world have participated and strongly influenced the future of psychiatry in the world.

We will be describing the French School of Psychiatry's impact in the world (South America) and mainly in the French-speaking world (Romania, Africa, Lebanon and Quebec). We will also be discussing the tools, associations and publications which participate in the dissemination of this school of thought's knowledge.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0575

Use of mechanical restraints in inpatient mental health units

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Introduction.– In June 2016, the Committee on Bioethics of Spain approved the ethical criteria for and made some recommendations on the use of mechanical and pharmacological restraints by social and health care services.

Objectives.– The aim of this study was to analyze the type of mechanical restraints (MR) used in the Inpatient Mental Health Unit of the Virgen Macarena Hospital in 2015.

Methods.– We built a database of the MRs used in 2015 including the following variables: age, gender, reason for use, diagnosis and mean duration of MR. A descriptive observational study was conducted.

Results.– There were 854 admissions to the Inpatient Mental Health Unit in 2015. MR was used 84 times in 62 inpatients (7.25%). The mean duration of MR was 456.8 minutes (S.D.345.5). The mean age of patients subjected to MR was 38.84 (SD 11.40), of whom 64.5% were male. The main reason for MR was psychomotor agitation

(51.6%) and the most frequent diagnosis was schizophrenia (32.8%), followed by mental retardation (16.3%).

By diagnosis.– MR was applied to 69.5% of inpatients with mental retardation, 19.5% and 16.6% of patients with schizophrenia. No statistically significant differences were observed in duration of MR between: Age and gender, although it was higher in male. (8.02 hours in male and 6.82 hours in female)

Conclusions.– Mechanical restriction was employed in 7.25% of inpatients in our unit. The profile of patients subjected to MR was a man of 38.84 years of age, presenting an episode of psychomotor agitation. The patients at a higher risk for MR were those with a diagnosis of mental retardation.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0578

Family upbringing influence on the self-regulation development: A longitudinal research

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According the Three-Level Model, self-regulation includes the following levels: the mental states self-regulation level, the operational level and the motivational level. The interconnection between those levels and especially the process of self-regulation development are of the high scientific interest.

The aim of the current research is defining the role of the family upbringing in the self-regulation development in the age from 7-8 to 10-11 years.

The research sample consists of 28 students of public school having neither mental nor severe somatic disorders. The research methods includes Luria's battery of neuropsychological tests for the first self-regulation level (adapted by Semenovich, 2008), the analysis of the school progress for the second level and tests of learning motivation for the third one. The Analysis of the Familial Interaction is used for the studying the family upbringing style.

The research shows that a necessary condition for reaching the high level of self-regulation is the adequate family upbringing with a balanced system of rights and responsibilities is, while hyper- and hypo-protection prevent from maturing of conscious self-regulation.

The three-year follow-up shows that dramatic positive changes in self-regulation development can be seen in those families where the child-parent relations have shifted from the over-protection and instability to the adequate style. Still in case of severe problems of the first self-regulation level (lack of concentration, emotional instability), a special intervention program is needed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0579

Musical hallucinations: A case report and review of the literature regarding its phenomenology

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Introduction.– Musical hallucinations (MH) refers to a condition characterized by the presence of intrusive auditory musical per-

cepts without an external auditory source. Also labeled as Oliver Sacks syndrome, auditory Charles Bonnet syndrome or musical hallucinosis (in the latter the reality test is intact), hallucinations with musical quality are currently considered to be a phenomenon whose rarity may derive from its nature but also from under-reporting; its purported heterogeneous causal mechanisms might explain the clinical nuances regarding presentation, evolution, treatment and prognosis. Often associated with diverse medical conditions, the most consistent evidence refers to the association of hearing loss, female gender and old age, accompanied of at least some degree of insight

Objectives.– We present a case of a 79-year-old woman experiencing MH and explore its unique characteristics and response to psychoeducation and somatic treatments.

Methods.– We describe a case of an elderly women, without psychiatry history or central nervous system abnormalities/disorder, suffering from progressive hypoacusis, who has been experiencing MH for one year, focusing on the phenomenology of the experience.

Results.– The distinctive phenomenological characteristics of the condition and particular response to increased external auditory stimuli and antipsychotic treatment are discussed in light of current knowledge.

Conclusions.– MH appear to be a more heterogeneous and complex phenomenon than previously thought, regarding its clinical characteristics and aetiology. A meticulous description of the phenomenological elements in its distinctive presentations may bring light to more effective and syntonetic approaches, channeling positive repercussions in terms of evolution and prognosis of MH.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0580

Dyke Davidoff Masson syndrome, impact of neuropsychiatric manifestations in a patient with systemic lupus erythematosus

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Introduction.– Dyke Davidoff Masson syndrome (DDMS) is a rare entity due to abnormalities in brain development, either congenital or acquired, causes include: infections, tumors, trauma. It's been associated with psychiatric manifestations like psychosis and schizophrenia.

Objective.– To report the association of DDMS in a patient with lupus and its neuropsychiatric clinical implications.

Methods/case.– We present the case of a twenty year old female patient with history of systemic lupus erythematosus (SLE) since she was four, developing deep vein thrombosis and confirmed diagnosis of antiphospholipid syndrome (APS) at age nineteen; with treatment resistant epilepsy (temporal lobe epilepsy) since was fifteen. Developed an episode of severe depression one year ago, including two suicide attempts ingesting anticonvulsants. Presents to outpatient clinic of our department with behavioural symptomatology: impulsiveness, emotional dysregulation, insomnia and abulia, no established depressive or psychotic disorder. MRI revealed left cerebral hemisphere atrophy with compensatory skull thickening. Cognitive deficiencies during evaluation revealed total IQ of 65 indicating severe intellectual disability. The patient began

treatment with antidepressant, continued with anticonvulsants, with partial treatment response.

Results.– Our patient fulfilled clinicoradiological criteria for DDMS: cerebral hemiatrophy, ipsilateral sinuses hyperpneumatization, dilated ventricles/cisternal space, mental retardation and epilepsy. It's been associated with vascular insults due to inflammatory diseases and this presentation alongside SLE supports a neuroinflammatory component for syndrome development.

Conclusion.– The association of DDMS/SLE could be explained by early age of onset and complications, microvascular damage being the possible mechanism. Early identification of DDMS could provide appropriate treatment for epilepsy, mental retardation and psychiatric comorbidities, improving quality of life.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0582

Joint follow-up of treatment process of FMS patients

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Fibromyalgia is a disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues.

Methods.– In the year 2015, the diagnosis and treatment of 183 patients diagnosed with FMS in Psychiatry and PTR outpatient clinics of Erenkoy PTR Hospital were observed jointly.

Diagnosis was made by a PTR Specialist according to ACR 2010 diagnostic criteria. The severity of pain of the patients was measured by the Wide Spread Pain and Symptom Severity.

In psychiatry outpatient clinic, diagnoses were made according to DSM V diagnostic criteria. The severity of the disease was measured by HAM-D and HAM-A.

Patients diagnosed by both outpatient clinics were treated and monitored jointly by PTR and Psychiatry departments.

During the treatment, patients were made to do exercise movements and administered pregabalin 75-150 mg/day by a PTR specialist and duloxetine 30-60 mg/day by a psychiatrist.

The severity of the pain was measured by the PTR specialist using WSP and SS scales once a week for 12 weeks. On the same day, the patients were also assessed by the psychiatrist. CGI, HAM-D and HAM-A were used to determine clinical course and severity of disease of the patients.

Demographic data of the patients, subscales of both PTR and psychiatric diagnoses were determined

Summary of results.– At the end of the study, FMS complaints and findings significantly abated. A direct correlation was established between clinical findings of FMS and the severity of depression findings. The statistical significance of the correlation was investigated using subgrouping of the disease diagnosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0583

Eye-tracking technique as an instrument in the diagnosis of autism spectrum disorder

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Considering the prevalence of ASD, the unknown etiology and symptomatic evidences occurring in the first years of life, more

precise techniques refining the characteristics of ASD and presenting a differentiated diagnosis as well as establishing an appropriate prognosis according to conditions presented by the patient are needed. The ocular tracking technique allows a better understanding of social cognitive functioning, due to the deficits in social interactions and social communication in ASD. This research was a bibliographical review, whose objective was to analyze scientific publications on the use of the technique of ocular tracking as an instrument in the diagnosis of Autism Spectrum Disorder (ASD). Selecting scientific publications, written in Portuguese and English, between 2006 and 2016, published in PUB MED, SciELO, LILACS and CAPES databases, including bibliographic reviews and experimental researches with positive or negative results, in order to collect data on the efficacy of the technique in neuropsychological evaluation in cases of ASD. A total of 23 articles were identified, of which 17 were published in PUB MED database and 6 in LILACS. There was an increase in production between 2012 and 2016. Regarding the type of research, 21 are experimental, whose main objectives were investigating joint attention, social attention and face processing, and two bibliographic reviews. The eye tracking technique in the experimental research as a differential in the diagnosis of ASD was efficient to present positive results in confirming diverse patterns used by the ASD group compared to groups of typical development or other genetic syndromes.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0584

Evaluation and comparison of public attitudes towards people with mental disorders in Poland and Egypt

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Background.– In recent years, proceeding deinstitutionalization of mentally ill, despite obvious benefits, led to the occurrence of new challenges, linked to the rapid increase in social distance and stigmatization of those afflicted. Our objective was to assess society's attitude towards mentally ill, and compare it between respondents from different cultures.

Materials and methods.– Study was conducted between January 2016 and September 2017 on a group of 1392 respondents originating from Poland ($n = 1016$) and Egypt ($n = 376$), utilizing authors' own questionnaire constructed during three-step pilot study on a group of 100 respondents. Outcomes: There was no significant difference in public attitude towards mentally ill between Poland and Egypt. Significant, although weak, association was found between age of respondent and overall attitude towards mentally ill ($r = 0,11$; $P < 0,05$). 23% of respondents obtained their knowledge from media coverage.

Conclusions.– Despite cultural differences, public opinion on mentally ill did not differ between Poland and Egypt. Overall attitude seem to be neutral, with a majority of society being indifferent to the problems of mentally ill.

Disclosure of interest.– The authors declare that they have no competing interest.

Pain and treatment options

EV0585

Reviewing treatment in a somatoform disorder. A case of iatrogenic pain

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Introduction.– Somatoform disorders are characterized by physical complaints that occur in the absence of a medical explanation, usually when no alteration can be objectified, and underlying psychological factors are suspected.

Objective.– To present a case of iatrogenic pain labelled as somatoform disorder. To identify muscle pain as a side effect of statins. To enhance the importance of an appropriate psychiatric evaluation and follow-up.

Methods.– A 34-years-old-male, diagnosed with Klinefelter's Syndrome, hypercholesterolemia and migraine, treated with Atorvastatine and Testosterone Cypionate. No toxic habits. General practitioner suggests psychiatric evaluation due to persistent widespread weakness and pain, which led the patient off work for nine months. No specific cause was detected and he was diagnosed with somatoform disorder.

Results.– During follow-up, neurological examination showed decreased sensitivity in fingers, back of feet and distal lateral face of both legs. Weakness for the extension of fingers, extension and eversion of both feet. He is diagnosed with peripheral neuropathy caused by statins, after clinical improvement following statins withdrawal.

Conclusion.– Somatoform disorders imply a major challenge for physicians, as there is a high risk of labelling as somatoform an undiagnosed disease. These patients are frequently polimedicated, so an iatrogenic cause should be carefully discarded. Clinicians should pay special attention to patients receiving this type of diagnosis to avoid falling into the error of not diagnosing underlying non-psychiatric medical conditions, which could eventually increase the suffering of the patient.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0587

Relationship between schizophrenia spectrum and pain perception disturbance

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Pyelonephritis is a kidney infection caused by bacteria, which starts in the bladder and spreads through the urinary tract to one or both kidneys. Clinic is characterized by abdominal pain, low back or costal pain, dysuria (pain or stinging when urinating), pollakiuria or tenesmus.

We present the case of a 39-years-old woman diagnosed with Schizoaffective Disorder, admitted at the Psychiatry-Unit for psychopathological decompensation. After 19 days of hospitalization, and stabilized psychopathologically, the patient begins with fever, treated with paracetamol, although it persisted up to 39.5 °C, requiring urgent blood analysis, where acute phase reactants were observed; positive blood culture for *E. coli* and systematic urine with 500 leukocytes are shown. On examination, the patient is tachycardic, tachypnoic at rest, depressive abdomen, not painful. The patient doesn't report pain at all. She is diagnosed of acute pyelonephritis with risk of sepsis. The following days, better general condition, while maintaining persistent tachycardia and basal oxygen desaturation. The patient didn't present any complaint of dyspnea or chest pain. A thoracic CT is performed, where a probable pulmonary thromboembolism was observed.

Pain is a complex phenomenon that covers affective and cognitive dimensions. It has been described a decrease in pain sensitivity in patients with Schizophrenia, which has been associated with a defective analysis of information associated with the activation of various brain areas and with a dopaminergic dysfunction at the reward systems. Our case is an important reminder that people with schizophrenia do not always present typical clinical features of concomitant organic pathology.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0589

A case of chronic pelvic pain syndrome: the presentation, exploration of underlying psychodynamic issues, and management of pain in a multidisciplinary consultation liaison setting

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Introduction.– Chronic pelvic pain syndrome is a poorly defined condition with a complex history, unclear etiology and suboptimal response to therapy. In chronic pelvic pain syndrome, the sufferer typically undergoes extensive investigation for the underlying cause of the pain, with no organic cause identified. Sufferers of chronic pain syndromes often meet criteria for somatic symptom disorder according to the DSM-V.

Case presentation.– A 51-year old man with a 4 month history of penile and perineal pain was referred to our Consultation Liaison Psychiatry service for disabling pain that had been extensively worked up without any underlying organic causes found. The patient was a premorbidly high-functioning and driven individual with a very successful career. Upon further exploration, it was discovered that his wife had been diagnosed with breast cancer a week prior to him developing penile pain. The patient also had a very high level of anxiety about his pain, which responded far better to benzodiazepines than to opioid analgesia. A multidisciplinary team of specialists comprising urologists, anaesthetists subspecializing in chronic pain management, internists, psychiatrists, a physiotherapist and a psychologist managed this patient.

This poster will further describe the patient's presentation, explore his psychodynamic conflicts as a result of his wife's breast cancer diagnosis, and describe in detail how the multidisciplinary team of specialists addressed his pain using a combination of

approaches including pharmacotherapy, psychotherapy, physiotherapy and social support.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0590

Depression, physical activity and perception of menstrual pain

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Background.– Pain during menstruation cycle is a significant problem and searching for the predictors of pain intensity remains an important challenge for modern medicine. Within factors that modify pain perception, depression and physical activity is highlighted.

Aim.– The aim of the study was to investigate the relations between menstrual pain (its severity, pain thresholds), depression and physical activity.

Methods.– Study included 80 women.

Measuring methods.– Thermometer of Emotions, PainMatcher (the pain thresholds), Brief Pain Inventory (the severity of pain and its impact on functioning), The International Physical Activity Questionnaires were used.

Results.– Depression turned out to be a significant predictor of pain severity and its impact on functioning. Also, depression decreases pain thresholds. Increasing the level of physical activity correlates with the decrease of depression level and pain severity during menstruation, and also increases pain thresholds and pain tolerance during the menstruation. Intensive physical activity turned out to be a moderator of relationship between depression and pain: the relation between depression and pain was non-significant among participants who undertake the intensive physical activity.

Conclusions.– Implementing intensive physical activity in women with severe menstrual symptoms can improve both mood and coping with pain.

Disclosure of interest.– The authors declare that they have no competing interest.

Personality and personality disorders

EV0593

Self-ambivalence is related to affective ambivalence towards health

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Introduction.– Attitudinal ambivalence towards health is related to some forms of risky behaviours (Hohman et al., 2014). Self-ambivalence, as a structural feature of the self-concept (DeMarree & Morrison, 2012), can be related to attitudinal ambivalence towards health.

Objectives.– The purpose of the study was to examine the relations between self-ambivalence and affective ambivalence towards health.

Method.– Adolescents completed color test (Kiselnikov, 2017), measuring the strength of association between affective words and

objects (self and health related objects). They were next devised in two groups: adolescents with low ($n = 39$, $M_{age} = 14.1$, $SD = 1.43$, 20 males) and high self-ambivalence ($N = 41$, $M_{age} = 14.54$, $SD = 92$, 16 males).

Results.– Mann–Whitney *U*-test with FDR revealed differences between two groups of adolescents (see Table 1.). Adolescents with higher self-ambivalence had bigger affective ambivalence towards all objects, except nutrition and hygiene, compared to adolescents with lower self-ambivalence.

Table 1. Differences between two groups of adolescents (Mann–Whitney *U*-test).

Epidemiological profile of psychiatry in the Hospital III Emergencias Grau- Essalud 2012-2016	
Mood disorders	35.63%
Anxiety disorders	23.36%
addictive disorders	14.86%
psychotic disorders	14.91%
Others	9%

Conclusions.– Adolescents with higher self-ambivalence have bigger affective ambivalence towards health related objects, compared to adolescents with lower self-ambivalence. High self-ambivalence among adolescents is a potential factor of high affective ambivalence towards health and, consequently, risky behaviours.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0595

Deviations in the development of self-awareness of children from families with average-low social status

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Introduction.– Methodological bases of the study were constructed within the framework of clinical psychology of Vygotsky Scientific school, a development model of the internal relations of the “Self –Other” in self-awareness of the child. The development of self-awareness and deviations are researched using (1) the aspect of genesis; (2) the psychological aspect of age; (3) the aspects of psychological adaptation and activity.

Objectives and methods.– The study focuses on a group of low-resource families with an average higher social status ($n = 35$) living in Moscow, the children (5.5–7 years old) go to a state social assistance center.

Methods.– Objective description of the cultural, historical and social context of the child’s development; semi-structured interview; long-term observations; CAT, S. and L. Bellak; projective drawings.

Results.– The typology of risk-based strategies of upbringing is formulated: authoritarian, rigid strategy as a way of adaptation to socioeconomic conditions; the type of struggle and resistance; the type of social instability; the type of social “mimicry”. The study demonstrates stabilization of the reversibility between the “Self-Other” positions, the ability of transition to the emerging position of the rational Self with the subsequent assessing oneself, usually negatively. The aspect of psychological adaptation is demonstrated by ability to follow the rules, recognition of an adult authority with anxiety reactions, difficulties of the child’s self-expression, selectivity of friendly preferences, along with a high readiness to shift anger to equals.

Conclusion.– Emotional-personal maturity and self-consciousness development indicate better adaptation capabilities (than in other groups) accompanied by specific risk development zones.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0596

Deviations in the development of self-awareness of children from families with medium-higher social status

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Introduction.– Methodological bases of the study were constructed within the framework of clinical psychology of Vygotsky Scientific school, a development model of the internal relations of the “Self-Other” in self-awareness of the child. The development of self-awareness and deviations are researched using (1) the aspect of genesis; (2) the psychological aspect of age; (3) the aspects of psychological adaptation and activity.

Objectives and methods.– The study focuses on a group of high-resource families with average higher social status ($n = 31$) living in Moscow, the children (5.5–7 years old) go to a prestigious development center.

Methods.– Objective description of the cultural, historical and social context of the child’s development; semi-structured interview; long-term observations; CAT, S. and L. Bellak; thematic projective drawings.

Results.– The typology of risk-based strategies of upbringing is formulated: an authoritarian, rigid nanny as an alternative strategy of upbringing; an abrupt change in of the parents’ attitude manifestations towards the child; the type of social educational experimentation; the indulgent, supersatisfying type. The general underdevelopment of self-awareness, a reduction in the level of differentiation and elaboration of its contents, a tendency to the absence of emotional reversibility between positions of “Self-Other” were demonstrated by examined children. The aspect of psychological adaptation is expressed by the child’s individuality, demonstrativeness, incapacity for persistent efforts, decrease of the adult authority, and non-differentiation of relations with other children.

Conclusion.– Risky variants of emotional and personal development together with general underdevelopment of self-awareness determine the readiness of this group for disadaptive reactions in wider social reality.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0598

Reliability and validity of Turkish form of the personality inventory for DSM-5 adult version

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Introduction.– The DSM-5 Section III proposes a hybrid dimensional-categorical model of conceptualizing personality that includes assessment of impairments in personality functioning and maladaptive personality traits. PID-5– Adult is a 220 item self-rated personality trait assessment scale for adults age 18 and older. It assesses 25 personality trait facets. Specific triplets of facets (groups of three) can be combined to yield indices of the five broader trait domains of Negative Affect, Detachment, Antagonism, Disinhibition, and Psychoticism. Each item on the measure is rated on a 4-point scale. The response categories for the items are 0 = very false or often false; 1 = sometimes or somewhat false; 2 = sometimes or somewhat true; 3 = very true or often true. **Objectives.**– The aim of this study is to demonstrate the reliability and validity of the Turkish Form of the Personality Inventory for DSM-5 Adult Version.

Methods.– This research was carried out with 281 patients who fulfilled the criteria of any psychiatric disorder according to DSM-5 criteria in inpatient and outpatient psychiatric clinics and 923 healthy control groups without any mental or physical disease.

Results.– The correlations between DSM-5 personality disorders and PID-5 25 personality trait facets are significant. Results indicated good internal consistency reliabilities and good temporal stability reliabilities for the majority of the PID-5 traits.

Conclusions.– These findings show that The Personality Inventory for DSM-5 is reliable and valid for Turkish.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0600

Schizotypal personality disorder: A case report of a mistaken diagnosis and a review of the literature

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Introduction.– Schizotypal personality disorder is described as a low incidence personality disorder characterized by odd, bizarre or eccentric behaviour, cognitive problems, social malfunctioning, thought disorders, obsessive ruminations and perceptual impairment.

Objectives.– Our aim is to conduct a systematic review in this issue and to present a clinical case of a mistaken diagnosis.

Methods.– Review of scientific databases - Pub Med, medscape, scientific literature - and relevant scientific literature concerning the

issue addressed and other publications with the research terms “schizotypal personality disorder”; “schizotypy”; “cluster A personality disorders”; “eccentricity”. Articles in english and portuguese. The clinical case was described with data retrieved from the clinical file. In what concerns the clinical approach to the patient, taking into account the erratic behaviour and sleep disorder and disorganized thought, a low dose antipsychotic was initiated. Concurrently and due to history of low grade, non impairing cognitive disability, a full diagnostic evaluation was made for differential diagnosis (CT, serum and urine analysis and neuropsychological assessment). **Results.**– In light of the results of the neuropsychologic suggestive of an initial stage of frontotemporal dementia, further diagnostic tests were made and a corresponding research of scientific database. In total, we found 30 articles of which 9 were considered relevant and also 2 books.

Conclusions.– Frontotemporal dementia is a rare entity which has a rather difficult differential diagnosis. Sometimes its presentation overlaps with that observed in other diagnosis, such as this case. EV morbidity worsens the prognosis and often delays a specific therapeutic approach.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0601

The role of executive functions and especially of working memory in the antisocial personality disorder: A pilot study

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Introduction.– Relationship between neuropsychology and personality disorders is highly articulated. In the last few years there has been a flurry of scientific productions characterized by the aim of clarifying the possible neuropsychological and anatomical-functional correlations of personality disorders, so as to build an integrated therapeutic pathway that takes into account all spectrum of difficulties to which it must face the subject. The assessment of the cognitive and neuropsychological functioning of the individual is useful in highlighting the cognitive features characteristic of a certain type of psychological functioning and their relationship to dysfunctional personality traits, such as, the deficit of executive functions in the antisocial personality disorder. Empirical evidence shows that in subjects with APD emerging neuropsychological deficits of executive functions attributable primarily to the functioning of prefrontal areas, both at dorsolateral and at the ventromedial level. These types of patients have planning and monitoring deficits and inhibition of pre-programmed behavioural patterns.

Objectives.– Aim of this pilot study is to highlight the cognitive profile of subjects with a diagnosis of antisocial personality disorder, in order to make the rehabilitative path more individualized.

Methods.– WAIS-IV scale was administered to 4 subjects between 18 and 20 years, inserted into a battery formed by: MMPI-2, Rorschach, drawing test and TAT. Nosographic diagnosis was based on the ICD-10.

Results.– Four subjects showed a borderline intellectual functioning with particular impairment in the working memory, in line with what has been reported in the literature about sample subjects with APD.

Conclusions.– Results drive us in the direction of expanding the sample and studying more in-depth neuropsychological functioning of these patients, in order to personalize the rehabilitative plan.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0602

Attachment styles: Adoptions and borderline personality disorder

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The work was based on a observational and phenomenological study of a group of 10 subjects, (seven females and three males) with a history of loss and adoption.

The analysis of Rorschach revealed that all subjects have index that detects the early traumatic experiences.

Three subjects, with a more long history of institutionalisation, reported an AFFECTIVITY INDEX oriented to closing, a TVI restricted, an index of significant impulsiveness, deficient mechanisms of self-control and structural rigidity, it could be associated with closing mechanisms, difficulty in relationship, use of mechanism of dissociation and other primitive defense mechanisms; characteristics that seem to converge with a disorganized style of attachment, structured in childhood.

Five subjects have an Affectivity Index oriented to the opening while a TVI introverted, basic elements of ambivalence, a lower impulsivity, but mechanisms of self-control too structured, rigidity and few structural lesions, highlighting an ambivalent trend to personal contact and also high drive's levels with trends in acting in. These characteristics seem, instead, to converge in a insecure style of attachment.

Two other subjects not covered in these two specific categories showing a net ambivalence between the indices affective and the type of interior life (TVI), high impulsiveness, deficient control mechanisms and structural lesions.

Only two subjects, that relate use of substances of abuse, have also a significant elevation of the TCI AND DCI. These characteristics seem oriented to a disorganized style of attachment, in a dissociative personality disorder.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0603

Assessment of borderline personality disorder using the Mmpi – 2: The contribution of psy – 5 scales

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Introduction.– Borderline personality disorder (BPD) is characterized by a deep instability in emotions, relationships, self-image, identity and behaviour. It determines a great impairment of social, working and personal skills. People with BPD show inappropriate intense anger, paranoid ideas and impulsivity. This can make the treatment very difficult, so, identifying a BPD personality profile is important to address the clinical practice and the therapeutic work. To this aim, the Minnesota Multiphasic Personality Inventory – Second Edition (MMPI-2), a wide-ranging test created to identify the principal structural attitudes of personality and emotional disorders, it is often a very useful tool. Lately, Harkness et Al. (1995) have elaborated specific scales for personality traits: the PSY–5. As suggested by Wygant et Al. (2006), these scales can be considered as valuable tools able to provide precious information on personality disorders.

Objectives.– The aim of this pilot study is to evaluate the contribution provided by PSY-5 scales in the diagnosis of BPD.

Method.– We have administered MMPI-2 to three subjects with DBP, with particular attention to the values obtained on PSY-5 scales.

Results.– According with the literature, all three subjects exhibited significant elevations ($T > 65$) both in the PSYC scale and in the NEGE scale, highlighting emotional regulation difficulties and transient deficits in the reality exam.

Conclusions.– BPD's complexity requires a careful assessment that should be realized using reliable tools. MMPI-2 demonstrated to offer an important contribution to the understanding of personality disorders, especially BPD. References not supplied

Disclosure of interest.– The authors declare that they have no competing interest.

EV0606

Failure of the oedipal process and hysterical conversion as a modality of decompensation: The trauma of the loss of the object

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The processes of psychic development and the modalities of constructing the personality of the human subject are entirely dependent on social and psycho-social environment. When in the psychoaffective organization of the group, intersubjective relations fit exclusively in a link of dependence or domination, the personality of the subject may be built with psychic characteristics. The case of the hysterical personality makes possible to better evaluate this clinical reality and on the other hand makes possible to understand the trauma clinic in its capacity to provoke a psychic fragmentation which leaves hatched other psychopathological organizations.

Mrs. K., jealous of her father's conjugal relationship and accused to be at the origin of her mother's violent death, had been plunged since her mother's death and her imprisonment, into particularly hysterical symptoms, thus expressing father and mother at the same time. This clinical situation obliges to question and observe the hysteria and trauma clinics when the second is perceived like the origin of the psychopathological decompensation of the subject.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0607

Partnership and personality disorders

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Personality traits can play an essential role in predicting marital satisfaction. People with personality disorders have substantial

problems with starting and continuing a relationship with a partner.

The association between the dysfunctional marriage and personality problems of the partners may have the basis in the insufficient understanding of the behaviour of one or both partners. People with personality disorder experience numerous misunderstandings, misinterpretations, communicate poorly, and they are more alert to verbal and physical aggression in the interpersonal relations. They do not recognize that the basis of experienced struggles has a source in their intrapersonal processes and their relationship with the world.

Persons with certain personality disorders tend to seek and create a pathologically stable partnership. To understand the dynamics of such relationships, examining personality traits first should be essential. Understanding the maladaptive personality patterns in the context of the relationship should be beneficial for both partners.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0608

Psychological profiles of male offenders: A research project in Italian prisons

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Introduction.– Intimate Partner Violence (IPV) is a pervasive phenomenon that impacts on mental health and negatively affects social and economic aspects. The contribute proposes a research of the Lazio Order of Psychologists, in collaboration with the Italian Department of Prison Administration, aiming at identifying personality characteristics of batterers for the development of treatment strategies. Previous studies identified three types of perpetrators, thus distributed (Dutton, 2007): 30% Impulsive, 40% Instrumental and 30% Overcontrolled. While the first two are characterized by specific disorders, Borderline Personality Disorder and Antisocial Personality Disorder respectively, the third does not suit with a specific one.

Objective.– The aim was the assessment and the management of risk for violent recidivism of 57 man, imprisoned for crimes related to IPV.

Method.– The assessment of inmate envisaged clinical interviews dispensed in one or more sessions, the Rorschach Test and the PCL-R for the evaluation of psychopathy (Hare, 1993).

Results.– The percentage of the three types of offenders is coherent with literature, as well as personality characteristics. Moreover, a significant data emerged about overcontrolled population: violence committed is related to conflicting relationship dynamics and not abusive relationships.

Conclusion.– The identification of the personality characteristics of offenders and the differentiation between abusive and conflicting relationships are useful aspects to define the psychological treatability and to manage the violence. Particularly, the overcontrolled population could be more treatable because less affected from severe personality disorders. Therefore, future research should explore this population, not enough studied, in order to define adequate treatment strategies. Theoretical and clinical implications will be discussed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0610

Religiosity and over-implication in organic personality disorder

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Motivation.– Frontal lobe syndrome is a complex medical state manifested in a series of disturbances that occur at the level of the olfactory, visual, auditory, locomotor systems, especially at the level of the psyche, disorders that materialize in their clinical evolution in serious and irremediable psychiatric disorders such as schizophrenia.

Objective.– The present paper proposes the presentation of the similar diagnostic criteria encountered both in the paranoid schizophrenia symptomatology and in the disorder of organicity, respectively the differentiation criteria of the two pathologies.

Hypothesis.– The approach of the case is based on the assumption that the frontal lobe pathology in its clinical evolution, may constitute a prodromal trigger in the evolution of major psychiatric disorders with the deterioration of psychic functions similar to schizophrenia.

Results.– Having in background a possible paranoid personality structure, the patient developed from a cranio-cerebral trauma a frontal lobe pathology materialized in a psychiatric clinical condition, framed with Ith-axis diagnostic elements.

Conclusions.– Following the analysis of the patient's life events and psychiatric evolution, we can observe the relevance and evolution over time of the features characteristic of the frontal lobe syndrome, a development that has become paranoid schizophrenia, with numerous suicide attempts.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0611

Borderline personality disorder – Sometimes ‘sickness’ and ‘illness’ exist where no’ disease’ can be found: Conceptual reflections from a Brazilian field research

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Introduction.– The essential feature of Borderline Personality Disorder (BPD) is a diffuse pattern of instability, marked impulsivity of interpersonal relationships, self-image, and affect that arises early in adult life, present in various contexts. In clinical populations, borderline personality disorder is the most common personality disorder, with a prevalence of about 10% of all psychiatric outpatients.

Objective.– To describe the researcher's experience as a participating observer in outpatient treatment of patients with borderline personality disorder in south-eastern Brazil.

Method.– The design used was participant observation, on psychiatric managements of BPD outpatient in a university public hospital

in south-eastern Brazil, using a longitudinal technique of observations from March 2015 to February 2017, totalling 700 observation hours.

Results.– In clinical psychiatry, pharmacological guidelines make the medical practice, which focus on symptoms of a disease and are anchored on a biomedical materiality. However, in Borderline condition, ‘illness’ is a feeling, an experience of unhealthy which is entirely personal, interior to the person of the patient, in a psychosocial presentation of his ‘sickness’. Condition that makes pharmacological management difficult.

Conclusion.– In the possibility of thinking professional–patient relationship in borderline condition such as Michael Balint, the father of the Medical Psychology, have presented us: “Every illness is also the vehicle for a plea for love and attention. One of the commonest conflicts of man is caused by the discrepancy between his need for affection and the amount and quality of the affection which his environment is able and willing to grant him.”

Disclosure of interest.– The authors declare that they have no competing interest.

EV0612

Outpatient clinical management for patients with borderline personality disorder: A qualitative report on professional experiences of Brazilian residents in psychiatry

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Introduction.– Prevalence of borderline personality disorder (BPD) is estimated at 1–2% in general population, whereas in samples of the psychiatric clinical population the prevalence is approximately 15–25% of the visits. Studies on adherence to clinical treatment relate that impulsivity, manipulations, affective dissociation, suicide attempts accompanied by chronic self-harm, interfere in the adherence to treatments of the cases followed.

Objective.– Understanding emotional experiences and management meanings developed and reported by residents of psychiatry for patients with BPD.

Method.– We used the clinical-qualitative method, through semi-directed interviews with open-ended questions in depth, in an intentional sample, closed by saturation criterion with 17 psychiatry residents, interviewed in the period from December 2015 to February 2017, at the General Hospital of State University of Campinas, São Paulo State. Data processing technique consisted of the Qualitative Content Analysis.

Results.– Three categories of discussion were elected for this presentation - negative countertransference; emotional void; impotence in medical management. Feelings of emptiness are shared in the doctor–patient relationship, and intense human experiences in borderline condition cause a feeling of impotence in psychiatric management, associated with pharmacological and psychotherapeutic limitations. In the therapeutic relationship the countertransference was considered negative regarding to the borderline patient

Conclusion.– Difficulties involved in the therapeutic process should not be an impediment, but rather that it can be used as a support to offer a more profound and beneficial treatment to the patient. Studies of the long-term therapeutic process of patients with borderline personality disorder are necessary to better understand and treat their dynamics.

Disclosure of interest.– The authors declare that they have no competing interest.

Philosophy and psychiatry

EV0614

Psychopathology in Shakespeare’s “Macbeth”

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It has often been said that Shakespeare’s supreme achievement is in the depth and range of the characters he creates.

First of all, Lady Macbeth in Act I, scene VII, lines 54–58 tells her husband that she would dare to kill her own child and describes the violent way of her act. By these words, she tries to show her determination and to persuade Macbeth to kill the king. But, the thought of infanticide is not something strange to a postnatal woman. In postnatal psychosis the thought of harming the baby is a main characteristic

After the murder of Duncan, Macbeth is devastated by feelings of guilt. He has sleep problems and this condition worsens and becomes hallucinatory when he sees the ghost of Banquo. Lady Macbeth is disappointed by the “madness” of her husband and she tries to apologize to their guests. In Act III, scene IV, lines 62–64 she implies that Macbeth has also auditory hallucinations because of his fear. This hallucinatory experience of Macbeth can be part of a psychotic episode. In addition, he murders his former comrades, because he is afraid of them. This fear becomes excessive and reaches the border of persecutory delusion.

In Act V, scene I Lady Macbeth rubs her hands in a compulsive manner, while she is sleepwalking. The guilt of murdering Macduff’s family and King Duncan causes the obsession that she has stains of blood in her hands. Therefore, she tries to get rid of blood, by washing her hands excessively.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0617

Shadenfreude and envy moral emotions, as well as embodiment processes trough gesture narratives in schizophrenia and autistic spectrum disorder

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Introduction.– Schizophrenia (SZ) and autism spectrum disorders (ASD) share some phenomenological, neurocognitive and genetic characteristics. Both groups of disorders are characterized by severe alterations in emotional and social functioning. The nature of such impairment and the underline processes are relevant to psychiatry.

Objective.– To propose a novel observational category based on embodied processes through narrative gesture such as: movement, gesture, facial expression, vocal intonation in addition to the social cognition tasks along with brain anatomy study.

Methods.– Ten SZ patients and 10 ASD completed tasks on face emotional recognition, moral and empathy judgment as well as moral emotions. Embodiment processes such as face expression, gestures, prosody, voice tone and body movements were assessed

while patients narrated a fragment (2 minutes) of the animated cartoon Waltz with Bashir film.

Results.– Personal approaches towards intersubjectivity from both groups showed relevant differences between cognitive outcome and embodied processes.

Discussion.– Variables used evidence the multidimensional nature of the emotional and cognitive experiences as well as differential profiles in both populations.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0618

On future philosophical psychiatry

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Objectives.– Philosophy is regina scientiarum considering all sciences (Immanuel KANT) reflected by epistemology-ethics-aesthetics. Central position of psychiatry in medicine, psychology, sociology needs creation of philosophical psychiatry - independently from general medical-philosophy, including not only ethics, but also scientific-theoretical, metaphysical, aesthetically fundamentals. This could be supported by foundation of an International Academy for Psychiatry (IAP) (similar to Eur. Acad. Neurol. (EAN-2015-Berlin, 1st Congress).

Conception–discussion.– A. Epistemology. An integrative psychiatry needs enlarged fundamentals in normal&pathological neurophysiology/-morphology/-genetics, psycho-neurology (e.g. psycho-neuro-immunomodulation) related to psychopathology. An integrative psycho-neuro-therapy incl. Chinese-Indian&other traditional-medicine in education&treatment has to be discussed. Reconsideration of psychological-psychiatric notions acc. to axiology-logic-semantic is recommendable. B. Moral philosophy. Independently from various modern ethical-theories (deontology, utilitarianism, etc.) has to be considered Kant's human obligations to himself-patients (a), other humans-medical personnel (b), sub-human, e.g. reduction of animal-experiments (c) suprahuman beings: moral&scientific frames about applications of theological-practices of great-religions for therapy (Brahmanism-Buddhism/Christianism-Mosaism/Confucianism-Taoism/Mohammedanism). C. Aesthetics. In relation to A-B interdisciplinary consideration is necessary to destine volume of paradigm-changes in psychiatry (& neurology) by non-& surgical-therapies, leading to pathophysiological & psychopathological effects (primum non nocere).

Conclusion.– Establishment of regular common congress-sessions of EPA/WPA with philosophical (FISP-ISB-EACME,etc.)/psychological (IUPsyS,etc.)/neurological (WFN)/physiological (IUPS,etc.)/medical societies (ISIM-ICC-FIGO-SIU-etc.) could open new scientific&political dimension in medicine, leading to humanization, higher efficacy & internationalization of science-medicine-ecology in context of UNO-Agenda21 for better health-education-etc. on global level.

Dedication for long-time moral/scientific support of Profs.– K. Lorenz*/Austria, N. Karabashev, D. Orachovats, M. Rashev, N. Schipkovensky, M. Slivensky/Bulgaria, R. Aron, J. Dausset*, J.-M. Lehn*/France, K. Fukui*, Y. Ikemi, H. Suematsu/Japan, M. Eigen*, H. Michel*, M. Mikorey, Th.v.Uexküll, C.F.v. Weizsäcker/Germany, J. Deisenhofer*, H. Weiner*/USA (*Nobel-Laureate).

Ref. (see Neu et-al. incl. ref. EPA-2018).

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EV0622

Murray Rothbard and Thomas Szasz on compulsory commitment: Beyond the “dangerousness criteria”

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Compulsory commitment refers to the court-ordered treatment when an individual is considered to have a severe mental disorder and poses an imminent risk to self or others by a qualified agent. Respect for autonomy is the central principle endorsed by libertarians. Few philosophers have thought as rigorously about the problem of individual action as Murray Rothbard. Rothbard emphasizes the mistake of taking the “dangerousness criterion” for granted, stressing that the patient, most of the time, has not committed any criminal activity, and is only being judged by algorithmic probability. In fact, empirical data has shown that people with mental disorders are statistically less dangerous and much more law-abiding than the normal population. For Szasz, mental disorders have a mythological status and involuntary psychiatry incarceration remains one of the most perverse political devices used by a so-called therapeutic State.

In this presentation we recover a Libertarian look at the question of compulsory commitment. In the first part of our paper, we introduce the dialogue between these two philosophers, by integrating their ideas into the broader context. We explore the similarities and differences between them. Both agree that psychiatry nosology is seen as a weapon in the war of institutional psychiatry against the individual. We argue that Szasz's and Rothbard's conception of institutional psychiatry has often been dismissed because of the way they deal with the construct of individual autonomy as a process independent of the state, and their misperception about the scientific status of psychiatry nosology.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0623

On the issue of death and suicidal ideation: A perspective from the classical Farsi literature

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The classical, post-Islamic Persian literature (covering a period between 900 and 1500 AD) is considered one of the great literatures of humanity. The issue of death is a common theme, and attempts to resolve the its mystery and find the elixir of life have been made for centuries. In general there are four different perspectives: (1) a view of glorification of death, represented mainly by Sufi mystics as Sanai, Attar and mainly Rumi admiring and seeking death to get “liberated” from the “jail” of this material world. They perceive death as the end of human suffering and reaching the desired world of reunion with the beloved. (2) The perspective of condemnation of death, mainly represented by Khayyam, who is questioning the

meaning of life and views death as the “end” of man and suggests relishing life, indicating there will be “nothing” after death. (3) A realistic viewpoint on death seeing life and death as the two faces of the same coin. Sa'di and Firdausi are the main advocates of this assessment and in order to “avoid” death and become “immortal”; they suggest utilising the time on Earth as an opportunity to appreciate the life and use it creatively and make oneself a “good name”. (4) A rather diverse perspective (represented mainly by panegyric court poets); depending on the author's state of mind; glorifying life, or occasionally expressing hopelessness.

This presentation considers how suicidal thoughts and death are presented in the works of Rudaki, influential Sufi poets, Khayyam, and others.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0626

Post-traumatic stress disorder in residents of Fort McMurray six months after a wildfire: Prevalence rates and correlates

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Objectives.– To assess likely prevalence of PTSD in residents of Fort McMurray six months after a wildfire and to determine the predictors of likely PTSD in the respondents.

Methods.– A quantitative cross-sectional survey was used to collect data through self-administered paper-based questionnaires to determine likely PTSD. The PTSD Checklist for DSM 5 Part 3 was used to assess the presence or absence of likely PTSD in respondents randomly selected from a variety of natural settings in Fort McMurray. Data were analysed with SPSS version 20 using univariate analysis with the Chi-Square Test and Binary Logistic Regression analysis.

Results.– One month prevalence rate among adult residents for likely PTSD six months after the disaster was 12.8% (14.9% for females and 8.7% for males). While controlling for other factors in the logistic regression model, corresponding odds ratios included 9.51 and 4.88 for those who received no or only limited support respectively from friends/family, 8.00 for those who had history of an anxiety disorder before the wildfire and 4.01 for those who received counseling after the wildfire. Respondents who presented with likely PTSD were significantly more likely to self-report increased drug abuse, but not increased alcohol use, after the fire. *Conclusion.*– Our study has established that while support from family/friends following wildfires may be protective against likely PTSD, a prior diagnosis of an anxiety disorder significantly increased risk for developing PTSD. Further studies are needed to explore whether receiving counselling after a wild fire alters the likelihood of individuals presenting with PTSD.

Disclosure of interest.– The authors declare that they have no competing interest.

Posttraumatic stress disorder

EV0631

When posttraumatic stress disorder is hidden by memory impairment: A case report on posttraumatic pseudodementia

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Introduction.– Traffic accidents are an important source of stress, damaging not only the physical integrity of the victims but also their psychic integrity. Therefore, they can represent the starting point of many psychiatric disorders.

Objectives.– Report an unusual clinical manifestation of the post-traumatic stress disorder.

Methods.– A case report on a patient who was treated in our department.

Results.– Mr XY, 50-year-old was referred to our department by the neurology department for a delusional syndrome. Mr XY has a history of diabetes type 2 with degenerative complications. Eighteen months earlier, he was involved in a car accident causing the immediate death of his elder son while the patient had only some bruises. One month after the accident, the patient began to present a social and professional indifference, sadness, insomnia, reduced appetite and dissociation periods during which he was talking to his deceased son. Gradually, he began to present memory impairment and lack of words with a space-time disorientation. Giving the fast worsening of the clinical signs and the refusal of the treatment and the insulin injections, the patient consulted in neurology; a cerebral CT scan showed a cortical and sub-cortical atrophy and the neuro-psychological tests a severe depressive syndrome. The patient was then hospitalized in our department and put under antidepressants and anxiolytics with a gradual improvement.

Conclusion.– Posttraumatic stress disorder is an under diagnosed psychiatric illness which sometimes dresses unusual aspects. That's why an early psychiatric care of the victims has to begin immediately after the traumatic event.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0632

What about EMDR in preschool children with post-traumatic stress disorder?

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Introduction.– Children of any age who have experienced trauma are at high risk of developing post-traumatic stress disorder (PTSD) or another mental trouble. Eye Movement Desensitization and Reprocessing (EMDR) therapy has been proven efficacious in restoring affective regulation in post-traumatic stress disorder (PTSD) patients specially adults. But studies still limited for EMDR in preschool age children.

Objective.– Examine the efficiency of the EMDR to PTSD in preschool children.

Methodology.– Five children (3 boys and 2 girls) with PTSD diagnosis were recruited at the Child Psychiatry Department in Mongi Slim Hospital, la Marsa, Tunisia. The EMDR was indicated. The technique used tapping as bilateral stimulation when a child relative narrated the traumatic event story's.

Results.– The children were aged between 3 and 5 years. Three boys were direct victims: a boy was kidnapped for 2 months with verbal and psychological aggression during all the period. Another was attacked by a dog. Another was a victim of a sexual abuse. For the 2 girls, they witnessed a physical and verbal aggression of their fathers. EMDR sessions ranged from 1 to 3 in four cases. Only the case of the kidnapped boy required 5 sessions. All the patients no longer met the diagnostic criteria for PTSD both at the end of the therapy and 3 months later.

Conclusion.– EMDR seems to be a rapid and efficacy therapy for the treatment of post traumatic symptoms in preschool children. However, other studies are needed to assess this finding.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0633

Post traumatic stress disorder in children and adolescents: Clinical profile

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Objectives.– Describe clinical profile of patients aged less than 18 years with post traumatic stress disorder (PTSD).

Methods.– Retrospective and descriptive study conducted at the Child and Adolescent Psychiatry Department of Mongi Slim Hospital (Tunisia) from January 2013 until July 2016. We included all cases of patients followed for PTSD (DSM 5). Data was collected from their records.

Results.– A total of 30 cases were identified. The average age was 8,48 years. The sex ratio was 1,14. Poor family functioning was reported in the quarter of cases. Most of them had a low socioeconomic status (83%). The majority of patients (63,4%) witnessed a traumatic event occurring to others, while 33,3% experienced it directly. Physical aggression was the highly reported, followed by psychological and sexual abuse (respectively 60%, 45% and 37,7%). 14% had a road accident. A repetitive event was found in 34,5% of cases. The traumatic event occurred mostly at home (40%) and was mainly acted by a neighbor (28%). Hyper arousal and intrusion symptoms were predominant. The majority of patients (66%) have developed psychiatric comorbidities (depression, school phobia, stuttering, separation anxiety and elimination disorders). Of these, one child became blind after the trauma and one attempted suicide.

Conclusion.– Practitioners need to be able to recognize and treat post-traumatic stress reactions in children in order to decrease debilitating consequences.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0636

Clinical-psychopathological characteristics of clinical variants and types of the course of PTSD in servicemen of the armed forces, participants in military operations in Eastern Ukraine

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Introduction.– A clinical picture of mental health pathology in persons, who participated in military conflicts, is presented with a wide range of structurally and expressively different disorders, from psychologically understandable reactions and premorbid conditions to clinically defined forms of pathology, among them posttraumatic stress disorders (PTSD) are the matter of a significant clinical interest.

Objection.– The aim of the study was to investigate clinical-psychopathological variants and types of the PTSD course in servicemen of the Armed Forces.

Methods.– In the study 112 servicemen of the Armed Forces of Ukraine, who were direct participants of the antiterrorist operation (ATO) in eastern Ukraine in 2014–2015, were examined. The complex of the study included clinical-psychopathological methods, as well as the Mississippi Scale for Combat-Relative PTSD (M-PTSD), the Impact of Event Scale-Revised (IOES-R), and the questionnaire SCL-90-R (Derogatis Scale).

Results.– PTSD clinical variants were defined: anxious (33.9%), dysphoric (24.1%), asthenic (14.3%), dissociative (10.7%), mixed (10.7%), hypochondriac (3.6%), and somatoform (2.7%). An analysis of types of the PTSD course demonstrated that a stable type of the course was more frequent in hypochondriac, mixed, anxious, dissociative, and dysphoric variants—in 75.0%, 66.6%, 60.5%, 50.0%, and 48.1%, respectively ($p < 0.05$); a progredient type—in 25.0%, 18.4%, 33.3%, 33.3%, and 16.7%, respectively ($p < 0.01$). In patients with asthenic clinical variant a regredient type of the course prevailed (37.5%; $p < 0.05$).

Conclusions.– On the base of the data obtained, the system of criteria for PTSD diagnosis has been clarified, that is a basis for optimization of therapeutic and preventive approaches.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0638

Psychotherapy of posttraumatic stress disorder patients in Ukraine

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Comprehensive psychosocial rehabilitation of 375 posttraumatic stress disorder (PTSD) combatants was exercised. Premorbid personality characteristics of patients with posttraumatic stress disorder are heterogeneous. It should be noted that all of the testees had problems in microcommunity such as, conflicts in the parents

or children's family, divorce, conflicts with friends, colleagues in the aetiology of PTSD there are three groups of factors were shown:

- I. Hereditary-organic. Constitutional and typological features of the central nervous system and features of the accentuated personality.
- II. Psychogenic.

These are acute factors of external action.

- III. Psychoorganic-comorbide. Organic complication, majority trauma origin.

The rehabilitation program was implemented in three stages.

1. The initial stage (setting therapeutic contact compliance)–2–3 days.

2. Main (rehabilitation) stage–14–18 days. Carrying out individual psychotherapy, group psychotherapy CBT-oriented, relaxation techniques with the assimilation of elements of autogenous training

(constantly), physiotherapy, exercise therapy, aromatherapy, reflexology, pharmacological (if needed).

3. Supporting (completing) stage–2–3 days. Carrying out individual psychotherapy, relaxation techniques.

Results.– It has been hypothesized that the basis for PTSD symptoms is chronic hyperstimulation of the Autonomic Nervous System which leads to a classic fight or flight response and subsequently many of the previously mentioned symptoms experienced by a combatant suffering from the condition. It is the responsibility of the practitioner to aid the combatant in managing PTSD in a manner that helps them adapt to current living situations. The high efficacy was observed on 80% patients, middle range–15%, no response–5%.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0639

Culpability and identification process in the clinic of trauma: Identity in the future of attacks

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The 2015 and 2016 terrorist attacks on French soil provoked social upheavals whose mistrust between communities was only the symptom. These upheavals, far from being mere mass movements, could be analysed at the clinical level as the manifestation or symptom of a fear induced by a feeling of guilt due to the sense of belonging to the community of those designated as responsible or guilty of the terrorist drama. While it is possible to consider clinical care of patients imbued with feeling guilty in a context of inter-subjective crisis, this clinical care is more complex when the crisis involves group entities, imposing on the subject to face daily inquisitive gaze of the "other". This perception then feeds on fantasies and various affects on which the evolution of the clinical symptomatology of the patient will depend. This clinical care is all the more complex when the clinic is caught in the clinic of the child and/or the adolescent.

How, then, can we consider the individual clinic when, faced with the peculiarity of adolescence, the patient is confronted with the gaze of the other, himself suspicious and supposed to be stigmatizing?

Disclosure of interest.– The authors declare that they have no competing interest.

EV0640

Factors associated with PTSD in a group of Syrian refugee who applied to immigrant/refugee mental health special branch outpatient clinic

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Introduction.– The primer goal should be preventing of PTSD so its so important to determine factors which associated with PTSD. The differences between those who develop and do not develop PTSD after exposure to trauma are important to determine that factors.

Method.–The Traumatic Events Scale was applied to syrian patients who applied to refugee mental health outpatient clinic. Clinical interviews were performed with those people who were defined as having traumatic experiences and the data forms which were prepared by the researchers were filled in. Then, test battery was given and this battery included the self-report scales.

Results.– In our study 35 people who had had traumatic experiences were included and 11 of them were diagnosed with PTSD. When the patients who has and has not been diagnosed with PTSD compared, a significant relationship was found among quality of life (p:0,011), well-being (p: <0,001), perceived stress (p:0,027), depression scores (p:0,005). Also, it was found that people who were diagnosed with PTSD are talking with their relatives in Syria and having conversations on phone less often according to people who were not diagnosed with PTSD (p <0,001). The other important finding was that the development of PTSD is more related with experiencing traumatic events rather than the types of events.

Discussion.– As convenient with the past literature, the important thing for the developmental process of PTSD is being exposed to traumatic experiences rather than the type of the experience.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0641

Exploring posttraumatic stress disorder in vulnerable areas

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Introduction.– Violence in urban areas of south america has turned a relevant issue in mental health nowadays. Ptsd has been determined as a frequent pathology, mainly because individuals living in large cities are facing and witnessing distressing situations.

Objective.– To explore the PTSD prevalence and depression in vulnerable environments of guayaquil - ecuador.

Methodology.– Two ambulatory care centers, that belong to the ministry of health were chosen for this study, both of them located at the febres cordero paris. (low income and risky area of guayaquil). Premedical students were trained to collect the information using the davidson scale (DTS), PCL 5 and Beck Depression Inventory (BDI).

Results.– This is a transversal descriptive study, the total sample: 107: 75(70%) women, 32(29.9%)men. Davidson scale:positive: 34.6%, 11% men, 26% women. Pcl 5: 14%, 3% men, 12% women. BDI: Moderate 12%, extreme 5.6%.

Conclusions.– Overall, 34.6% shows and important evidence of PTSD in Febres Cordero parish. Depression is remarked with a moderate

score 12% and a extreme score of 5.6%. These results must be a warning to the ecuadorian mental health system since most of the ambulatory care system do not count with a mental health area. Further studies must be done to determine the prevalence of ptsd, not only in guayaquil city but also in other south american cities in order to work on mental health programs.

Disclosure of interest.– The authors declare that they have no competing interest.

Prevention of mental disorders

EV0642

Psychiatrist role in periodical medical examination of chemical industry workers

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Follow to the importance of mental health of population, especially among working people, the evaluation of occupational factors were analysed.

Post-traumatic Stress Disorder 4.2.1., (indicated as F43.1 at DSM-V) and Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker are included into List of Occupational Diseases (ILO, 2010). In Russia we are working on the recognition of Mental Disorder(s) as an occupational one.

In Russia from 1998 till current period we continue mental health examination of workers at the chemical industry ($n=998$), who are working under exposure of noise and organic solutions (ethylene, benzoyl, phenol) on the level, not much higher then allowable to identify premorbid factors of job conditions and personality characteristics of workers who are more likely to get any mental health disturbances.

Among workers, neurotic and organic mental Sdr were diagnosed, group of people with Sdrs, which don't present in DSM-V were selected. 1. This sdrs are typical for higher experienced professionals. 2. There are general patterns in formation of psychiatry disturbances as sequence of stages: preclinical, functional and organic spts. 3. Clinical features depended of characteristic of the occupational environment were founded.

This founds could be used by psychiatrists during periodical health examination among professionals are mentioned in the list of Injunction of MH of RF N-302H.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0644

Prevention of mental health in medical students: A personal perspective

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Objectives.– To analyse the reasons why young people especially medical students are at high risk of mental health disorders.

Method.– According to Young Minds, a leading UK charity, 1 in 3 children in the classroom have a mental health problem. A'

population-based youth focused model' must integrate all members of the multidisciplinary team. In this abstract, I wish to give my personal perspective on experiencing an unexpected emotional upheaval when starting university.

Results.– From my personal experience, the transition between school years to adulthood is challenging due to expectations placed upon young people. Young people moving out of home for the first time can be vulnerable and can be placed in difficult situations. These include: bullying, having an identity crisis, relationship and financial problems or be at risk of experimenting with drugs and alcohol. The millennial generation uses social media as form of expression which can have a negative impact on mental health. The GMC in the UK has formulated a guide on mental health in medical students. The mental health disorders are common, but if not diagnosed and treated well the condition may worsen given the intensity of a medical course.

Conclusion.– Education of mental health in schools, university and in the workplace must be promoted to ensure that the stigma is removed. Talking openly about mental health can be slippery slope, therefore, the media or celebrities with whom young person can relate better can be used as an educational tool.

Reference: https://www.gmc-uk.org/information_for_you/23499.asp

Disclosure of interest.– The authors declare that they have no competing interest.

EV0645

Vitamin D levels in inpatients

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The aim of our survey was to determine the levels of Vitamin D in serum of our patients. The study of this vitamin in mental health is a recent area of investigation and the number of papers is nowadays increasing, most of them were published in the last 10 years. They reveal that hipovitaminosis D could be associated with various mental illnesses, particularly in depression and schizophrenia. In addition, the evidence of the anti-inflammatory and neuroprotective effect is enhancing and it is suggested that could have psychotropic function. This is especially relevant, first of all, because hipovitaminosis D is often underdiagnosed and untreated in mental health despite is more prevalent in our patients and secondly due to the elevated risk of suffer metabolic syndrome and premature mortality between patients with mental illness, mainly schizophrenia.

Disclosure of interest.– The authors declare that they have no competing interest.

Promotion of mental health

EV0646

Health literacy in school

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Health literacy is a core element of patient centered healthcare. Poor health literacy is a silent epidemic across the globe as it

affects every aspect of health. Schools bear an important role in increasing health literacy. It was aimed to look into the Health literacy, global scenario of health literacy, measurement tools of health literacy, role of school, interventions, limitations of school health literacy. Improving health literacy in adolescence is supposed to improve the later life as adolescents are used to carry their modified behaviour lifelong. Various school-based interventions covering physical and mental health have been studied and found to be effective. International bodies recommend incorporation of health-related tasks into school lessons and consider that teaching the young people will be a good investment for future. Multisectoral collaboration and locally proved effective strategies are the practical challenges

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EV0648

The varieties of asthenic conditions, developed as a result of adaptation disorders amongst the foreign students

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Introduction.– The leading place amongst the neuro-psychiatric diseases in foreign students in Russia is occupied by the borderline disorders, including, first of all, asthenic conditions of various genesis. These conditions are one of the main reasons for the students to skip the classes.

Objectives.– Studying the clinical features of asthenic conditions in foreign students for the selection of adequate therapy for this pathology.

Methods.– Using clinical and experimental-psychological methods, we examined 277 foreign students, that requested the medical help for their “asthenic conditions”. The patients first contacted the general practitioners of the University Clinic. Age of the patients: 18-28 years. All of the examined students encountered disadaptive conditions related to the acclimatization, language barrier, and being away from home.

Results.– We divided all the cases to 5 groups. Group 1 ($n = 164$) – psychogenic asthenia with peculiarities dependent on the nature of psychogeny trauma, as well as premorbid and egzogenic injures in the past; Group 2 ($n = 33$) – adaptation asthenia (resembled a complex depression with predominance of senesto-hypochondriacal disorders); Group 3 ($n = 31$) – posttraumatic asthenia, Group 4 ($n = 28$) – somatogenic asthenia, Group 5 ($n = 21$) – endogenous asthenia (schizophrenia, cyclothymia, bipolar affective disorder). Each of the patient received different treatments, according to the typology above.

Conclusions.– Precise differential diagnostics is the basis for the adequate therapy and prevention of the asthenic disorders amongst the foreign students. The publication was prepared with the support of the RUDN University Program 5-100

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EV0652

I need to talk to a psychiatric

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Objective.– Differentiate pathologies that correspond to the field of Neurology of those related to Psychiatry and thus optimize referrals from Primary Care to Mental Health.

Methods.– To study the case of an 80-year-old woman, widow, mother of 6 children. She live alone. It has home assistance support three days a week. Started attention in Mental Health in 1996. Initial impression of possible hypomania but there is no other source of information, nor knowledge of basic personality. There was a registered antecedent of punctual possible behavioural disorder years ago, discarding at that moment cognitive impairment. She leaves the monitoring in Mental Health but after a few years she is referred again due to a similar cause. The antidepressant is removed.

Results.– In successive revisions at Psychiatry no clinical improvement is evidenced, rather orienting the evolution towards demential disease, possibly a fronto-temporal dementia: the patient presents an extravagant appearance with poor personal care and vague speech, with expansive affection and disorganized behaviours. In the end she is referred to Neurology.

Conclusions.– The crowded consults can cause dysfunctions in mental health referrals, such as those detected in the Basque Country by an autonomous study. On the other hand, sometimes, the patient himself claims to see a specialist. In our opinion, the solution would be to grant the Family Doctor more training in Mental Health as well as to give him more time to carry out a complete clinical interview.
Disclosure of interest.– The authors declare that they have no competing interest.

EV0653

Practice quality and effectiveness of a compassion training intervention: The Importance of embodying the compassionate self

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Research has showed that compassion mind training (CMT) is effective on the promotion of well-being, however the impact of quality of the practice had never been explored. A recent study of the effect of a low intensity compassionate mind training intervention on well-being, also investigated participants' qualitative and subjective experiences of the practices.

The current paper explores how participants who completed a two-week CMT program ($n = 77$) experienced the compassion practices, and the impact of the quality of these experiences on the effectiveness of the intervention and the development of the compassionate self. Results reveal that more than how often participants practiced the exercises, it is their perception of helpfulness of the compassion practices and their ability to embody of the compassionate self in everyday life and in moments of difficulty that are associated with increases in compassion for the self, for others and from

others, reassured self, positive affect and compassionate goals, and decreases in self-criticism, fears of compassion and stress.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0654

On mental health in context of philosophy, psychology and psychiatry

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Introduction.– Mental health is essential for holistic&multidimensional consideration of human for all anthropological sciences incl. psychology, psychiatry, pedagogy
A. On PHILOSOPHY-ANTHROPOLOGY. New model about an integral anthropology related to fundamental scientific question of Kant “what is the human?” is considered by scientific-theoryðics conc. mental health in context of to ti en einai/Aristoteles, Agaton/Platon, reason/Kant (Vernunft, Verstand, Urteilskraft).

B. On PSYCHOLOGY-PSYCHIATRY. Modern occidental philosophy, psychology, psychiatry consider mental health on level of normal and sub-consciousness (analytic psychology, e.g. Freud, etc.), oriental one includes super-consciousness - samadhi, nirvana, satori, etc. (Sri Aurobindo, Dalai Lama*, Sri Yogendra, others) in context of future synthetic philosophy and psychology. Prominent scientists reported on similar phenomena acc. to Carrel*, Neuhäusler, Pauli*, Rhinne, Richet*, Vassilev/*Nobel Laureate in concordance with electrophysiological experiments with Yogis, Buddhist-monks acc.to Anand, Chinna, Kasamatsu, Hirai, Ornstein. Mental disorders related to neurotic reactions can be antagonized by psychosomatic practises.

C. On PSYCHOSOMATICS in ANGIO-CARDIOLOGY and GENITO-UROLOGY. Occidental and oriental psychosomatic therapy incl. mental training (Yoga, Zen-Buddhism) helps cardiac & radiooncological patients–arrhythmia, hypertension, incontinence, radiocystitis, etc. (see Neu et al., Weber et al. EPA 2018).

Conclusion.– Theoretical&practical models for an integral anthropology (A-C) could support total health education (hygiene, prophylaxis) as well as psychosomatic therapy in context of UNO-Agenda21 for better health, ecology, etc. in all countries.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0655

The mental health expo as an example of work early career psychiatrists’ Council of Russian Society of Psychiatrists

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Between May 18 and June 5, 2017, the Early Career Psychiatrists’ Council of Russian Society of psychiatrists organized a series of events in Volgograd, Russia–that we called “The Mental Health Expo”–in order to promote public awareness of mental illness and to reduce stigma that still surrounds psychiatric illness in Russia. Over 1,000 people attended the different events at the Expo, making it the largest ever event in Volgograd dedicated to mental health.

In addition to the interest the Expo generated among the public, it also attracted a lot of media attention.

The events at the Expo were divided into three categories:

- research and clinical practice;
- general education and public awareness;
- clinical help and rehabilitation.

Overall, the Mental Health Expo was a huge success. It revealed great interest from the general public in issues related to psychiatric illness, including in where to seek credible information and where to turn for professional consultation and help. The format–which spanned a broad range of events aimed at both mental health specialists and lay audiences–proved to be highly effective, providing a platform for successful interaction among mental health professionals, the general public, and the mass media. We hope this event can become an annual, or at least bi-annual, event in Volgograd.

Ref.: Philosophie in synthetischer Absicht (Synthesis in Mind), Ed. Marcello Stamm, Stuttgart: Klett-Cotta 1998. Contributions from J. Mittelstraß, D. Davidson, D. Föllesdal, R. Spaemann, H.G. Gadamer, others.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0657

Attitude of health professionals towards mental illness in a tertiary care hospital in Islamabad, Pakistan

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Introduction.– People with mental illness come into contact with a wide range of health care professionals. The attitude of these professionals is an important determinant of quality of care provided to people with mental illnesses.

Objective.– This case series was conducted at a tertiary care hospital to assess the attitude of health professionals towards mental illness.
Method.– Through convenience sampling, 10 health professionals working at a tertiary care hospital were invited to participate in the study. After due informed consent, the age, gender and years of professional experience of the participants were recorded; and the Mental Illness: Clinician’s Attitude (MICA-4) scale was administered. Descriptive statistics were analysed using SPSS 20.0.

Results.– A total of 10 health professionals (2 males and 8 females) were made part of the sample, and the mean age of the participants was 26.8 years. All professionals belonged to medical and allied specialties with up to 5 years of experience. The mean score reported on MICA-4 scale was 48.2, indicating significantly stigmatizing attitude towards mental illness held by the health professionals in the sample.

Conclusions.– Although limited by the sample size, the findings of this case series point towards a need to plan future projects to evaluate attitudes of health professionals at a larger scale, and to develop effective remedial interventions for stigma towards mental illness.

Disclosure of interest.– The authors declare that they have no competing interest.

Psychoneuroimmunology

EV0659

The challenge of rare disease diagnosis in a case of a psychiatric patient

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It is a continuous challenge to diagnose the patients admitted to psychiatry department suffering of other medical conditions that have psychiatric manifestations.

We describe the case of a 45 year old women with previous psychiatric history, with multiple admissions in psychiatry department, presented at the emergency department for the second suicide attempt by drug intake (Abilify). The patient presented symptoms of the major depressive disorder with psychotic elements, but during the hospitalization was unresponsive to the proper antidepressants and antipsychotic treatment and had a third suicide attempt, while developing neurological symptoms (seizures, diaphoresis) and rheumatological (polyarthritis, Raynaud syndrome), so we suspected that the psychiatric disease was secondary to a brain damage. CT scan was inconclusive, but IRM showed multiple demyelination lesions in white matter, witch lead us to investigate the source of prime disease. After excluding HIV, syphilis, hepatitis, Borrelia and autoimmune encephalitis, the lupus specific antibodies were positive. So the final diagnose was neuropsychiatric systemic lupus erythematosus (NPLSE).

Neuropsychiatric manifestation of systemic lupus erythematosus can be an important complication and has a major impact on the quality of life and on the treatment success rate. It is highly recommended to consider the possibility of autoimmune encephalitis and other organic cerebral damage, in case of treatment-resistant psychiatric symptoms.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0660

Gender differences in suicide in Serbia within the period 2006–2015

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Background.– Aim of this study was to examine the gender differences in all cases of suicide committed in Serbia within the period 2006-2015, including suicide rates, socio-demographic factors and methods of suicide.

Methods.– Data were obtained from the Statistical Office of the Republic of Serbia. Statistical analysis was done by using the crude number of committed suicide. Their classification related to the suicide method was carried out on the basis of ICD-X Code (WHO 1992).

Results.– Within the period 2006–2015, the total number of suicides in Serbia was 12 570, of which 73.16% were males and 26.84 females (male to female suicide ratio is 2.72). Annual suicide rate (per 100.000) showed constantly decreased from 19.4 in 2006 to 15.0 in 2015. The suicide was the most often committed by the married males and females with completed high school and by pensioners. The suicide number has been increasing with the age of the

suicide committers and it was the highest in subjects of both genders aged over 65 years (39.96%). The most common suicide method in males (63.66%) and in females (58.65%) was hanging and strangling, and the second one in males was by firearm (18.80%) and in females by poisoning (18.14%).

Conclusions.– Suicide prevention in Serbia should be primarily oriented toward the elderly population because they were less ready to ask for doctor's help when having some problems with mental health.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0662

Lupus psychosis and posttraumatic stress disorder

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Introduction.– Systemic Lupus Erythematosus is an autoimmune connective tissue disease with a still unknown etiology that adopts different clinical and immunological expressions. The annual incidence and prevalence depend on genetic, geographic and environmental factors, may appear from childhood but predominates fertile age and female sex. The prevalence of neurological manifestations in systemic lupus erythematosus is high, and its presence is a sign of poor prognosis contributing to increase mortality.

Methodology.– A 31-year-old woman from Syria. Refugee of war in Turkey for 4 years. She arrived in Valladolid a month ago with her husband and two children. Six days ago he started with global insomnia and progressively more irritable, aggressive, with inappropriate behaviours, soliloquies and auditory hallucinations. It also has plaques infiltrated in malar regions and nasal bridge, hemolytic anemia and lymphopenia.

Results.– Biopsy compatible with discoid lupus erythematosus. ANA+ Anti SSA+ antiroosomal+.

Conclusions.– It is important to maintain a high suspicion of SLE in patients with atypical acute psychosis. Regular CSF examination should be done early to rule out infectious processes. The management of acute psychosis in SLE there is no standardized treatment, this includes the combination of antipsychotics, as the symptomatic treatment, associated with the use of corticosteroids for the systemic control of the disease, always taking into account that these can induce the pictures psychological in relation to the dose with which they are administered.

Disclosure of interest.– The authors declare that they have no competing interest.

Further reading

Psychosis in patients with Systemic Lupus Erythematosus. Indian J Psychol Med. 34 (1): 90-3

EV0663

Multidisciplinary approach towards diagnosing the anti-NMDA receptor encephalitis: Case report of a young girl with altered behavior and abnormal movements

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Keywords: Anti-N-Methyl-D-Aspartate Receptor Encephalitis; Psychiatry; Neurology; Immunology

Introduction.– Autoimmune encephalitis is a rare central nervous system disorder in which the patient presents with the neuropsychiatric symptoms. Immunological investigations and multidisciplinary approach have made it possible for the health care physicians to screen and treat this rare disorder in time.

Objective.– To present a case of anti NMDA receptor encephalitis and highlight the benefit of multidisciplinary approach in diagnosing and managing a rare disorder in a third world country

Methods.– A fourteen year old girl was brought with complaints of irritability, altered behaviour, abnormal movements, self biting and decreased sleep for the past 10 days. Her condition deteriorated during the admission and she became mute, immobile and drowsy. Her all base line investigations CT scan and MRI brain were normal. CPK was high and the CSF showed pleocytosis. There was diffuse slowing in the EEG. Autoimmune encephalitis profile showed presence of antibodies against the NMDA receptors.

Results.– Improvement in the symptoms was noted after treatment with the pulse therapy steroids and five sessions of plasmapheresis. She became mobile after two weeks and started attending the school after one month. She was put on cyclophosphamide for six months with plan to screen for the tumors regularly.

Conclusion.– This case report highlights the importance of multidisciplinary approach involving the neurologist, psychiatrist and immunologist in accurately diagnosing and managing a rare neurological disorder presenting mainly with the psychiatric symptoms.

Disclosure of interest.– The authors declare that they have no competing interest.

Psychopathology

EV0664

Endogenous psychosis with religious delusions in adolescence

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Introduction.– The study of religious delusions in structure of psychosis (F20, F25) is determined by its high frequency (24%-28%), difficulties in early diagnostics, and low state of knowledge about dynamics and outcome of these disorders in adolescence. The most important issue is the differentiation among pathological varieties of religious-mystical disorders and non-pathological forms of religiosity. **Objective.**– To identify clinical and psychopathological features and prognostic significance of delusions with religious content in endogenous psychotic states in adolescence.

Methods.– A total of 53 male patients, aged 16 to 25 years were observed; there were applied clinical, psychopathological, psychometrical (The Dawkins scale) and statistical methods.

Results.– There were identified general psychopathological features of psychotic states with religious delusions, due to the specificity of adolescence age; as well there were distinguished common types of religious delusions, developing by acute primary (delusion of sin and delusion of demonic possession) and acute sensual (messianic and antagonistic delusions) mechanisms. There was revealed the role of the previous religiosity, including an overvalued religious ideas. Later on patients with acute primary mechanism of religious delusion's formation were demonstrating intensification of their religiosity. That was not typical for patients with sensual mechanism of delusion formation. The investigated cohort showed longer duration of the pre-manifest time range and the period of "untreated psychosis" than cohort of juvenile patients with other delusional fables. It also required longer hospitalization for these patients.

Conclusions.– The prognosis of psychosis with religious delusions developing in adolescence is quite unfavorable, that is appearingly associated with the structure of psychosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0665

Envy – The dissection of a mortal sin

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Introduction.– Humans have a drive to evaluate themselves by examining their abilities and outcomes in comparison to others. Envy is the pain caused by the good fortune of others, and a manifestation of primary destructiveness, to some extent constitutionally based, and worsened by adversity. It is comprised of the wish to abolish inferiority by either having another person's possession or success and/or the wish that the other person did not possess the desired characteristic or object. On the other hand, gloating or schadenfreude denotes one's joy about the shame or misfortune of another. Envy does not elicit a unique affective state or facial expression. It is a complex mix of unpleasant psychological states - inferiority, injustice, and resentment - which tend to be intentionally concealed from others. In DSM5 envy is underrepresented only appearing as a characteristic of Antisocial and Narcissic Personality Disorders, despite its great impact in others' lives.

Objectives.– Non-systematic literature review on envy and it's correlate with neurobiological findings.

Methods.– Pub Med database was searched between 2010 and 2017 and articles with the words "envy", "emotion", "fMRI" and "emotion" were included.

Results.– The ventral striatum plays a major role in the reward system. An increased ventral striatum activation was verified with BOLD-contrast imaging whenever envy was detected. Regional homogeneity in the inferior/middle frontal gyrus and dorsomedial prefrontal cortex positively predicted dispositional envy.

Conclusion.– These results suggest an association between neural representations of envy and theories of emotional processing. This may give way to biomarkers for the evaluation of outcomes in Psychiatry, supporting novel clinical interventions.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0667

Evaluation of mental distressJ. Lund¹, M. Nørhalla Nielsen¹, S. Hjerrild¹, L.B. Jansson²¹ Aarhus University hospital, Department for Affective Disorders, Risskov, Denmark; ² Psychiatric Center Hvidovre, Department of Clinical Medicine, Copenhagen, Denmark

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Introduction.– The severity of mental distress is a common reason for admission—both voluntary and involuntary—and the acute prescription of psychopharmacological treatment. Further, in emergency room settings patients are triaged according to levels of expressed mental distress. The assessment of mental distress is a standard part of the psychiatric evaluation and is the result of mental state examination, albeit of often pre-reflective nature, much alike the evaluation of somatic pain, where the level of pain is assessed using behaviour, facial expression, and verbal output. The observational components underlying the objective evaluation of mental distress remain unclear.

Objectives.– 1. Describe components of the evaluation of expressed mental distress. 2. Elucidate whether the objective signs of mental distress are trans-diagnostic. 3. Evaluate if a short rating scale of mental distress can be constructed using the identified components.

Methods.– Computer-based survey amongst all staff with either in-patient or out-patient contact in a large, multidisciplinary psychiatric department in a university hospital using a phenomenological approach with open-ended questions.

Results.– Results are pending and will be presented at the 26th European Congress of Psychiatry.

Conclusions.– NA

Disclosure of interest.– The authors declare that they have no competing interest.

EV0668

Anosognosia and insight – Relatives or related?M. Moreno¹, T. Filipe², S. Nascimento³, A.M. Mota⁴, V. Nogueira⁵, M. Melo⁶, R. Fernandes⁷, R. Costa⁸¹ Centro Hospitalar Psiquiátrico de Lisboa, Hospital de Dia, Cascais, Portugal; ² Centro Hospitalar Psiquiátrico de Lisboa, Psiquiatria Forense, Lisboa, Portugal; ³ Centro Hospitalar Psiquiátrico de Lisboa, Psiquiatria Geriátrica, Lisboa, Portugal; ⁴ Centro Hospitalar Psiquiátrico de Lisboa, Ccsmo, Lisboa, Portugal; ⁵ Centro Hospitalar Psiquiátrico de Lisboa, Álcool e Novas Dependências, Lisboa, Portugal; ⁶ Centro Hospitalar Psiquiátrico de Lisboa, Cintra, Portugal; ⁷ Centro Hospitalar Psiquiátrico de Lisboa, Clínica 1, Lisboa, Portugal; ⁸ Centro Hospitalar Psiquiátrico de Lisboa, Hospital de Dia, Lisboa, Portugal

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Objectives.– Bibliographical review of the scientific literature on the topic Anosognosia and Insight.

Methodology.– Bibliographical analysis of the works already published on the subject. Identify keywords (Insight, Critical Judgment, Psychopathology, Awareness and Anosognosia), collect primary sources, review secondary sources, make a critical review and summarize available literature.

Results.– Based on the keywords, we obtained 37 bibliographic sources that we considered relevant.

Discussion/conclusions.– Neurological disease affects 13.05% of acute and 68.9% of chronic psychiatric patients Quoting Vilayanur Subramanian, director of the Center for Brain and Cognition at the University of California, “The boundary between Neurology and

Psychiatry is becoming increasingly blurred.” In this “new reality” as he describes it, it is crucial to merge some concepts and detach others. In this context a question is born: Anosognosia and Insight – Selfsame concept or two different terms? The point in History where Neurology and Psychiatry came apart seems to be the clue to the presence of terms that overlap. Despite distinct historical developments, the concepts braid – both depend on essential functions, are difficult to assess, have similar reactions and have a major impact on prognosis—our main concern.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0669

Vestibular stimulation – Rebalancing awareness?M. Moreno¹, T. Filipe², S. Nascimento³, A.M. Mota⁴, R. Fernandes⁵, R. Costa⁶¹ Centro Hospitalar Psiquiátrico de Lisboa, Hospital de Dia, Cascais, Portugal; ² Centro Hospitalar Psiquiátrico de Lisboa, Psiquiatria Forense, Lisboa, Portugal; ³ Centro Hospitalar Psiquiátrico de Lisboa, Psiquiatria Geriátrica, Lisboa, Portugal; ⁴ Centro Hospitalar Psiquiátrico de Lisboa, Ccsmo, Lisboa, Portugal; ⁵ Centro Hospitalar Psiquiátrico de Lisboa, Clínica 1, Lisboa, Portugal; ⁶ Centro Hospitalar Psiquiátrico de Lisboa, Hospital de Dia, Lisboa, Portugal

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Objectives.– Bibliographical review of the scientific literature about the effect of Vestibular Stimulation on Insight.

Methodology.– Bibliographical analysis of the works already published on the subject. Identify keywords, collect sources, make a critical review and summarize available literature.

Results.– Based on the keywords, we obtained 15 bibliographic sources that we considered relevant.

Discussion/conclusions.– Anosognosia defines itself as the lack of ability to recognize symptoms due to acquired cerebral lesion. Reports in the literature suggest that Anosognosia, Neglect and Inattention improve transiently (between 30 minutes to 2 hours) with vestibular stimulation, namely with caloric reflex. It is theorized that the lack of Insight in psychiatric diseases is the analogous symptom to the neurological lesions that causes Anosognosia. Thus, the question arises: Will vestibular stimulation cause a transient increase in insight for psychiatric illness, namely in mania and schizophrenia. The impact of being able to change people’s understanding of their illness? Insight influences the course and prognosis of each psychiatric illness, being a critical element in its evolution. Although scarce, the results available in the literature are auspicious. Among the extensive network of cortical and subcortical structures that receive signals from the vestibular pathway, the anterior cingulate cortex (ACC) stands out. The ACC may be a bridge between the vestibular sensorimotor areas and areas of the prefrontal cortex (PFC). It is documented the association between the ACC and some areas of the PFC and the mental processes involved in Anosognosia and Insight, namely the capacity for self-reflection and introspection, the interpretation and assignment of correct salience to stimuli related to personal history.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0670

“My senses seemed sharpened. . .”**– Aberrant salience in schizophrenia**T. Prior Filipe¹, M. Moreno², S. Nascimento³, J. Gama Marques⁴¹ Centro Hospitalar Psiquiátrico de Lisboa, Forensic Psychiatry Department, Lisbon, Portugal; ² Centro Hospitalar Psiquiátrico de Lisboa, Day Hospital, Lisbon, Portugal; ³ Centro Hospitalar Psiquiátrico de Lisboa, Geriatric Psychiatry Department, Lisbon, Portugal; ⁴ Centro Hospitalar Psiquiátrico de Lisboa, Schizophrenia Department, Lisbon, Portugal

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Introduction.– Aberrant salience (AS), is a foundational aspect of the pathogenic model of schizophrenia. Stimulus-independent release of dopamine disrupts contextually driven salience attribution leading to inappropriate attribution of salience to external objects and internal representations. Hallucinations may arise from misinterpretation of the latter and top-down cognitive explanation prompts the formation of explanatory delusions. In schizophrenia, dysfunction has been identified in the salience neurological framework supporting the phenomenological model.

Objectives.– Provide an insight on the neurological framework of AS and its relation with the phenomenological model.

Methods.– A search was conducted on the Pub Med[®] using the Keywords “Aberrant salience”, and “Schizophrenia”. 15 references were selected according to relevance.

Results.– In schizophrenia, AS is related to reduced ventral medial prefrontal cortex activation during self-referential judgments and to a deficit in differential ventral striatal activation. Impaired anterior insular salience network (SN) activity is associated with aberrant dependence of Default Mode Network/Central Executive Network interactions on SN functioning. A defective salience network fails to signal task-relevant stimuli, resulting in disruption of the integrative processes required for stimuli efficient evaluation and adequate response selection. Reduced salience network connectivity denotes disturbance on the system effecting changes between contextually relevant functional brain states. AS may contribute to hyper-reflexivity, disturbed “grip” of the world and disturbances of intuitive social understanding.

Conclusions.– The integration of the phenomenological and neurocognitive findings represents an in-depth understanding of schizophrenia. Potential therapeutic interventions, such as cognitive remediation directed towards executive function, may be enhanced for the clinical and functional improvement of patients with schizophrenia.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0671

Cognitive insight in first episode psychosisT. Prior Filipe¹, T. Teodoro², S. Garcia², I. Pinto², M.J. Avelino², R. Mateiro², M. Martins², M. Moreno³, S. Nascimento⁴, J. Salgado²¹ Centro Hospitalar Psiquiátrico de Lisboa, Forensic Psychiatry Department, Lisbon, Portugal; ² Centro Hospitalar Psiquiátrico de Lisboa, Clinica 1, Lisbon, Portugal; ³ Centro Hospitalar Psiquiátrico de Lisboa, Day Hospital, Lisbon, Portugal; ⁴ Centro Hospitalar Psiquiátrico de Lisboa, Geriatric Psychiatry Department, Lisbon, Portugal

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Introduction.– Lack of Insight is considered a hallmark of psychosis with an important impact on therapeutic compliance, functional outcome and prognosis. Cognitive Insight (CI), an individual's capacity to question his own beliefs upon assessment and reinterpretation, is divided into the self-reflection and the self-certainty

dimensions. Low self-reflectiveness and high self-certainty define poor CI.

Objectives.– Understand the concept of CI, its neural substrate and its relevance in First Episode Psychosis (FEP).

Methods.– A search was conducted on the Pub Med[®] using the Keywords “Cognitive Insight”, “Insight” and “First Episode Psychosis” with an outcome of 9 articles; review of the selected references retrieved another 2; 11 references were selected according to relevance.

Results.– In FEP, the level of CI is linked with memory and verbal learning. Poor CI is associated with cortical volumetric reduction. Neural correlates of CI involve a network of frontal, temporal and parietal brain regions. Self-certainty, but not self-reflectiveness, positively modulate thickness covariance in a frontal network in FEP. In FEP, CI has been shown to be a better baseline predictor of overall psychopathology on a 12-month period. Self-reflectiveness is a more relevant and independent cognitive construct than self-certainty for predicting prospective symptom severity in FEP. Self-reflection and self-certainty correlate with distinct underlying cognitive processes, which may constitute therapeutic targets.

Conclusions.– Apart from its prognostic significance, CI is a potential target for the development of early intervention programs in FEP, including psychotherapeutic approaches, so as to improve treatment compliance and prognosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0672

Delusional metamorphosis; description, aetiology, and treatment: A case of a boanthropy in a melancholic patient treated by avicenna

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A case of a psychotically depressed man with delusional metamorphosis treated by Avicenna is reported in Abdurrahman Jami's (1397-1478, Herat) “Seven Thrones”. A “melancholic” man is described demanding to be killed as he was convinced he was a “cow” (boanthropy); he was mooing, crying “Hurry, cut my throat, take me to the butchery; kill me momentarily as I am losing weight”. He wouldn't take food or remedies from any one. No healers could cure him and they felt helpless; hence turned to Avicenna who advised to tell the patient that the butcher was on his way to slaughter him. Avicenna went to the patient's house shouting, “Where is the cow”. The patient came out, laid down, saying “I am the cow”. Avicenna bound his limbs and sharpened his knife in front of him. As a butcher would measure an animal, Avicenna inspected him and stroked his sides and back. Afterwards, he persuasively said, this “cow” is undernourished; it would be a waste to kill him now. It should be fed, never be let hungry, and when it gains weight I will kill him”. They untied the patient's limbs and brought food in front of him. Everything they gave to him of food and medicine, he took and ate without resistance. As he was accepting food, putting on weight, the delusion of being a cow faded away, and ultimately he made improvement.

This presentation will concentrate on rare forms of delusions, delusions of transformation/metamorphosis as zooanthropy; their history, psychopathology, aetiology and treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0673

“Internal” rhythm study in Ukrainian woman with Gerstmann syndrome

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Introduction.– During “internal” rhythm investigation among psychiatric patients and healthy controls we’ve revealed adult women with Gerstmann syndrome (GS). GS characterized by absence or loss of four specific neurological functions.

Objectives.– We present the patient with GS focusing on the clinical presentation, neurological, and psychopathological findings.

Methods.– Psychiatric-psychopathological examination, metronome using, retrospective review of the clinical file, and literature search.

Results.– An Ukrainian 33-year-old right-handed female presented since age 6 an acalculia, finger agnosia, inability to distinguish between right and left, writing disturbances. She has a family history of mental illness. Once she was successfully treated about anxiety and obsessions. She is not drug or alcohol used and abused. Blood work, including endocrine tests, brain-MRI were normal. Calculation impairments included severe inability to perform all simple mathematical operations, including forward and backward counting. Finger agnosia, and right/left confusion are also persistent, and mild dysgraphia. Also, the constructional apraxia, an inability to copy simple drawings were identified. In a series of “internal” rhythm studies were found its change on par with the change in subject’s mood. So, at the beginning of the study “internal” rhythm estimated as 144 Hz, and patient described it as a “I dance chaotically at a disco”, and psychopathologically she was hypomanic. A month later, her rhythm was estimated like 36 Hz, and she described it like “placatory”. That time, she observed depressive clinical sings. Summarizing the above, “internal” rhythm studding using the metronome is the simple and inexpensive method that helps to clinical psychologists to expand the psychopathological diagnostic.

Disclosure of interest.– The authors declare that they have no competing interest.

Psychopharmacology and pharmacoeconomics

EV0674

History of ketamine and its new role in treatment resistant depression

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Ketamine was first synthesized by an American Scientist in 1962, in 1963 patented in Belgium to be used in Veterinary anesthesia. This presentation will cover it’s changing roles in drug culture and used in Vietnam war and now recently growing interest in the use of both oral and I/V ketamine in treatment resistant depression. The advantages are fast action, wide therapeutic range and relatively lesser side effects. Will review recent study trials and will discuss it’s role ion future treatment of depression.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0675

Open methylphenidate trial among brain injured population in Oman with acute vs. chronic executive dysfunction

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Keywords: Brain injured; Executive functioning; Methylphenidate; Oman

Background.– Traumatic brain injury (TBI), often stemming from road traffic accidents, is leading cause of morbidity and mortality in many emerging economies such as Oman. Therefore, the issues of functional, disabilities and rehabilitation become prominent.

Aims.– This study tests whether treatment with methylphenidate, using quantitative measures in a consecutive series of patients with TBI, improves indices of executive functioning in an Arab population. If so, this would substantiate findings in available literature from largely Euro-American TBI populations. The second aim is to compare the performance of measures that solicit executive functioning and mood. A related aim is to explore whether methylphenidate has differential effect on acute and chronic phases of TBI.

Method.– 24 brain-injured (acute and chronic) functioning with ‘mild cognitive impairment’ received neuropsychological assessments that included measures tapping executive functioning. All results were compared with a group of 25 healthy control persons selected for age, gender and education in order to solicit variation in executive functioning. The brain injured participants exhibiting executive dysfunction were instituted with pharmacological intervention (methylphenidate) using ABA experimental design.

Results.– The TBI group appeared to perform poorly compared to the control in indices of executive functioning. Institution of methylphenidate heightened the performance of executive functioning but not affective functioning. Acute and chronic phases of TBI had a direct bearing on performance of cognitive functioning.

Conclusion.– This study, to our knowledge, is the first of its kind from an Arab-speaking population. It largely substantiates previous anecdotal and impressionist observations that methylphenidate has the potential to attenuate cognitive impairment in a TBI population.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0676

Cannabidiol in the treatment of psychosis – A review

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Introduction.– The pathological link between Cannabis sativa use and psychosis is generally accepted. Several studies investigated

differences in effects of cannabis type - Cannabis containing more Cannabidiol (CBD) consistently causes less psychotic like experiences. The potential antipsychotic properties of CBD have garnered increasing attention, namely by its interaction with the Endocannabinoid System (ECS).

Objectives.– We aim to describe the ECS, its association with psychosis and the potential new therapeutic targets - CBC and related compounds.

Methods.– We performed a search in Pub Med, using the Mesh terms “Cannabinoid”, “Treatment” and “Psychosis”. We selected the studies written in English, published after 2011 and with free text available.

Results.– The ECS consists of cannabinoid receptors (CB1R and CB2R), endogenous cannabinoids (anandamide and arachidonoyl-glycerol) and several enzymes (FAAH and MGL). The Vanilloid type 1 channel is also activated by endogenous cannabinoids. The system is involved in regulation of emotion, reward, and cognition. Biological models that explain the potential antipsychotic effects of CBD vary from interference with ECS functioning (by modulating enzymes and receptors activity), to immunological properties. Preclinical animal studies and Clinical studies (CBD dose between 600–1200 mg) suggest that CBD may have significant antipsychotic properties with superior tolerability to currently antipsychotic drugs.

Discussion.– The ECS is involved in neuropsychiatric disorders and CBD may arise as a candidate to modulate this system, given its high tolerability and superior cost-effectiveness. Illuminating pharmacological pathways through which CBD reduces psychotic symptoms could also lead to the design of new synthetic agents that act through the endocannabinoid system.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0677

Risperidone-induced thrombocytopenia: A case report

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Introduction.– Thrombocytopenia is a rare side effect of antipsychotic drugs that can lead to life-threatening hemorrhagic complications. Risperidone, an atypical antipsychotic, is known to have a low risk of hematotoxicity. However, some authors have reported cases of thrombocytopenia as a rare complication of this treatment.

Aim.– Reporting the case of risperidone-induced thrombocytopenia in a 29-year-old schizophrenic patient by discussing the circumstances of the occurrence and analyzing the factors involved.

Case report.– Mr S., aged 29, presents a Fallot tetralogy diagnosed at birth and a schizophrenia that has evolved for 9 years. Treatment with risperidone was initiated with a progressive increase in dosage to 8 mg/d in the absence of clinical improvement. During his hospitalization in the cardiology department for an atrial flutter related to his cardiovascular disease, thrombocytopenia was discovered with a platelet level equal to 54,000/μL controlled at 23,000/μL. The red and white blood cell counts were normal. The patient underwent a clinical and para-clinical investigation of this thrombocytopenia after eliminating any hemorrhagic complication. Having eliminated any other cause of thrombocytopenia, the drug origin was suspected. When risperidone was discontinued, the platelet count normalized after six weeks at a rate of 150,000/μL.

Conclusion.– This case raises the issue of rare abnormalities of thrombocytes under treatment with Risperidone. So, psychiatrists should be aware of this effect and blood-profile monitoring should be conducted periodically.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0678

Priapism secondary to chlorpromazine: About two cases

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Introduction.– Side effects of antipsychotics such as orthostatic hypotension, sedation, extra pyramidal and weight gain are frequently reported whereas chlorpromazine induced Priapism is a less known complication.

Case report.– The first case concerns Mr S. M, a 29-year-old young man who was admitted for a manic episode. Treatment was begun with chlorpromazine 100 mg. He presented a priapism at the end of 24 hours. The immediate decision was to stop the antipsychotic agents and to address the patient in the Urologic Surgery department. The patient was treated with aspiration and irrigation of the corpora cavernosa with intracavernous injection of sympathomimetic drugs followed by a surgical distal cavernoglanular shunt. The evolution was marked by the total disappearance of the priapism at the end of 6 days without side-effects. The second case is the one of Mr M. B, 26 years old, admitted for behaviour disorders in type of agitation. He was given 150 mg of chlorpromazine. A week later, he reported having a painful erection. We decided to discontinue the use of chlorpromazine and to orient the patient in the Urologic Surgery department. He was treated with aspiration and irrigation of the corpora cavernosa. This resulted in a partial detumescence. The later evolution was marked by the disappearance of the priapism, but the patient kept premature ejaculation.

Conclusion.– The priapism is an urologic emergency. This iatrogenic effect of the chlorpromazine is rare but has to be known by the clinicians to prevent the erectile side-effects.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0679

Hypereosinophilia induced by clozapine: About 3 cases

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Introduction.– Clozapine remains the treatment of choice for resistant schizophrenia. It is associated with several adverse effects including hypereosinophilia with an incidence varying from 4 to 62%.

Objective.– We report three cases of patients with hypereosinophilia under Clozapine, specifying the different therapeutic strategies for this adverse event.

Observations.– Case 1: Mr A, 31 years old, followed-up for resistant schizophrenia. We decided to resume the prescription of Clozapine gradually. Evolution was marked by clinical improvement at 250 mg/day, PNEo remained stable between 200 and 300 Elements/mm³. Case 2: Mr B, 32 years old, was hospitalized for resistant schizophrenia. Hypereosinophilia at 4800 cells/mm³ was

noted at 400 mg/day of Clozapine. In spite of this undesirable effect, we have preferred the resumption of this treatment at a very progressive dose. The PNEo numbers remained stable between 100 and 350 elements/mm³. Case 3: Mr C, 37 years old, followed-up for resistant schizophrenia and was treated with 500 mg/day of clozapine. We noted an hypereosinophilia with 3800 elements/mm³ associated with hepatic cytolysis that could suggest associated visceral involvement. Given the severity of this cytolysis, our decision was to stop clozapine.

Conclusion.– Clozapine appears to cause an inflammatory reaction which is manifested by an increase in eosinophilic polynuclear cells. When this hypereosinophilia is isolated without visceral localization which could endanger the patient's prognosis, the resumption of treatment may be considered with a cautious and slow increase in dosage and rigorous clinical and biological monitoring.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0680

Antipsychotics induces hyperprolactinemia: Incidence and interest of switch to aripiprazole

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Introduction.– Generally underestimated despite its frequency, hyperprolactinemia related to antipsychotics remains the most common cause of elevated prolactin levels in people with psychiatric illnesses. The objectives of our study were to estimate the prevalence of hyperprolactinemia in patients treated with a single antipsychotic and describe its evolution after switch to aripiprazole.

Methodology.– This is a prospective, descriptive and interventional study of 202 patients followed at the psychiatry consultation of EPS Mahdia, treated with a single antipsychotic and meeting the criteria for exclusion and inclusion in the study. Laboratory tests including a plasma prolactin and thyroid function tests were requested for all patients and confirmed by a second dosage in case of anomaly objectified in the first one. A switch to a prolactin sparing antipsychotic (aripiprazole) has been proposed for patients with greater than 50 ng/ml prolactin.

Results.– The average age of the patients was 39,9 years with a sex ratio (M/F) of 1,43. The prevalence of hyperprolactinemia was 47%. The switch to aripiprazole allowed the disappearance of clinical manifestations with an average figure of prolactin 20,14 ng/ml. The application of the Student test for paired sample allowed to find a statistically significant difference ($p < 10^{-3}$).

Conclusion.– Hyperprolactinemia, a frequent but widely underestimated endocrine disorder, may be due to various causes including treatment with many drugs. The consequences of hyperprolactinemia are often not apparent. The onus of proof is on health professionals to monitor actively and ideally avoid hyperprolactinemia and its complications.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0681

Recovery-oriented psychopharmacotherapy: Changing psychiatrists' attitudes and practice in an Italian public mental health service

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Introduction.– It's well known that medication have Greater efficacy when the therapeutic relationship is based on trust, informed consent and shared decision making and that they alone don't develop skills and strenghts, don't replace the responsibility in the management of own life, don't replace the emotional support and the community resources needed to live independently, work, study or socialize. Furthermore, research shows that a high percentage, between 30% and 60%, don't respond or responds partially to treatment.

Objectives.– The presentation describes how we are changing attitudes and traditional belief of psychiatrists in the MHD of Ferrara (Italy).

Results and conclusions.– Results and conclusions will be reported about the following points: In the view of recovery how much drugs are helpful and how much harmful? How long medication should be taken and at what dosage? What are the limits of the drugs? What is the balance of risks and benefits? How pharmacotherapy can be integrated with other effective practice, such as IMR? What is the meaning of polipharmacotherapy (i.e. added medication to control medical illnesses? What happens if you stop taking medication? Can you trust psychiatrists manipulated by drug companies and bad-informed? How much pharmacotherapy should be integrate to psychosocial treatment, with particular reference to Illness Management and Recovery?

Disclosure of interest.– The authors declare that they have no competing interest.

EV0682

The effects of atomoxetine on the spontaneous behaviour in rats – Experimental data

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We aimed to investigate the effects of atomoxetine on the spontaneous behaviour in rats. Material and method: The experiments were performed on white Wistar rats (200–250 g), distributed in 3 groups of 6 animals each, which were administered orally (using an eso-gastric device) in a single daily dose for one month, as follows: Group I (Control): 0.3 ml/100 g weight saline solution; Group II (ATM-1): atomoxetine 1 mg/kbw; Group III (ATM-3): atomoxetine 3 mg/kbw. The animals' locomotor activity and exploratory behaviour were evaluated using the LE-8811 ActimeterPanLAB apparatus, by counting the number of horizontal, vertical and stereotypic movements during eight minutes 'interval determinations. The data were presented as mean ± standard deviation and the statistical analysis was performed using SPSS 17.0 software for Windows—the ANOVA method, and the Newman-Keuls post-hoc test. P-values less than 0.05 were considered statistically significant compared to control group. The experimental protocol was implemented according to the recommendations of our University

Committee for Research and Ethical Issues following the ethical standards of the European Community.

Results.– The administration of 3 mg/kbw, but not of 1 mg/kbw atomoxetine resulted in a reduction in rats 'horizontal, vertical and stereotype movements. The observed declining of exploratory and self-grooming animal activity induced by 3 mg/kbw atomoxetine could be correlated to a reduction in the animals 'anxious behaviour in the Actimeter test.

Conclusions.– The use of atomoxetine (3 mg/kbw) over one month period decreased the rats 'global locomotor activity and the self-grooming behaviour.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0683

Acneiform eruption by aripiprazole. good response to isotretinoin without any psychiatric relapse

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Drug-induced acneiform eruptions (DAE) are inflammatory follicular reactions that resemble acne vulgaris both in morphology and distribution, which manifest clinically as papules and pustules. The DAE lesions are commonly found in the face, trunk and extremities. Drugs that have been implicated in DAE include antibiotics, hydroxychloroquine, hormonal agents and psychotropic drugs as lithium, chlorpromazine, haloperidol, and others.

We present a 34-years-old unmarried male, followed up in an outpatient Mental Care Clinic for 8 years. Diagnosed with Paranoid Schizophrenia. He previously tried different psychotropic drugs, such as Quetiapine, Clozapine and Risperidone, with partial response to all of them.

Subsequently, the patient was started on Aripiprazole 20mg/d, showing good response. Shortly after initiating the treatment a papulopustular eruption without comedones appeared on the patient's back.

Aripiprazole-induced acneiform eruption was diagnosed after performing the dermatological assessment. Patient showed good response to low doses of oral isotretinoin maintaining the Psychopathological stabilization.

The mechanism underlying Aripiprazole-induced acneiform eruption is yet unknown. In the literature there is only one case report of acneiform eruption with Aripiprazole, in which was required to discontinue the treatment with Aripiprazole to improve his skin lesions.

In our case, we decided maintaining the treatment with Aripiprazole in association with oral isotretinoin. The combination was well tolerated: the acneiform lesions disappeared and the patient stayed psychopathologically stable. In those well-controlled patients with Aripiprazole who present acneiform eruption, we should consider associating treatment with oral isotretinoin always keeping a close follow-up of the patient.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0684

Patient information about side effects of antipsychotic drugs on a psychiatric intensive care unit (PICU): A clinical audit

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Background.– Patients are referred to a Psychiatric Intensive Care Unit (PICU) when they cannot safely be managed on an open ward due to high level of disturbance. Antipsychotics are commonly prescribed in patients on these wards. Noncompliance with medication has been identified as an important risk factor in relapse of a psychotic illness. The medications are commonly D2 and 5HT_{2A} antagonists and it is established that these medications have a variety of side effects, some of which can affect a patient's quality of life. NICE guidelines recommend patient involvement in the selection of antipsychotic medication. A patient centred approach can improve the therapeutic relationship and has also shown to improve compliance with medications.

Objectives.– The aim of this audit is to determine how many patients have received information about their prescribed medication on Johnson PICU, at the Ladywell Unit in Lewisham Hospital.

Methods.– To determine the number of patients who received information about their medication the electronic notes of all patients admitted from 1st January 2017 to 30th June 2017 will be accessed and reviewed. Recommendations for improving clinical practice (including re-audit) will be dependent on the results.

Results/conclusions.– Results are to be presented at the European Congress of Psychiatry Conference in March 2018.

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EV0685

Can women taken lithium breastfeed?

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Introduction.– Women with bipolar disorder are at high risk for relapse during the immediate postpartum period and have historically been instructed to avoid breastfeeding while taking lithium. **Objectives.**– To provide information on the pharmacokinetics of lithium during delivery and lactation by quantifying the rate of lithium placental passage, and calculating the infant serum/maternal serum lithium concentration ratio during lactation (IS/MS).

Method.– The Perinatal Psychiatry and Gender Research Program Barcelona-Clinic recruited prospectively 8 women affected by bipolar disorder an treated with lithium monotherapy during late pregnancy, who elected exclusive breastfeeding taken lithium. Study variables: sociodemographic, psychopharmacologic treatment, neonatal and child outcomes. Lithium plasma concentrations

in intrapartum maternal blood (MB), umbilical cord (UC) and mother-infant pairs during lactation. Lithium plasma concentrations were determined by means of an AVL 9180 electrolyte analyzer based on the ion-selective electrode (ISE) measurement principle. Detection limit was 0.10 mEq/L.

Results.– Lithium equilibrate across the placenta [mean (SD) UC/MB ratio 1.03 (0.03)]. The IS/MS ratio decreased by the time from 1.04 (delivery day + 2.67 day) to 0.18 (delivery day + 91.67 day). From the week seven after the childbirth the infant serum lithium concentration ranged 0.20–0.10 mEq/L. No signs of toxicity were observed in nursing infants.

Conclusions.– Lithium may be taken during breastfeeding. In order to monitor mother-infant dyads who were exposed to lithium during lactation, we recommend the following time-point serial blood sampling: at delivery, at 48 hours after delivery, at 7–10th days postpartum and every 6–8 week while child nursing.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0687

Adult attention deficit hyperactivity disorder: The evmorbidty of personality disorders that suggest the need for more holistic interventions

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Previous literature shows the strength of the assortment that ADHD of the Combined Subtype EVsegregate with Cluster B Personality Disorders (PD) and ADHD of the Inattentive Subtype EVsegregate with Cluster C PD. There is very little work being done on other strategies to address the impairment related to chronic PD factors which do not disappear with drugs. However, it may facilitate some of the other interventions beginning with the motherhood of all interventions: sleep, nutrition and exercise. In this paper, evidence-based interventions are discussed related to the former but exercise, as yet in pilot form, are presented. Method: Ten Olympians, with childhood ADHD, were interviewed. Components of their exercise were reviewed to determine if there was a commonality to the protective factor that exercise embraced. The assessments were an open dialogue with probing questions. However, the same questions were given to each participant.

Results.– The factors that were consistently represented in all ten individuals that were relevant were a) mentorship/coaching b) structure of the training regimen c) early exposure before the age of 11 and d) embracing a discipline around nutrition and sleep.

Conclusions.– There were many other factors presented but this early discussion begins to point to resiliency strategies we should be employing within children early in their lives. All of the participants said they were on medications after they were diagnosed but did not need medications subsequent to their entry into competitive sports. This data needs to be replicated and widened to seek out factors of importance.

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EV0688

Antidepressant associated with increased benzodiazepine discharge prescriptions – Serbian study from six university psychiatric hospitals

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Introduction.– Previous investigations have shown extensive use of benzodiazepines in the region of Southeastern Europe, however this is still an insufficiently explored domain.

Objectives.– We assessed the prevalence of benzodiazepine prescription at discharge from all university psychiatric hospitals in Serbia, to analyze factors associated with prescriptions (yes/no) and the dose.

Methods.– Multicenter cross-sectional study reviewed summary medical documentation of all adult patients discharged in the census period (2015), including: sex, age, place of origin, education, primary psychiatric diagnosis and other diagnoses, therapy prescribed at discharge for continuation as outpatient. Logistic regression analysis was performed separately for two dependent variables (benzodiazepine intake and the dose in users).

Results.– In 572 adult subjects (age 45.2 ± 14.0 ; male 49.1%; index hospitalization 28.4 ± 11.4 days; all diagnostic groups from ICD 10 were included) we found benzodiazepine prescribed at discharge in 83.9% cases, mean dose 3.9 ± 2.9 mg lorazepam equivalents. The only socio-demographic factor associated with higher benzodiazepine prescription was lower education (OR 0.906, CI95%.825–.994). The highest odds of benzodiazepine discharge prescription was associated with EVmedication with antidepressant (OR 2.432, CI95%.1.278–4.628) and psychiatric comorbidity (OR 1.790, CI95%.1.027–3.120). Antidepressant was the strongest predictor of higher (above 2.5 mg lorazepam equivalents) daily benzodiazepine doses (OR 1.933, CI95%.1.059–3.528).

Conclusion.– Benefits of combined treatment with antidepressants and benzodiazepines are no longer significant after the first four weeks. Its use beyond this period exposes patients to a greater risk of withdrawal symptoms upon discontinuation. We emphasize an urgent need for guidelines in order to prevent long term benzodiazepine (mis)use.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0689

Valproic acid – Induced neutropeniaH. Maatallah^{*}, A. Amina, A. Faten, K. Amira, E.H. Zouheir
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Introduction.– Valproic acid, a conventional antiepileptic drug, is also used in the treatment of bipolar disorder, to provide rapid stabilization of the patient. Although thrombocytopenia is a potential threat, occurrence of suppression of the other cell lines in the bone marrow is also found rarely.

Objective.– To report a case of neutropenia caused by valproic acid (VPA) which promptly resolved after discontinuation.

Case summary.– Mr S.A., 44 years old, has been undergoing psychiatry since the age of 24 years for schizoaffective bipolar disorder under: Haloperidol 40 mg/day + chlorpromazine 200 mg/day + valproic acid 1500 mg/day + biperidene 4 mg/day. The last NFS:white cells 5500 and PNN 2800 Following a manic relapse, doses of valproic acid were increased to 2000 mg/day, the blood number of control performed on day 14 showed a drop in the rate from GB to 3600 and from PNN to 1470. A pharmacovigilance opinion was solicited and which decided on the imputability of valproic acid in front of this leucopenia. The patient was then resuspended with 1500 mg of valproic acid and the control made after 7 days showed a white cells rise to 5100 and PNN to 2200.

Conclusion.– This report of neutropenia caused by VPA emphasizes the importance of monitoring blood cell counts during therapy with this agent

Disclosure of interest.– The authors declare that they have no competing interest.

EV0690

Risperidone – Induced thrombocytopenia: A case report and review of literatureH. Maatallah^{*}, A. Amina, A. Faten, K. Amira, E.H. Zouheir
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Introduction.– Risperidone is an atypical antipsychotic drug indicated for schizophrenia. Thrombocytopenia is an uncommon but potentially dangerous side effect of antipsychotic medication. Clozapine-induced blood dyscrasia is well known, but risperidone, which has a different chemical structure and pharmacological profile, is considered to have a low risk of hematotoxicity.

Methods.– We describe a case of thrombocytopenia occurring during treatment with risperidone, which promptly resolved after discontinuation.

Case report.– Mr. H.B., age 40, is a Tunisian man admitted to an inpatient psychiatric unit for management of acute psychotic symptoms. Baseline blood count was normal and a platelet count $170 \times 103/\mu\text{L}$. Seven days after starting risperidone, repeat blood count shows a drop in the platelet count to $140 \times 103/\mu\text{L}$. Risperidone was considered the cause of thrombocytopenia and was discontinued. We started treatment with olanzapine, 10 mg/d. In next 10 days, the WBC count increases to $6,000/\mu\text{L}$. The ANC at $3,100/\mu\text{L}$ and platelets at $150 \times 103/\mu\text{L}$ remain stable throughout hospitalization. The increasing count of platelet count after stopping risperidone is highly suggestive that this agent caused thrombocytopenia.

Conclusion.– At any rate, the administration of atypical antipsychotics may require greater attention to cell blood count. Clinicians worldwide should also be aware of this hazardous side effect. Moreover, future research needs to address the incidence and risk factors for this rare but potentially fatal side effect.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0691

Subjective assessment of single doses of anxiolytics: Correlation with personal characteristics and structure of psychopathology in anxiety disordersM. Metlina^{*}, T. Syunyakov, O. Dorofeeva, T. Kovalenok, A. Chepelyuk, G. Neznamov

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Introduction.– The subjective evaluation (SE) of drug effect depends not only on drug pharmacodynamics, but also on patient personality traits and disorder parameters. Also, single-dose subjective evaluation may predict therapeutic response.

Objectives.– To evaluate SE of the anxiolytics phenazepam and fabomotizole single-doses and its relationship with objective efficacy and personality traits parameters in patients with different anxiety disorders.

Methods.– A total of 117 patients (mean $35,6 \pm 10,3$ years) with generalized anxiety disorder (GAD, F41.1, $n=36$), panic disorders with agoraphobia (PD, F40.01, $n=45$) and nosophobia (NP, F45.2, $n=36$) participated this open-label study. All patients were treated for 14 days. Among them 37 took phenazepam 2 mg daily and 80 - fabomotizole 30 mg daily. Minnesota Multiphasic Personality Inventory, Psychiatric Symptoms Severity Evaluation Questionnaire and SE of the single dose tolerability, wish to continue treatment (WCT), activating and sedating effects.

Results.– In fabomotizole group SE was generally higher in PD patients, while in phenazepam group in GAD patients. Phenazepam scored more on SE of sedation. Personality traits correlated with tolerability and WCT in GAD and PD patients and with activation/sedation in GAD patients from fabomotizole group and in GAD patients from phenazepam group. SE of activation and sedation scores correlated with symptoms in GAD and PD patients from fabomotizole group and in all patients from phenazepam group.

Conclusion.– The study revealed that SE may be drug-, disorder- and personality trait-specific. Thus, these results indicate potential to use single-dose evaluation in the prediction of the long-term effectiveness of anxiolytics.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0693

Long-acting injectable aripiprazole: Sample of 26 outpatients treated with this antipsychotic in two community mental health services in BarcelonaE. Monteagudo^{*}, R. Sánchez, J.I. Castro, R.M. Sanchís, J. León, C. Díez Aja, L. San Emeterio, L.M. Martín, H. Manteca

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Introduction.– Long-acting injectable (LAI) formulations of antipsychotics are treatment alternatives to oral agents [1]. They offer a reliable option for reducing rehospitalisation or treatment failure [2]. LAI aripiprazole is an alternative to the oral drug approved for the treatment of schizophrenia in 2013 [3].

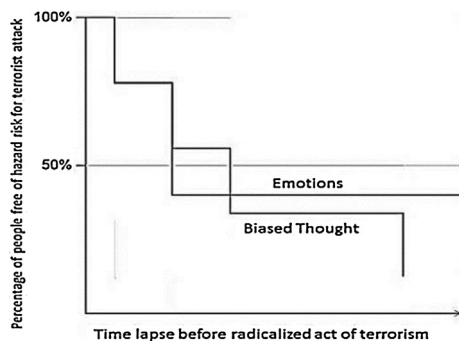
Objectives.– The aim of this study is to describe the clinical and sociodemographic characteristics of a sample of outpatients treated with LAI aripiprazole.

Methods.– Retrospective study of patients treated with LAI aripiprazole in two Community Mental Health Services in May 2017. The following variables were studied: sociodemographic characteristics, diagnosis, years since diagnosis, LAI aripiprazole dose and concomitant oral treatment.

Results.– A total of 26 patients were studied. The clinical and sociodemographic characteristics are shown in Table 1. Figure 1 shows the different diagnostic groups. 61.5% were on antipsychotic monotherapy with aripiprazole.

Discussion.– The clinical profile is characterized by young men with a recent diagnosis. In 62% of cases medication was prescribed for off-label purposes, mainly schizoaffective and bipolar I disorder. This could imply that indications for using LAI aripiprazole might be expanded to other diagnoses. Due to the small sample no statistical inferences can be made.

Table 1. Clinical and Sociodemographic characteristics



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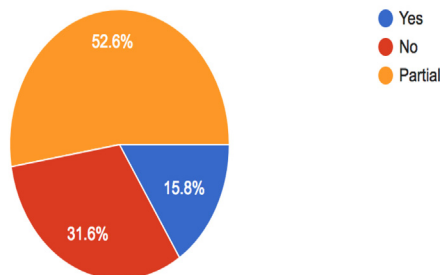


Figure 1. Classification according to diagnosis

Disclosure of interest.– The authors declare that they have no competing interest.

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EV0694

Evolving towards second-generation antipsychotics: Descriptive data from the hospital Universitario De Mostoles

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Introduction.– The use of depot antipsychotics is increasingly established in clinical practice. Several advantages of this route of administration have been described, being the main one the control of therapeutic adherence. Among the depot antipsychotics in our sample, there are first generation drugs (zuclopenthixol, fluphenazine decanoate and risperidone) and second generation (paliperidone palmitate (monthly and trimester) and aripiprazole).

Objectives and methods.– The objective of the present study is to describe the use between first and second generation depot antipsychotics in our environment to evaluate if an evolution towards the second generation drugs is being performed. We have developed a database with those patients being followed up in a nursing protocol from our outpatient psychiatric center where the patients go to the depot administration. We analysed the data obtained using SPSS.

Results.– The data show that in our area the use of second generation antipsychotics (74.8%) has been established, with Paliperidone palmitate being the most used (48.4%). On the other hand, the use of first generation antipsychotics is being reduced (25.1%). It's important to mention that 80% of our sample are patients with the diagnosis of Schizophrenia.

Conclusions.– The data show that the treatments of patients in our area are being modified in order to find drugs, which despite having similar efficacy among them, have a better metabolic profile and lower extrapyramidal side effects.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0696

Antipsychotic prescription in black and white patients with first psychotic episode – A study of hospitalized patients in Lisbon

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Introduction.– Prescription of antipsychotics may differ by ethnicity. Studies show that black patients are more likely to receive typical antipsychotics, long acting prescriptions, higher doses and greater number of antipsychotics than white patients. Genetic factors influencing pharmacokinetics and pharmacodynamics may contribute to a significant variability in effectiveness of antipsychotic pharmacotherapy among ethnicity.

Objectives.– Characterize and compare the pattern of antipsychotic prescription at discharge between black and white patients admitted with first psychotic episode.

Methods.– Retrospective cohort study in a hospitalized population with first psychotic episode between January/2014 and June/2016. We characterized our sample regarding ethnicity and the main outcomes of the study were antipsychotic dose, polypharmacy and type of antipsychotic.

Results.– A total of 125 subjects were included, of which 76.8% were white and 23.2% were black. The mean age was 27 years and most individuals were male. The mean DUP was higher in white than in black patients. Antipsychotic polypharmacy was seen in 17.2% and 9.4% among black and white population, respectively. As for the type, typical antipsychotics were prescribed in 8 patients, which represents 10.3% in black and 5.2% in white populations. A total of 18 patients were prescribed with long duration antipsychotics, 33.3% of which were black and 12.5% were white patients.

Conclusions.– This study highlighted ethnic differences in terms of antipsychotic prescription, especially the polypharmacy and the use of typical and long acting antipsychotics, which are significantly more frequent in black patients. There is a great need to improve treatment selection for patients with first psychotic episode.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0697

Galactorrhea and hyperprolactinemia associated with trazodone: A case report

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Keywords: Trazodone; Galactorrhea; Hyperprolactinemia

Trazodone was the first second-generation antidepressant; it is a weak inhibitor of serotonin reuptake but a strong antagonist of serotonin type 2A (5HT_{2A}) and type 2C (5HT_{2C}) receptors. Galactorrhea associated with antidepressant use has rarely been reported in the literature. To our knowledge, this is the second case report of galactorrhea associated with trazodone use so far. Here, we report the case of a patient treated with duloxetine and quetiapine for 5 months; however, quetiapine was discontinued because of dizziness and drowsiness. Quetiapine was replaced with trazodone; however, we observed that the patient developed galactorrhea within 4 weeks of treatment initiation.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0698

Patient satisfaction after switching from a monthly to a quarterly administered long-acting injectables: A case series

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Introduction.– One of the revolutionary events that has changed the way in which many patients have improved therapeutic adherence and treatment satisfaction, was the arrival of monthly administered long-acting injectables (LAIs). Recently a new LAI has come out that only requires quarterly administrations.

Aim.– Studying patient satisfaction after switching from a monthly to a quarterly LAI with the same active principle.

Methods.– This is a descriptive study that pretends to assess patient satisfaction with TSQM 1.4 after switching from a monthly to a quarterly LAI, with Paliperidone as the active principle in both treatments. The sample consisted of 13 clinically stable patients diagnosed of psychosis (10 men and 3 women) with a mean age of 57.9 years that came to our psychiatric consultation from December 2016 to August 2017.

Results.– Patients were satisfied with the switching from a monthly to a quarterly LAI with a mean TSQM 1.4 of 71.4/79 after the second dose of the quarterly administered LAI.

Conclusions.– Switching from a monthly to a quarterly LAI in patients with clinically stable psychosis could be used to improve treatment satisfaction and therapeutic adherence as a result of the first.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0699

Prescription of benzodiazepines for adults in a mental health care clinic – Relation to gender and psychiatric diagnosis

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Introduction.– Benzodiazepines are one of the most commonly prescribed classes of medication which are often misused. The analysis of psychotropic drugs prescription has shown high prescription rate of benzodiazepines use in the psychiatric inpatients population, with an increasing trend. Potential association between psychiatric diagnostic categories or gender and benzodiazepine prescribing practice important for good clinical practice.

Objectives.– To examine an association between gender and psychiatric diagnosis with prescription of benzodiazepines.

Methods.– This study was carried out by retrospective analysis of the patient's medical charts after hospital discharge ($n = 108$). Data analysis included descriptive statistics, testing the difference between groups and correlation analysis.

Results.– At the discharge, 66.7% of patients had benzodiazepines prescribed, with an average dose of 4.8 ± 3.4 mg lorazepam dose equivalents. There was no gender difference in prescribing of benzodiazepines. Patients with a diagnosis of affective disorders had an upward dose trend of benzodiazepines.

Conclusions.– Benzodiazepines are frequently prescribed at discharge. It is important to carefully consider benzodiazepine prescribing practices particularly in patients with affective disorders and use of guidelines is necessary.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0701

Promethazine and diazepam in agitation in bipolar disorder with cocaine dependence

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Introduction.– Agitation is characterized by excessive motor activity associated with a feeling of inner tension which is expressed on a wide spectrum of behaviours [1]. In literature the prevalence of agitation increase in dual diagnosis patients with rates of 20–30% irrespective of 10% of patients without substance dependence [2,3]. The aim of this study is to evaluate the efficacy and tolerability of the association of promethazine and diazepam in a sample of bipolar patients (BD) with cocaine intoxication (CI).

Method.– Twenty-five BD inpatients presenting with CI were assessed with: SCID-P, BPRS, HRSD, YMRS, UKU and CGI. We conducted a systematic literature review with the principal scientific databases (Pub Med, Embase, PsychInfo) using the key terms “Agitation”, “Prometazine” and “Diazepam”.

Results.– High scores at the BPRS in the items 6 (Mean = 5), 4 (Mean = 4), 10 (mean = 4), 11 (mean = 4) and 17 (Mean = 5). The principal side effect at the UKU scale are sedation, and somnolence. The treatment response is in 30–60 minutes. There aren't significant cardiovascular alterations evaluated at ECG.

Discussion and conclusion.– Our findings suggest that this association is safety without particular side effects (only sedation and somnolence) and severe adverse events, and it's possible useful treatment strategy in BD inpatients with acute CI. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

Disclosure of interest.– The authors declare that they have no competing interest.

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EV0702

Influence of pharmacokinetic features of long acting injectable aripiprazole in pregnancy

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Introduction.– There is still not enough data about safety of aripiprazole in pregnancy and it should be used only if the potential benefit outweighs the potential risk for the fetus. Steady-state of long acting injectable (LAI) aripiprazole is reached after the fourth monthly injection of aripiprazole. Elimination half time of 400 mg aripiprazole after steady state is 46.5 days.

Objectives.– To evaluate the clinical outcomes of pregnant patient who was treated with 400 mg of LAI aripiprazole for one year until unplanned pregnancy happened and to emphasize the importance of atypical antipsychotics' pharmacokinetics with the intention to help clinicians facing complex treatment decisions in pregnancy.

Methods.– A case report and a review of literature.

Results.– Female patient with schizophrenia treated with LAI aripiprazole for over a year found out that she was pregnant one month after her last LAI application. The decision was to discontinue LAI treatment and switch it to clozapine. But, taking into account the pharmacokinetics of LAI aripiprazole, clozapine was initiated after three months, which is the time for elimination and effectiveness of LAI aripiprazole. During that period and after starting with clozapine no relapse of the disease was registered nor there were signs of fetal malformations so far. Also, according to available literature, this was the first reported case of treatment with LAI aripiprazole in pregnancy.

Conclusions.– In some cases, use of atypical antipsychotics cannot be avoided during pregnancy. To prevent polypragmasy which can harm fetus, it is necessary to know their pharmacodynamics and pharmacokinetics.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0703

Pramipexole: Dopaminergic augmentation in the treatment of depression

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Introduction.– Pramipexole is a dopamine receptor agonist approved by the FDA for the treatment of idiopathic Parkinson's disease and restless syndrome. It has preference for the D3 receptors. It is also a full agonist with higher preference for D3 receptors as compared to D2 and D4 receptors. The antidepressive effect of pramipexole has been shown in animal models. Clinical, off-label, use of this drug has shown good response even in major depressive disorder.

Methodology.– A review was conducted aiming to clarify the biological mechanisms of action of pramipexole and the clinical implications of an augmentation of dopamine instead of other neurotransmitters. The literature search was conducted in Pub Med data reviewing articles dating between 2013 and 2017.

Results.– Augmentation with pramipexole seems to be more effective than placebo. This treatment is beneficial for the sexual dysfunction, instead of other serotonergic agents. Pramipexole may be more effective in the treatment of bipolar depression instead of just unipolar depression.

Conclusions.– Following the monoamine hypothesis, patients with dopamine related symptoms of depression, may benefit from the treatment of pramipexole. Dopamine augmentation may increase pleasure, motivation, concentration and psychomotor speed. A group of depressions may benefit from dopaminergic agents instead of the first-line treatment of depression with SSRIs, SNRIs or tricyclics. Subsequent trials are needed to know if long-term treatment with pramipexole leads to a long-term antidepressive response. Some trials show conflicting results. Uncertain results have been observed. More research is needed to analyze the naturalistic effect of pramipexole.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0704

Zolpidem as a diagnostic tool in Catatonia: Case report

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Introduction.– Catatonia is a complex clinical syndrome characterized by a broad constellation of psychomotor signs and symptoms, frequently divided in retarded and excited subtypes. Intravenous lorazepam challenge is traditionally described as a standard diagnostic tool.

Objectives.– To describe the case of a patient whose catatonic syndrome diagnosis was confirmed by the significant clinical improvement following administration of zolpidem.

Methods.– Case report and literature review.

Results.– A 65-year-old woman with no psychiatric history and irrelevant medical and surgical history presents to our unit with depressive symptoms accompanied by serious self-neglect, verbigeration, echolalia, catalepsy, stereotypies and episodes of

psychomotor agitation. These symptoms totally disappeared every night 15 minutes after taking zolpidem, previously prescribed by her family doctor for insomnia. The patient's cohabitants described this phenomenon as "the miracle of zolpidem", stating that every night the patient was "as usual, talking and eating normally" for one to two hours. Brain imaging, electroencephalography and blood tests did not reveal important changes. The patient was diagnosed with a depressive episode with catatonic symptoms.

Discussion/conclusions.– In this case, the diagnosis of catatonia was confirmed by the dramatic response to zolpidem. Other published cases (describing patients with autism, bipolar disorder, schizophrenia and schizoaffective disorder) confirm the usefulness of this z-drug as a diagnostic test in this condition. Both in our case and in the ones previously published, the clinical response occurred within 15 minutes. The short time of onset of oral zolpidem is its main advantage during diagnosis, avoiding the use of intravenous lorazepam.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0705

Olanzapine-induced weight gain: A multifactorial side effect. A case report

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Introduction.– Olanzapine is an atypical antipsychotic drug which may cause dosage-independent weight gain in 66.6% of patients, with a mean of 1-5 kg over a period of 4 weeks of treatment (U. Eder et al., 2001). Olanzapine-induced weight gain (OIWG) is multifactorial and many factors seems to contribute to OIWG.

Objective.– The goal of this study was to explore the pathophysiology and predictors of weight gain during treatment with olanzapine in psychotic patients.

Methods.– A research on the latest literature on Pub Med was made, using the keywords: "Olanzapine", "Weight gain". Brief description of a case-report.

Results.– The main OIWG factors are: genetics, altered fat metabolism and distribution, increased appetite, older female, higher reduction in baseline BPRS and low baseline BMI patients and decreased motor activity due to sedation.

Conclusions.– As it may lead to non-compliance with treatment and to medical morbidity (S. Jain et al., 2006), clinicians are encouraged to better advice patients and patients should also be encouraged to monitor and, if necessary, adjust their dietary habits and exercise regularly.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0706

Role of risperidone switch to paliperidone in reducing neuroleptic-induced extrapyramidal effects

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Introduction.– Extrapyramidal side-effects (EPS) are frequently mentioned as a reason for medication discontinuation¹. Antipsychotics-induced dystonia (AID), an acute form of EPS,

often occurs early in the course of treatment and is commonly associated with high-potency antipsychotics, as first generation antipsychotics. Although second-generation antipsychotics (SGA) have a lower D2 receptor and higher serotonin 5-HT_{2A} receptor affinity they may also lead to AID, particularly when prescribed at high dosage².

Objectives.– The objective of author's work is to present the approaching of neuroleptic-induced dyskinesia.

Methods.– Review of the latest literature in Pub Med with the keywords: "Dystonia", "Seconde generation antipsychotics". Also a case-report is presented.

Results.– The authors present a 42 year-old woman, diagnosed with schizizophrenia, taking risperidone 2 mg twice a day and biperiden 4 mg a day, for an oral dystonia associated with risperidone. A swich of risperidone 2 mg twice a day to paliperidone 12 mg once a day was made. After 3 months the dosage of paliperidone could be reduced to 9 mg once a day, and the biperiden was stopped, without returning of dyscinesia.

Conclusions.– Anticholinergic drugs are often prescribed in order to improve those symptoms, such as biperiden or trihexyphenidyl³, however side effects are not irrelevant. For that reason an effort has to be made in order to find the best tolerated medication for the patient. The EPS advantages offered by the atypical antipsychotics must be balanced against other important adverse effects.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0707

Antipsychotics and weight gain – Is insulin secretion dysregulation via dopamine receptors the culprit?

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Introduction.– It is known that antipsychotics cause weight gain. Yet comprehensive explanations are lacking. Some suggests that antipsychotics increase appetite, but this approach is problematic as people likewise gain weight in inpatient units, where all calories are provided. Others suggest that it happens because of hormonal-metabolic changes. There is a growing body of evidence that a sensible way of obesity treatment is minimizing insulin response via low carbohydrate diets, rather than counting calories. If there is a mechanism that would link antipsychotics use, insulin response patterns and weight gain, we could have new insights into treatment approaches.

Aims.– To investigate whether existing evidence supports the idea that antipsychotics could disrupt insulin homeostasis.

Method.– A literature search in Pub Med, Google Scholar and individual journals was performed.

Results.– In one mouse study it was discovered, that dopamine regulates autocrine secretion of insulin response and that dopamine inhibited secretion of insulin. Studies with humans discovered dopamine D2 receptor expression in human pancreatic cells and that dopamine mediates insulin secretion. Other team found D4 receptors on human beta cells.

Conclusion.– Insulin secretion from pancreatic beta cells is modulated by autocrine regulation through dopamine receptors. These receptors may be blocked by antipsychotics, that are supposedly not selective to brain tissue. Insulin regulation could get disrupted, resulting in increased insulin secretion from beta cells. Insulin causes weight gain via variety of mechanisms. Prolonged hyperinsulinaemia may be behind weight gain. Human studies are needed to confirm this hypothesis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0708

The possible relationship between the uses of high-dose sertraline during pregnancy with the persistent chronic gastrointestinal symptoms in childhood: A case report

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There're diverse reports in the literature about the association between developmental disorders of the neonatal period and antidepressant exposure during gestation. The present case is about a 4-year-old child of a woman who is suffering from chronic constipation almost unresponsive to treatment whose mother was given high-dose of sertraline during gestation. The objective's to discuss the possible association. A 37-year-old woman who presented to our clinic complaining that her son defecates very rarely. She complained of her need to check his defecation and she was obsessed with cleaning. She used sertraline 50 mg/day for depressive symptoms from the first trimester of pregnancy, continued with 200 mg/day till the delivery and stopped medication after giving a healthy child. After a few weeks her complaints had restarted and received fluvoxamine 100 mg daily. Chronic constipation in childhood is mostly due to functional factors; one of which is intestinal neuropathy, that is unresponsive to treatment as observed in this case. Serotonin plays an active role in motility and secretion of 5-HT₃ and 5-HT₄ receptors in the gastrointestinal system (GIS). This case, exposure to high-dose sertraline during gestation and its cessation following delivery might have caused receptor desensitization and down-regulation in the infant's GIS. As his chronic constipation couldn't obtain any benefit from treatment, our hypothesis seems to be investigated. Therefore, exposure to sertraline during gestation may not end up with neurodevelopmental disorders only for the neonatal period but also further be associated with childhood period. Further studies are essential to clarify the possible relation.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0709

Functional anomalies of cytochrome P450 2D6 in child and adolescent psychiatry: Case reports

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Introduction.– Severe mental health disorders in children and adolescents represent a major public health problem. Despite adequate drug treatment, some patients develop pharmaEVresistant disease and/or present frequent or severe adverse events (AE). The majority of psychotropic treatments, particularly antipsychotics and antidepressants, are metabolized at hepatic level by cytochrome P450, particularly by CYP2D6. Several CYP2D6 genetic polymorphisms are described to be associated with ultrarapid (UM) or poor drug

metabolisation (PM), and might therefore be related to severe mental health diseases.

Methods.– Inpatients with pharmaEVresistance and/or frequent AE have been studied by CYP2D6 genotyping between September, 2014, and April, 2017.

Results.– A total of 14 patients (6 females, 8 males) aged 11 to 20 (mean 14.8) years have been genotyped for CYP2D6. Patients were diagnosed with schizophrenia ($n=6$), autism spectrum disorders ($n=3$), mood disorders ($n=2$), intellectual deficiency with challenging behaviour ($n=2$) and other ($n=3$). They had a treatment history with on average 5 psychotropic, 4 antipsychotic and 2.9 CYP2D6-metabolized molecules. Six patients (42.9%) presented functional anomalies of the CYP2D6 gene: 4 patients were UM with gene duplication and 2 patients were PM. Interestingly, there was no correlation between the anomaly of metabolism (UM/PM) and pharmaEVresistance/AE.

Conclusion.– Functional anomalies of CYP2D6 concerned a significant number of our pediatric inpatient sample with pharmaEVresistant disease and/or severe AE. Knowledge of individual metabolism and in particular CYP2D6 genotyping should be considered for clinical workup and therapy adjustment in challenging patients in child and adolescent psychiatry, and might be associated with better treatment outcome, increased compliance and diminished AE.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0710

Risperidone-induced leg edema after pharmacotherapy of schizophrenia

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Drug-related peripheral leg edema is most commonly associated with steroids, nonsteroidal anti-inflammatory, antihypertensives and immunosuppressive agents. The second-generation antipsychotic risperidone is rarely associated with such edematous complications. This adverse effect of risperidone occurs with a higher incidence in higher doses according to its dose-dependent nature. In this paper, a rare case of small maintenance dose risperidone-induced peripheral leg edema in a schizophrenia patient was reported. Leg edema is a rare but serious side effect of risperidone. Although it has a dose-dependent nature and usually associates with high doses, it may also present with small maintenance doses as in this case. The patients especially who are receiving high doses of risperidone should be warned and monitored for these side effects. Despite the low incidence of edema due to risperidone usage, the likely occurrence of this adverse effect should always be taken into consideration by the psychiatrists, as it may affect patients compliance with the prescription.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0711

An unusual case of hair loss due to aripiprazole

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Hair loss is one of the side effects that can be seen after medical treatments. Hair loss due to medications is a diffuse state that does not leave scars and usually reversible with stopping the treatment. The Aripiprazole is an atypical antipsychotic drug, which also has antidepressant effects. Aripiprazole has a partial agonistic effect on dopamine D2 receptors and serotonin 5-HT1A receptors which differ from other atypical antipsychotic drugs. It is used in several psychiatric disorders including schizophrenia, bipolar disorders, major depressive disorder and anxiety disorders. This report aims to present a case with hair loss due to aripiprazole use that is reversed back right after stopping the treatment. Since other psychotropic medications may also stimulate hair loss, it is possible to speculate that this side effect is a class effect of medicines. However, further studies are needed to understand exact mechanisms of hair loss due to psychotropic medications.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0713

Effect of CYP3A gene polymorphism on serum concentration of quetiapine

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Background.– With the development of pharmacogenomics in recent years, more and more attention has been paid to the molecular genetic mechanism of pharmacokinetics among different individuals. Gene polymorphisms of drug metabolizing enzymes affect their retention in vivo. Quetiapine is one of the new antipsychotic drugs. It is a neurotransmitter receptor antagonist in the brain. Quetiapine is orally absorbed and metabolized in the liver. The major metabolic enzyme of Quetiapine is CYP3A.

Objective.– The aim of this study was to investigate the effect of CYP3A gene polymorphism on quetiapine plasma concentration.

Methods.– The serum concentration of quetiapine was determined by two-dimensional high performance liquid chromatography (HPLC) and the CYP3A polymorphism was measured.

Results.– Among 138 patients in the center, gene analysis showed that CYP3A5*3 mutant homozygote accounted for 43.5%, CYP3A5*3 mutant heterozygote accounted for 32%, and CYP3A5*3 wild-type homozygote accounted for 32%. The gene polymorphism of CYP3A5 will greatly influence blood concentration of quetiapine. The serum concentration of quetiapine of CYP3A5*3 wild homozygous patients is higher than that of CYP3A5*3 mutant heterozygous and homozygous patients at the same dosage, was statistically significant. In patients with CYP3A5*3 mutant homozygotes, the same administration dose increased the probability of adverse effects of quetiapine.

Conclusion.– The level of serum concentration should be closely monitored during the use of antipsychotic quetiapine. The mutation of CYP3A5*3 gene should be detected depend on patients economically eligible.

Disclosure of interest.– The authors declare that they have no competing interest.

Psychophysiology

EV0717

Using stress profile measurement in psychiatry

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The purpose of stress is to increase internal awareness of danger and transform all the body's resources to react. There are a number of ways that people respond to stressful situations in their lives. High emotional arousal could be the cause of subsequent emotional disorders. The emotionally sensitive person reacts more intensively on environmental or internal cues, become hyper aroused a tends to scan environment for threat cues. This keeps emotional arousal high, causing internal discomfort. After environmental threat ceases, the emotionally sensitive person take longer to return to their baseline arousal level.

High emotional arousal can be objectively measured by various psycho physiological modalities as muscular tension, breathing patterns, changes in skin conduction, increased heart rate, changes in heart rate variability and so on. People stress reaction is an individual response in different psycho physiological modalities. Why make a stress assessment in CBT?

Psychiatrist and psychologist used various questioners and scale with lower validity. But subjective feelings are not always correlated with physiology and the only objective measurement can show real picture ANS functioning.

The result of stress profile analyse can be very important for exposure therapy when patients experiences can be validated by real dates. Physical and psychological symptoms also could be caused and maintained by altered physiological functioning.

Date provide us the guideline for specific biofeedback training for decreasing hyper arousal and over reactivity. After decreasing arousal we continue with psychological, mostly cognitive behavioural therapy.

Disclosure of interest.– The authors declare that they have no competing interest.

Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)

EV0718

ECT seizure threshold decrease with flumazenil infusion

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Introduction.– Electroconvulsive Therapy has been used to treat depression since the 1930s. Nowadays it is widely used, especially in those patients who show lack of response with pharmacotherapeutic treatment. ECT has proven its efficacy in clinical trials. Clinical practice has allowed to progressively adjust the device parameters to achieve an adequate seizure with the least possible energy, minimizing adverse effects.

Objectives.– In most patients, the seizure threshold increases over the sessions, regardless of medication that increases seizure threshold such as benzodiazepines. This has as a consequence, the need to deliver higher energy amount, with the corresponding adverse effects. Flumazenil infusion is proposed as an option trying to lower the seizure threshold before the ECT, even if Benzodiazepines have not been prescribed.

Methods.– Case report and bibliography review.

Results.– ECT was considered the best treatment alternative for a 63-year-old patient with major depression who lacked response to three different pharmacological compounds (from different pharmacological families, including Lithium). Seizure threshold increased progressively, hampering the achievement of therapeutic seizures with the device maximum energy deliverance. With Flumazenil, the seizure threshold decreased, allowing the completion of ECT sessions.

Conclusions.– Flumazenil infusion before ECT may be a good option in order to reduce the energy needed. Adequate clinical trials should be performed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0720

Clinical, psychological and EEG effects of combined treatment of pharmaevresistant depression included rhythmic transcranial magnetic stimulation

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Introduction.– Transcranial magnetic stimulation (TMS) is considered to be the perspective non-invasive and non-medication method of correction of clinical conditions and of brain functional state in depressive patients.

Objectives.– Clinical, psychological and EEG effects of combined treatment of pharmaevresistant depression included TMS were studied for better understanding of brain mechanisms of TMS therapeutic effects.

Methods.– High frequency rhythmic TMS (25 Hz, intensity of 60-80% of motor threshold to prevent facial muscles jerks, 40 series by 2 s with 14 s intervals, total 1600 pulses, 15 daily sessions) was applied on the left dorsolateral prefrontal cortex in 30 female patients aged 18 до 56 (mean age 36.3 ± 3.9) with pharmaevresistant depression.

Results.– Even brief course of low intensity high frequency rhythmic TMS significantly facilitated and accelerated effects of antidepressants– up to 80% of previously resistant patients became responders. Positive effects of TMS included reduction of depressive and anxiety symptoms (by HDRS scores), and improvement of general patient's conditions (by SCL-90-R inventory) and of some impaired cognitive functions (by WECST test), and normalization of frequency structure of occipital EEG alpha. Some of these effects were seen after the first TMS session.

Conclusions.– TMS appeared to be useful method of overcoming the pharmaevresistance in depressive patients. TMS therapeutic effects seem to be mediated by activation of not only the left dorsolateral prefrontal cortex itself but also of some subcortical brain structures closely linked with it.

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EV0721

Atropine versus hyoscine premedication for electroconvulsive therapy in major depression

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Introduction.– Electroconvulsive therapy (ECT) is a highly successful treatment for severe depression. ECT needs general anesthesia. Choosing a suitable anesthetic agents during ECT is effective on the quality and outcome of patient treatment.

Objectives.– This study was performed to compare haemodynamic status after Atropine and Hyoscine Premedication for electroconvulsive therapy in major depression patients.

Methods.– This study was a single blind Clinical Trial study. 102 patients for ECT, from an academic hospital with major depression were randomly selected and divided into three groups. Group-I received atropine, group-II received Hyoscine and group-III received no premedication. prior to, immediately, 5 minutes, 10 minutes, and 15 minutes after ECT heart rate and blood pressure were measured. Data were analysed using SPSS software, version 20.

Results.– The results showed that systolic blood pressure, heart rate and Rate Pressure Product of patient during injection, 5 minutes and 10 minutes after ECT in the group receiving atropine was significantly higher than the other two groups M.

Conclusions.– Based on the findings of present study using hyoscine as Premedication make more hemodynamic stability after ECT compared with atropine.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0722

The effects of sleep on the intensity of skin reactions induced by transcranial electrical stimulation

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Introduction.– Transcranial electrical stimulation is a promising neuromodulation method that has, for example, been used to treat depression. Controlling potential adverse effects (AEs) is necessary for clinical practice. Unlike many potential aspects potentially modulating AEs, sleep duration can be controlled.

Objectives.– To evaluate the effect of sleep duration on skin redness and skin sensations induced by transcranial direct current stimulation (tDCS) and transcranial random noise stimulation (tRNS) in a double-blind setting.

Methods.– A sample of healthy male volunteers received two 20-minute sessions of either tDCS ($n=41$; 2 mA) or sham-tDCS ($n=41$; 15s ramp-up and -down). Another sample of 60 (32 female, 28 male) volunteers received 2 sessions of tRNS and sham-tRNS in a cross-over design (20 min, 2 mA). In both studies the anode was placed over F3 and the cathode over F4. The participants reported the duration of previous night's sleep and immediate adverse effects (scale 0–100). Analyses were conducted using Zero-Inflated Poisson models, controlling for age, sex and stimulation group.

Results.– In the first study (tDCS), longer sleep duration predicted less intense skin sensations ($P<0.05$, 0.10 to 0.14 point drop per an hour slept). In the second study (tRNS), longer sleep predicted more intense skin sensations ($P<0.05$, 0.11 to 0.20 point increase per an hour slept). Skin redness was not affected.

Conclusions.– Sleep duration might affect skin resistance and impedance, which in turn affect dermal effects of tDCS and tRNS, respectively. However, as effects appear minimal, recommending patients to get a good night's sleep before treatment sessions may be unnecessary.

Disclosure of interest.– The authors declare that they have no competing interest.

Psychotherapy

EV0725

Psychotherapeutic interventions for ADHD in people with intellectual disabilities

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Introduction.– ADHD is a neurodevelopmental disorder can be which is typically diagnosed in child- and adolescent psychiatry and which can be often combined with behavioural problems. Also in people with intellectual disabilities (ID) challenging behaviour can also often be found with some comorbidity of ADHD. State of the art in treatment is a combination of pharmacological and psychotherapeutic strategies.

Objectives.– The study wants to give a comprehensive overview about the so far existing psychotherapeutic strategies in ADHD in people with ID.

Methods.– The database “Pub Med” was screened for psychotherapeutic strategies in ADHD by the keywords: “Psychotherapy” and “ADHD” (search history 1) and the combination “search history 1” and “intellectual” and “disability” or “disabilities”.

Results.– The output of “search history 1” was much higher than the output of psychotherapy in ADHD for people with ID.

Discussion.– Although the psychotherapeutic strategies in ADHD seem to be elaborated with manuals, the group of people with ID is still neglected. There are some interesting programs for the treatment of impulsiveness and ID, which represents the beginning of treatment possibilities also for ADHD symptoms in people with ID.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0728

Formulating clinical cases, an alternative

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Introduction.– The formulation is a process by which the information gathered during the evaluation phase is organized into a series of hypotheses about which it is possible to understand the patient's complaint as a set of problem (s) whose solution would entail the achievement of a series of objectives, and propose a treatment strategy, predicting the modality, intensity and duration of the same and the problems that we will most likely encounter during its development.

Methods.– We will present a 29-year-old patient, who was in contact with Mental Health, for the first time, presenting manic symptoms. He has had obsessive thoughts of compulsions since 15 years and that over a period of time he consumed alcohol with legal repercussions. As we learned more about his biography, we saw the importance of the parents: an overprotective maternal figure and a very rigid father and problematic family dynamics

Results:

– Borders too rigid between father and son that impede the exchange and could have generated a disconnected system and emotional disconnection and borders too permeable between mother and son that would hinder differentiation and autonomy and would generate clumping or entanglement.

– An Inadequate hierarchy, with a weak parental subsystem and an intergenerational mother-child coalition.

Conclusions.– Areas of development may be affected by the trauma of attachment, according to Ainsworth ambivalent child (type C attachment).

It's very useful to formulate cases in which we find it difficult to progress or in which we see certain difficulties, because you can think of new hypotheses of what happens to the patient.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0731

Successful psychoanalytic treatment in a young woman with panic disorder and specific phobia

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Introduction.– The psychoanalytic approach is a valuable tool to be integrated in the treatment of mental disorder, and may improve self-awareness and quality of life.

We present the case of a young woman suffering from a range of symptoms, and for which all organic pathologies were excluded.

The separation of her parents took on traumatic overtures with the nth betrayal on the part of her father who remarried and abandoned her.

Tachycardia, precordial catch syndrome and paroxysmal dyspnoea provoked anxiety, concern for her health, difficulties in interpersonal relationships, so much so that she broke up with her future partner who was attracted by her fragility.

Objectives.– To prospectively evaluate the case of a young woman with panic disorder and specific phobia (flying) and to observe her clinical evolutions over time.

Methods.– The psychoanalytic approach was performed to improve patient's clinical features, also without psycho-pharmacological drugs.

Results.– The father complex, established early on as negative due to abandonment and the neglect she lived through, opened an instinctive escape dimension, which triggered symptoms of anxiousness and panic attacks, with a specific phobia. Analytic therapy accompanied by personal information, dreams, images and fantasies aided recognition of her own nature and showed the patient the direction of her change. She reunited with her father, achieved professional autonomy and found her true love.

Conclusions.– The patient has overcome her fears, re-finding depth of relationships far from any material source, concentrating on her personal development in the course of individualization, opening to the hope of coming to terms with reconciliation of opposites.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0732

Self reflection and personal therapy during cognitive behavioral training

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Self-reflection in cognitive behavioural therapy is a continuous process, which is essential for the establishment of a therapeutic relationship, the professional growth of the therapist, and the ongoing development of therapeutic skills. Recognizing one's own emotions is a basic skill from which other skills necessary for both therapy and emotional self-control stem. Therapists who are skilled in understanding their inner emotions during their encounters with clients are better at making decisions, distinguishing their needs

from their clients' needs, understanding transference and counter transference, and considering an optimal response at any time during a session. Self-reflection may be practiced by the therapists themselves using traditional cognitive behavioural therapy techniques, or it may be learned in the course of supervision. Recordings the therapeutic sessions and dialogue with the supervisor may be important for self-reflection. Very important part of self-reflection is personal therapy of the therapist.

Experiential training and personal therapy have rich traditions in various therapies as strategies to enhance self-awareness and therapist skills. We organized weekends for group CBT for trainees with problem solving of their own problems. Mostly the group works on interpersonal relations with partners or parents or interpersonal relations in job. Other important topic, which attendant those were improving or of self-confidence and improving of assertivity, schema therapy with stressful live events and work with values. Structured approach to self-practice of CT techniques on their own problem seem very effective not only for solving the problems, but also for better understanding what happened with the clients during therapy.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0733

Dynamic restructuring of the narrative identity: The methodology of a group therapy for patients with schizophrenia

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Introduction.– In a cross-faculty interdisciplinary research we have developed the methodology of a group therapy on the realization that storytelling is a tool for grasping complex psychological processes, and that the production of a coherent, detailed life story is connected to numerous skills that are related to the problems patients with schizophrenia have to face.

Objectives.– Developing the narrative identity and narrative intelligence of people with schizophrenia through a dynamic restructuring of their life stories.

Methods.– Our method is based on the integration of the theories of narrative psychology, psychiatry, and cognitive and affective narratology. We ask the participants to write short life stories, which they have to gradually rewrite during the therapy. In this practice, we focus on the selection and integration of self-defining memories into the life story. However, during the sessions we also focus on several aspects of the dialogical self-theory, and the formation of the narrative identity in oral storytelling, which entails a performative, situated practice of identity construction. Our goal is not simply to recreate the patients' life stories, but to make the process of reevaluating and rewriting of their memories a habit, to help them keep developing their life stories, which are often regarded as being reduced and rigid for people with schizophrenia.

Conclusions.– This method holds a new approach to the experience of the self, which perhaps contributes to the process of recovery. Our work also allows us to gain a deeper understanding of life stories in general and the self-defining and also "lighter" memories in particular.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0735

Using the observation of art work to facilitate therapeutic change with patients coping with schizophrenia

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This poster discusses a therapeutic process carried out with patients coping with schizophrenia, which are highly suspicious of their therapists and having difficulty in forming relationships. Those circumstances led to combine seemingly a new method of creative therapeutic process utilizing the observation of artwork - a visual metaphoric instrument. The use of observing artworks, while relating to contents that arise from the artwork, had led to dissipation of fear and suspicion and gradual familiarity in the relationship, alternating between proximity and distance.

The analysis of the cases points to the potential of using the observation of art-work in certain therapeutic cases, both for the process of forming a relationship and in nurturing a process of change that includes a deep emotional dialogue. The resulting dialogue is indirect and gradual, reduces anxiety, facilitates growth and provides support for the rehabilitation process within the community.

Examples of therapeutic cases, in which this therapeutic process was used, will be presented in the poster

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EV0736

Mindfulness-based cognitive therapy (MBCT) in bipolar disorder: A first tunisian experience

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Introduction.– Mindfulness based cognitive therapy (MBCT) has been mostly evaluated with remitted unipolar depressed patients and little is known about this treatment in bipolar disorder.

The present study shows the feasibility of MBCT in groups solely composed of bipolar patients of various subtypes.

Methods.– Bipolar outpatients (type I, II) were included and evaluated for depressive, anxious and hypomanic symptoms, as well as mindfulness skills before and after the 8 sessions of the MBCT protocol, with a follow up of 10 months.

Results.– Ten patients were included, of whom eight attended all 8 MBCT sessions. Most participants reported having very much benefited from the program: they were less anxious, more confident and more conscious with the present moment, although mindfulness practice decreased over time.

There was a significant improvement in depressive and anxiety symptoms as well as mindfulness skills between pre- and post-MBCT assessments. Results were maintained over the 10 months follow up period. One patient experienced a manic episode and another a major depressive episode. However, these two patients stopped their medication on their own initiative.

Conclusions.– MBCT is well perceived among bipolar patients. Larger and randomized controlled studies are required to further evaluate its efficacy, in particular regarding depressive and (hypo) manic relapse prevention. We need a unified protocol for bipolar patients.

Disclosure of interest.– The authors declare that they have no competing interest.

Quality management

EV0737

Quality of services and reflections on staff: Two different community mental health centres in Italy compared

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Introduction.– The WHO has repeatedly stressed the need of assessing the quality of the community mental health services. Despite of this, most of the times the everyday work leads to difficulties in taking care of the services users, operators (with burnout phenomena) and the service itself, especially in a local and global crisis frame.

Objectives.– This study aims to better understand how the shrinking employees' numbers has been having an impact on the quality of care and on the operators in two different environments, belonging to different regional health systems in Italy.

Methods.– Data analysis from the pSM[®] software, used by both the services, and the submission of the Maslach Burnout Inventory to the staff of two different Community Mental Health Centres.

Results.– The results will be discussed about the correlation between higher level of exhaustion, cynism and inefficacy, and objective parameters like workload, staffing, organization parameters.

Conclusions.– Burnout is a true problem within our services. Rethinking their organization, taking the best from each experience, could have an impact on the staff and, as a result, on the users and the quality itself.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0738

Dual diagnosis: The systemic view in the integrated coordination work between the addiction department and the mental health department in Trieste

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Introduction.– The systemic theory is not only a clinic methodology for family psychotherapy. It can be considered, in a broader sense, as a lens through whom all the relationships' phenomena between people can be read. So, why don't take advantage of this view to exanimate a team work context, particularly the one that takes care of dual diagnoses, a mined and hard to be comprehended land, especially when not part of the same department as in Trieste? *Objectives.*– Analysis of the integrate team functioning between the addiction and the mental health department, for user with dual diagnosis.

Methods.– A.C.O. test for the evaluation of the emotional climate and of the organization structure of the work group that took care of a user with dual diagnosis in the 4th district of Trieste, Italy.

Results.– Analysing the work group in terms of cohesion and adaptability, a low level of cohesion was found, resulting in an interdependent cleaved team, with a high level of adaptability, that means a flexible team.

Conclusions.– This type of studies can be useful to feedback the professionals about their strong points, in this case the great adaptability, and their weak ones, in order to better them, in this case the scarce cohesion.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0739

Reduce default rates of patients attending appointments after emergency room visit

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Background.– Of patients who were seen in the Emergency Room and given subsequent appointments, there is a high non-attendance rate. This contributes to longer wait times for other patients till their appointments and also wasted time for the clinician. From an institutional point of view, while there are many non-modifiable including patient factors contributing to this, we also consider that institutional factors that could have a part to play. Here, we will describe an audit of the situation, steps taken to reduce this default rate and the results.

Aim.– To reduce non-attendance of appointments given to patients from the emergency room.

Methodology.– We will examine overall default rates as well as diagnosis-specific default rates for all patients who presented to the Emergency Room. We hypothesize that patients with a diagnosis of Acute Situational/Stress Reaction who were not admitted had a higher default rate compared to the average. These patients would have been referred to a Case Manager, who would follow up with telephonic support. We will examine possible solutions to reduce these default rates.

Results.– Results will be presented at the time of conference.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0740

Audit into the did not attend (DNA) rates for appointments within the nottinghamshire perinatal psychiatry service offered with medics and perinatal psychiatric nurses (PCPNs)

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Introduction.– The Nottinghamshire Perinatal service offers psychiatric appointments to women during pregnancy and up to one year after birth. Psychiatric patients who miss appointments have a higher chance of deterioration in their mental state. Therefore, reducing DNA rates should be priority.

Objectives.– Measure the DNA rate for new patient assessments. Establish whether the DNA rate differs for medic and PCPN appointments.

Establish whether the DNA rate differs for appointments offered at the patient's home and in clinic.

Methods.– New referrals between 01/05/17 and 31/07/17 were recorded. The wait time for an appointment was calculated. The appointments were looked at retrospectively to ascertain whether the patient attended, cancelled or DNA. Microsoft excel was then used to look for patterns within the data.

Results.– Over the 3 month period 206 appointments were offered. 40 DNA (19.4%).

154/206 was PCPN appointments. 31 (20.1%) DNA.

52/206 was medic appointments. 9 (17.3%) DNA.

171/206 was clinic appointments. 38 (22.2%) DNA.

32/206 was home visits. 2 (6.25%) DNA.

The average DNA wait time was 21.83 days and the average attended appointment wait time was 21.42 days.

Conclusions.– DNA rates were comparable to the 19.1% DNA rate for psychiatric outpatients in England.

DNA rate between medic and PCPN appointments did not differ (19.4% and 20.1% respectively).

The DNA rate in clinic was higher than for appointments offered at home.

The DNA rate did not correlate with the wait time.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0741

Coercive measures in inpatient psychiatry: Which data do we need? Insights into a quality management project of a psychiatric department of a German hospital

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Introduction.– Although avoiding coercive measures is highly important for quality assurance in psychiatry, there is a lack of systematic data collection and comparable studies on this issue worldwide.

Objectives.– Our objective was to establish a standardised method to assess data for the quality indicators “Use of restraint” and “Involuntary commitment”. The method of seclusion is not practiced in our department.

Methods.– We first developed a concept for a standardised, treatment case-related, computer-based and data protection proved data recording method for the quality indicator “Use of restraint”. General (socio-demographic patient data, main diagnosis, LOS) and specific assessment criteria (duration, legal legitimation, causes and type of restraint) were defined in accordance with legal regulations. This concept of data collection was implemented in the hospital information system.

Results.– As tables 1 and 2 illustrate, the new method to record and analyse data allows a clinic-related and unit-related evaluation in terms of the criteria frequency, duration, legal legitimation, causes and type of restraint. Results must be discussed in compliance with the legal restrictions on the use of forced medication.

Table 1. Findings I (Analysis of the 1st half of 2017)

Table 1. Differences between two groups of adolescents (Mann-Whitney U-test)

Objects	My body	My mental well-being	Health	Risky behaviors	Family	Sport	Medicine	Nutrition	Hygiene
U	457	301	451	450	557	417	561	675	629
p	.001	.001	.001	.001	.02	.001	.022	.231	.101
r	.392	.570	.391	.400	.282	.440	.274	.131	.183

Table 2. Findings II (Analysis of the 1st half of 2017)

Table 1. Clinical and sociodemographic characteristics

Variables	Results
Age (average)	36,23 years
Sex	
Men	18 (69.2%)
Women	8 (30.8%)
Years since diagnosis (average)	6,9 years
Monthly dose (average)	376,92 mg
Oral concomitant treatment	
Antipsychotics	10 (38.5%)
With other psychoactive drugs	15 (57.7%)

Conclusions.– The new data ascertainment method enables both longitudinal measurement with regard to clinically relevant quality criteria and issue-related research.

Disclosure of interest.– The authors declare that they have no competing interest.

Rehabilitation and psychoeducation

EV0743

Walking therapy in chronic psychotic patients

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Introduction.– Individuals with chronic psychiatric illnesses often suffered from poor general health and higher mortality level. This is the result of several intertwined factors, among which unhealthy lifestyle habits and metabolic side effects of medications play a significant role. Low levels of physical activity are consistently found in patients with chronic psychiatric diseases. Regular physical activity exerts a positive impact on both physical and mental health of patients. Nonetheless, a significant improvement in physical activity is rarely achieved due to lack of motivation or physical constrains.

Objectives.– To evaluate the impact of walking therapy on the physical and mental health of chronic psychotic patients

Methods.– we conducted an open label trial in which walking therapy was compared to a waitlist group. Each subjects participated in three one-hour weekly sessions of walking group for at least 16 weeks. Each individual was evaluated at baseline, at 8-week and 16-week follow-up. Physical parameters (resistance, flexibility, strength), metabolic indexes (BMI, waist circumference, blood parameters) as well as mental health outcomes (negative symptoms, quality of life, happiness) were measured.

Results.– Preliminary data showed promising changes in physical resistance and metabolic parameters. An improvement in mental health was also observed.

Conclusions.– physical activity should be recommended and promoted in patients with chronic mental illnesses

Disclosure of interest.– The authors declare that they have no competing interest.

EV0744

Rehabilitational psychosocial opportunities and instruments of modern psychiatry and psychosomatic medicine

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The situation in modern medicine seems paradoxical. The biopsychosocial approach to diagnostics and treatment is generally accepted in medical science, and psychosocial doctor-patient relations are systematically being cogitated in psychotherapy. Still, even psychosomatic medicine and psychiatry that have close ties to psychotherapy continue to apply object-oriented approach to a patient. A doctor considers a patient as a psychophysical object, thus a patient remains a passive object of manipulations. The described situation is typical for modern medicine known for its specialization and technologization.

In this context, an important aim arises: to research systematically psychological doctor-patient relations and to examine diagnostic and medical resources of these relations. Such kind of research provides us with new psychosocial resources that should be included in medical technologies as new instruments and serve therapeutic ends.

The approach to the rehabilitation should be changed: a doctor should rely on patient's inner resources – physiological as well as psychosocial. Patient's passivity is to be transformed into conscious activity, so a patient could understand not only how he/she can help himself/herself in current circumstances, but also how he/she can live and develop while suffering from a disease. To this end, a doctor should see in patient not only negative and unhealthy features, but also positive ones and rehabilitational potential. The task of a doctor is to activate within a patient this potential with the help of instruments developed by clinical psychology, consequently in time the “external” medical help could transform into the self-help of a patient.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0746

Parents of a child hospitalized in a psychiatric clinic: What they want and what they are willing to do

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Objectives.– To analyse needs of parents during hospitalization of the child in psychiatric clinic; to estimate degree of parent's readiness for cooperation with doctors and psychologists;

Methods.– 289 parents have participated in a research. With each of them the interview on the basis of the developed questionnaire was conducted.

Results.– The most important for the parents was the need for a diagnostic examination of the child (M = 3,582). The greatest willingness to cooperate parents presented in discussing a treatment plan (M = 3,707).

Statistical significant differences in groups:

– By gender of the parent: there is no difference in the understanding of the needs of the family for mothers and fathers; there are also no differences in the degree of willingness to participate in the child's treatment process;

– By the child's sex: for the parents of boys the need to increase the obedience of the child and the need to punish the child is more pronounced. Also, families of boys have fewer resources (interaction in pairs and in the family);

– By the child's age: for the parents of older children needs in child's safety (U = 41) and the reduction of stress in the family (U = 14) are higher. Also we found that the younger the child, the more parents are ready to participate in the work of doctors and psychologists (U = 33).

Conclusions.– Described needs and willingness of the family to participate in the child's treatment put before specialists in child psychiatry the task of developing new standards of assistance programs

Disclosure of interest.– The authors declare that they have no competing interest.

EV0747

Neuropsychological rehabilitation of patients with alcohol and drug dependence

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Currently in the National Medical Research Centre for Psychiatry and Narcology n.a. V. Serbsky Russian Federation Ministry of Health a dynamic development of medical science is taking place, including the introduction of new methods of diagnosis, treatment and

rehabilitation in practice. However neuropsychological rehabilitation has not been introduced into the systemic practice of treatment for patients with alcohol and drug dependence.

Mechanisms of early detection of narcological disorders, comprehensive socio-psychological rehabilitation and resocialization, increased compliance and adherence to treatment, adaptive capabilities and quality of life improvement require development of new methods of rehabilitation for alcoholics and drug addicts.

Purpose.– Studying principles of restoring disturbed higher mental functions among patients with alcohol and drug dependence; developing conceptual model of neuropsychological rehabilitation for patients with alcohol and drug dependence based on the principle of restoring higher mental functions and the formation of the motivational and semantic sphere as internal regulators of mental activity.

Results.– Experimental study using methods of neuropsychological rehabilitation was conducted in 72 patients with alcohol and drug dependence. These rehabilitation measures allow achieving stable improvements of morpho-functional interaction between the cerebral cortex, subcortical formations and interhemispheric interaction in patients with alcohol and drug dependence.

Conclusion.– Using methods of neuropsychological diagnosis and neuropsychological rehabilitation allows to increase duration of remission and restore cognitive and motivational component of personality among patients with alcohol and drug dependence syndrome.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0748

General characteristics and burden of family caregivers of dementia patients and differences between sexes

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Background.– In Greece there are currently 200,000 people and dementia seriously affects the family environment.

Objectives.– The purpose of the study was to record the characteristics of family caregivers of dementia patients and to investigate possible differences in the levels of burden between male and female caregivers.

Methods.– The sample of the survey was 376 individuals and derived from a snowball sample from the entire region of Western Greece. Participants were eligible if diagnosis of dementia was present and if the patient and his caregiver consented to participate. The Zarit Interview was used to measure the burden.

Results.– 12.7% of the caregivers were men and 87.3% were women. The X² test showed a significant statistical difference between male and female caregivers (X² = 16.968, P < 0.001), as women face a heavy burden in a percentage of 43.2%, while men in a percentage of 23.8%. The average total burden was 55.95 (±12.54), for men 54.26 (±11.39) and for women 56.43 (±12.83). Non-parametric control U Mann-Whitney showed a significant statistical difference between male and female caregivers in both the overall burden (P < 0,05) and the individual dimensions (personal tension, relapse, and care management) in addition to the role-play dimension.

Conclusions.– The results confirmed a multitude of studies that found that women generally take on the role of family caregiver in most cases of chronic patients. The duty of community services is to “relieve” family caregivers and to promote discharging programs especially for female caregivers who are more exposed to the dangers of the burden.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0750

Features of psychological rehabilitation of toddlers with congenital heart disease during heart surgery treatment

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Congenital heart disease (CHD) is the most widespread congenital disease and affects 0,8-1,2% of newborns. Great achievements in heart surgery have improved the outcomes for children with CHD, and increased survival rates. But still cardiac surgery makes mothers of toddlers with congenital heart disease experience considerable distress. Depression, grief and anxiety are the most widespread feelings of the mothers as the consequences for the correction of heart abnormality may be serious or even fatal. Such emotional ill being of mothers interferes with normal parent-child interactions, especially communication.

The aim of this study was to identify the role of the mothers' emotional status in their toddlers' emotional well-being. 96 diads: mothers and their toddlers, mean age $28,5 \pm 1,6$ months with CHD undergoing cardiac surgery were enrolled in the research.

Among the mothers—34,14% had heightened level of state anxiety, 28,6% had high level of state anxiety. 35,1% of the mothers reported depressive symptomology. We've found that the most used coping strategies among mothers of toddlers with CHD during were the following: active coping, planning, suppression of competitive activities. We've found out that 38,8% of the toddlers with CHD had 1 epicrisis period delay in their psychological development; 35,5% - had 2 epicrisis periods delay. Mothers' depression was found to be a negative factor in toddlers with CHD social and emotional functioning.

All these makes it necessary to include mothers in the process of the psychological rehabilitation of toddlers with CHD during the heart surgery treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0752

Psycho-social issues faced by children from disaster struck areas and their rehabilitation in orphanages in Pakistan

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Introduction.– Human-made disasters have a different impact on adults and children where young children are most vulnerable to the negative effects of disaster owing to their lack of awareness of

preventive measures and inability to cope with post-disaster stress and recovery process.

Objective.– This study was aimed at exploring the psychological and behavioural impact of disaster on children and the role of caregivers in the children's rehabilitation in orphanages.

Method.– The sample size consisted of 18 children (9 boys and 9 girls) and 9 primary caregivers (mother-maids) taken via purposive convenience sampling from Pakistan Bait-ul-Mal's Sweet Homes Orphanages. A semi-structured interview in Urdu language was conducted to obtain desired data.

Results.– The results showed that disasters have a negative effect on the psycho-social state of the children in terms of increased dependency, sleep disturbances/bad dreams, sadness/emotion regulation, social withdrawal and need for social support from elders and peers. The traditional gender role socialization contributes to the risk of problems after disaster. There were gender differences in expression of emotions where girls were more expressive than boys about their traumatic experience. The girls preferred to share feelings with their peers whereas the boys were more comfortable sharing with the mother-maids than with the other children. Both the girls and boys were non-cooperative initially but the boys also showed aggressive attitude.

Conclusion.– Psycho-social therapeutic interventions like catharsis, play and art therapy may help the children cope with the effects of disaster. Training of caregivers can help to screen out children who need professional medical help.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0755

The development of the motor sphere of children with speech disorders

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According to the World Health Organization data, nowadays the mortality rate decreases with neonatal pathology, which indicates a significant development of neonatal medicine in Russia. At the same time the number of children who underwent perinatal hypoxic-ischemic encephalopathy increases. That causes systemic speech and motor development impairments. According to the latest practice, about 15% to 43% of children have speech development disorders and this percentage increases up to 83% if the child had organic lesions of the neural system.

The research Aim is studying the features of the formation of motor functions in children with speech pathology that have hypoxic-ischemic encephalopathy in the anamnesis.

Methods.– A study of manual and oral praxis was conducted using static and coordination samples.

Results.– In some cases, the neurological status of children delayed in speech development marked by a static motor insufficiency of mild severity. To describe this phenomenon, the “dyspraxia” term is used. Dyspraxia affects two types of praxis: oral and manual. A distinctive feature of developmental dysphasia and dyspraxia is the dissociation between the possibility of performing automated actions and the inability to perform a similar action by request.

Conclusion.– The research of the relationship between motor and speech disorders can contribute to the development of intervention programs improving children's speech as well as the state of their motor sphere.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0756

Dynamic characteristics of higher mental functions in adolescents following traumatic brain injury of mild severity

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Introduction.– Early detection of the causes of psychological problems of adolescents following traumatic brain injury of mild severity (mTBI) allows the development of corrective programs. *Objectives.*– Assessment of the dynamic characteristics of the higher mental functions (HMF) and the position of their violations in the structure of the neuropsychological syndrome.

Materials and methods.– The study is based on the original set of techniques designed by A.R. Luria. We studied of the mental activity in its regulatory and dynamic aspects.

31 patients with mTBI (mean age was 11,5 + 1,3) and 20 healthy subjects (mean age was 12 + 1,5) took part in the study.

Results.– The results of the study showed that in the acute period after mTBI, the dynamic characteristics in adolescents were significantly reduced. Decrease in work capacity was noted in all patients, and in the majority (90%) it was lowered at the very beginning of the examination ($p < 0.01$). 61% of the children in the experimental group also had a significant decrease in the rate of activity throughout the study ($P = 0.000$)

A study of attention showed that the majority of adolescents with mTBI (81%) had mild concentration difficulties, which was manifested in the need for additional time for concentration, as well as increased distraction in the performance of various samples ($P = 0.00$).

Conclusions.– The revealed features of the disturbance of the dynamic characteristics of HMF after mTBI of mild degree will allow to provide adequate assistance to children in the rehabilitation process.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0757

Is a choice of case management sustainable recovery factor for the people with schizophrenia in Bosnia and Herzegovina – Examples from community mental health center Prijedor

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Introduction.– Case management (CM) as a rehabilitation principle with main purpose to establish best possible outcomes for people with psychotic disorders is one of basic principles comprehensive mental health care for this population group in Bosnia and Herzegovina (BH). It is an accreditation standard for community mental health centers (CMHC), focused on users with multiple

needs, mainly younger patients with schizophrenia spectrum disorders.

Aim.– To show benefits of the CM to good outcome and better quality of life (QoL) using a examples of patinets.

Method.– Four years (2013–2016) follow up results defined by CM instruments using medical documentation in CMHC Prijedor.

Results.– During the 48 months period, twelve patients had strong collaboration and support by case managers as well as all team members. It was established better insight with direct influence on reduction of auto-stigmatization, empowered self-confident, more filled up time including active attendance to new activities in CMHC (self/help group, occupational therapy) as well as outside of CMHC (user organization, educational seminars). Scores on used instruments (BPRS, SOFAS, SQLS, AVON, Risk Assessment Instruments) were significantly improved. Important was that only 3 times hospitalization has been realized

Conclusions.– CM principles have important influence to good outcomes for people with psychotic disorders as well as to significant improving of team work and quality of mental health services in CMHC.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0758

Neuropsychological support and rehabilitation of children with Rett syndrome

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Introduction.– Rett syndrome is a genetic neurodevelopmental disease caused by various X-linked mutations. In most cases these mutation occur in MECP2 gene (methyl CpG binding protein 2) resulting in neuron morphology and connectivity changes. That leads to a developmental regression starting at the age of 6 - 18 months. Clinical features include: loss of acquired language and motor skills, autistic-like communication and eye-contact impairment, stereotyped movements, deceleration of both head and brain growth. Later epileptic seizures, autonomic disorder, respiratory and gastrointestinal dysfunctions may arise. Effective treatment is not available at the time.

Objectives.– We report a case of a 3-year-old girl with Rett syndrome having typical motor, speech and communication impairment.

Methods.– Neuropsychological correction, Tomatis auditory sensory therapy and Balamatrix cerebellar stimulation method were provided. Simultaneously the patient underwent a course of transcranial magnetic stimulation.

Results.– Some of the clinical features, such as absence of sound pronouncing and eye-contact, poor purposeful hand movements, gait and postural balance difficulties, improved noticeably.

Conclusions.– This case report describes certain positive effect of some of the rehabilitation methods, especially enhanced by transcranial magnetic stimulation, and suggests that continuous neuropsychological support can improve the quality of life of a patient and caregivers.

Disclosure of interest.– The authors declare that they have no competing interest.

Research methodology

EV0759

New approaches to evaluate nonverbal behavior in negative symptoms of schizophrenia

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Introduction.– The evaluation of nonverbal behaviour (NVB) is considered an open challenge, especially when considering schizophrenia's negative symptoms. The complexity of both the definition and the observation of NVB lead to its poor consideration during clinical consultations. In fact, the assessment of NVB is usually performed by using a few items, which clinicians rate without having the chance of properly relating the corresponding NVBs to other symptoms.

Objectives.– The present study Aims to suggest a list of NVBs that can be used during both classical interviews and patient-guided observations.

Methods.– Two clinical psychologists and two psychiatrists used the Formal Psychological Assessment, a new methodology developed in the University of Padua, to gather items investigating NVB from validated assessment tool evaluating schizophrenia. Each selected item was connected to a subset of schizophrenia's negative symptoms described in both the DSM-5 and the scientific literature.

Results.– The list of 26 items investigating 13 NVBs allowed suggesting NVBs that are not exhaustively used and that can be easily observed within the standard schizophrenia's assessment. Finally, the relations among the items led to define the formal basis of an algorithmic procedure to be used in guided observations, which are driven by patients' behaviours.

Conclusions.– The results showed how it is possible to both observe and assess negative symptoms of schizophrenia, starting from a set of specific and well-structured NVBs. Both the classical and the patients' guided observations that can be performed using the found list of items represent new approaches to the assessment of schizophrenia.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0760

Methodology of psychological syndrome analysis and the concept of “psychological mediation” (Vygotsky, Lurya, Zeigarnik school) in comprehensive diagnosis and personalized care

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Introduction.– The Russian psychological school of Vygotsky-Luria-Zeigarnik offers a holistic view of the development of higher mental functions (HMFs), which are socially acquired, mediated by social meanings, voluntarily controlled and exist as a link in a broad system of functions. **Objective.**– To show the diagnostic capabilities of

the pathopsychological assessment methods and to substantiate the prospects for the creation of their English-speaking analogs.

Methods.– Theoretical and methodological study of the concept of symbolic mediation (Vygotsky-Luria-Zeigarnik school) and assessment of the capabilities of pathopsychological diagnostic methods of thinking and memory, interoception, emotion regulation. The case study presents 10 patients with somatoform symptoms and 10 healthy subjects, comparable in age and sex.

Results.– The ability to mediate is studied through the level and quality of the generalization. Two levels of mediation are distinguished: (1) operational - the ability to operate with cultural signs; (2) motivational-semantic - the pervasion of individual meanings into signs (symbols). Violations of generalization are represented by reduction and/or distortion (Zeigarnik, 1981). Our study identified and described various types of violations of signs and symbols mediation, combining partial or total reduction and/or distortion in the structure of the examined HMFs.

Conclusion.– Mediation is a “cross-cutting” characteristic of the psyche and reflects the individual's ability to generalize his/her experience and regulate behaviour through symbolic means. Methods of pathopsychological diagnostics allow distinguishing the preserved and broken elements of cognitive and personal organization as a single system, that is important for comprehensive diagnosis and personalized care.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0761

Measuring implicit emotional appraisal of semantic stimuli in affective disorders

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Introduction.– Measuring implicit emotional appraisal of self, others, events is important for revealing targets for psychotherapy. Method of color-emotional semantic associations (Kisel'nikov et al., 2014) is an alternative to methods assessing reaction time (Emotional Stroop Test, Implicit Attitude Test). It is an experimental procedure based on vector psychophysiological model (Sokolov, 2013) that includes pairwise comparison of semantic-color and color-emotional stimuli and subsequent reconstruction of them on the semantic-emotional two-dimensional sphere.

Objectives.– The aim was to study opportunities of the method in people with affective complaints and affective disorders.

Methods.– First, 74 students filled Hospital Anxiety and Depression Scale and 12 with depression, 10 with high anxiety and 10 without complaints participated. Second, we included 7 patients with anxiety disorders, 6 patients with major depression and 13 controls.

Results.– Comparing to the 2-factor structure of the appraisal in controls (Valence and Arousal), in anxious and depressive students appraisal of “Me”, “World”, “Present”, “Future” becomes less intensive and the third factor of relatedness to social interactions emerges (Fontaine et al., 2007; Russel, 1991). In anxiety disorders the only factor of emotional sign remains while in depression appraisal of “Me”, “Others” and “Past” becomes closer to sadness, fear and guilt.

Conclusions.– Results suggest that in people with affective complaints appraisal intensiveness and social meaning of stimuli

should be addressed while for clinical disorders it is important to consider content of emotions.

The reported study was funded by RFBR according to the research project No. 17-29-02169

Disclosure of interest.– The authors declare that they have no competing interest.

EV0762

Contribution to assertiveness reminiscence of the reference personal experience (RPE) STRATEX method

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Lack of assertiveness is a widespread personal and professional difficulty. The STRATEX method enables to restore the subject's confidence by enabling him or her to reminisce his or her own experience of reference.

Defined as a personal achievement experience, the Reference Personal Experience (RPE) is considered by the subject as the most accomplished experience of his or her life path. This authentic peak experience is stored in both autobiographical and semantic memories.

Mnesic anchoring of this experience needs a memory audit to facilitate its recollection. It takes the form of an interview combining the emergence of a recollected real-life experience to a structured method, called STRATEX, which puts the subject in a situation of meta-analysis and learning.

The method is made up of four parts:

- In characteristics: context, date of occurrence, performance indicators, duration;
- Content description, which permits to identify a personal and reproducible script of success;
- Emergence of positive beliefs about one's own identity or capacities extracted from the experience;
- Finally, the reproducibility of RPE, the replication of the pattern of success.

Applying this method to a mixed-gendered sample group of 50 subjects enabled to verify its capacity to stimulate assertiveness, it showed a frequency in the emergence of positive beliefs in oneself and replications of the success scenario in their main field of action.

As a conclusion, the reminiscence of RPE enables one to find or restore the pride of being oneself.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0763

Designing an inclusive model of clinical intervention among persons diagnosed with borderline personality disorder: A research project protocol

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Introduction.– There is evidence that Borderline Personality Disorder (BPD) is associated with stereotypes, prejudices and stigmatization even among mental health professionals. Negative attitudes and behaviours from the part of the medical and nursing personnel towards people living with BPD (PLBPD) could be counter-therapeutic.

Objectives.– To develop an inclusive and comprehensive model of therapeutic communication and effective management of the relationship between the mental health professionals and PLBPD, taking into account the views and the experiences of both actors in terms of facilitating factors and barriers. The purpose is to inform the content of interventions in order to support change in clinical and societal level.

Methods.– The program consists of research, educational and communication activities. A mixed methods research approach will be implemented, including: a) interviews with psychiatrists and psychologists, b) focus groups with psychiatric nurses, c) interviews with PLBPD, d) participant observation in psychiatric wards, e) cross-sectional research with students in mental health professions, and f) on-line survey for PLBPD. The outcome will lead to a model of therapeutic communication and professional training sessions. Further communication activities are expected to contribute to social visibility and stigma tackling.

Conclusion.– We believe that the specific project presents a number of social innovations according to the EU standards. Specifically: a) at an epistemological level seeks to connect different theories, b) at a methodological level uses mixed methods research, c) adopts an empowering approach, d) promotes new collaborations between institutions and groups, e) seeks to create social change through public awareness and knowledge.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0765

Levels of global activity of people with severe mental disorder in ambulatory regime

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Introduction.– The symptomatology, the use of medication, among other factors can cause a decrease in the participation of people with mental disorder in the activities of their daily lives.

Knowing the level of global activity that mental health patients have can help in the planning of new intervention strategies aimed at the level of independence and autonomy of these patients.

Objectives.– To assess the level of global activity in people with severe mental disorder who attend mental health devices on an outpatient basis.

Method.– Sample of 30 people with severe mental disorder.

The EEAG global functionality scale was used, characterized by:

- Evaluates psychological, social and work activity;
- Range of score from 0 to 100;
- Menor score indicates a worse level of global activity at the psychological, social and labor levels;
- Analysis of data with mean and standard deviation, calculated with SPSS version 20.0

Results.– People with severe mental disorder showed an M (SD) = 61.97 (7.37) points on the EEAG scale.

Categorized by his psychiatric pathology according to criteria of the DSM-V was observed:

- Tr Bipolar M (DT) = 63.83 (6.43) points;
- Paranoid Schizophrenia M (DT) = 61.64 (5.96) points;
- Tr Schizoaffective M (DT) = 63.71 (9.52) points.

Conclusion.– The results for the general sample and for pathologies showed “moderate symptoms” regarding the activity, presenting moderate difficulties in social, labor or school activity, characterized by a low social network and conflicts with companions.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0766

Reliability and validity of inventory of suggestibility – Romanian version. A factor analysis

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Introduction.– The Inventory of Suggestibility developed by Héctor González Ordi and Juan Jose Miguel-Tobal in 1999 provides a general measure of suggestibility that contains four subscales: dreaming/fantasize, absorption, emotional involvement and influencing by others.

Objectives.– The purpose of the study is to translate, revise and adapt the Inventory of Suggestibility from Spanish to Romanian and to identify the factor structure of the items.

Methods.– This scale was translated into Romanian and it was administered to 164 subjects, with the age between 18 and 62 ($M = 24.05 \pm 6.87$), 61 males and 103 females. The statistical analysis of data was done using SPSS Statistics v23.0.0 for MAC.OSX.

Results.– The results show that Cronbach’s alpha for the entire scale is = 0.794, which indicates a good internal consistency. Exploratory principal components analysis of the items identified three factors: influencing by others, absorption and dreaming/fantasize. The items from the emotional involvement scale were distributed equally among the resulting three factors. Items 18 and 7 were eliminated because they had very low item saturation, under 0.40. *Conclusions.*– The results of the present study suggest that the total score of the Inventory of Suggestibility is an internally consistent measure of suggestibility. We can conclude that this tool can be a good measure for assessing the level of hypnotizability, it’s easy to use and it can be a great substitute for more time-consuming hypnotizability scales like the Harvard Group Scale of Hypnotic Susceptibility Form A or the Stanford Hypnotic Susceptibility Scale, Form A.

Disclosure of interest.– The authors declare that they have no competing interest.

Schizophrenia and other psychotic disorders

EV0767

Concurrent Agreement Between Brown’s Locus of Control Scale (BLOCS) and Multidimensional Health Locum of Control (MHLOC) in an outpatient sample with severe mental illness

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Introduction.– Locus of control is a personality attitude and belief that people have about themselves that they can control outcomes of events in their lives (Internals) or other external factors determine outcomes. (Externals). Locus of control amongst those with

a psychiatric disorder is intrinsically linked with empowerment. Many scales have been developed to measure LOC, some general LOC like BLOCS and others more specific (MHLOC).

Objectives.– We assumed that general LOC is also associated with health LOC. This was examined by using two scales to find out a) if this assumption holds b) the level of the agreement between these two scales.

Methods.– Consecutive community dwelling outpatients diagnosed with schizophrenia, bipolar and schizoaffective disorders were recruited. Measurements: Demographics, BLOCS and MHLOC.

Results.– Sample: 97 participants with completed data (mean age 48.23, SD 13.76), 44 females. Fifty had been diagnosed with schizophrenia, 35 Bipolar Disorder and 11 Schizoaffective Disorder. Pearson correlations showed: MHLOC internal- BLOCS internal ($r = 0.334$, $P = 0.001$), MHLOC Power others-BLOCS external social ($r = 0.226$, $P = 0.026$), MHLOC Chance-BLOCS external others ($r = 0.455$, $P < 0.001$). The overall agreement was Kendall’s tau = 0.22, $P = 0.02$.

Conclusions.– The results indicate that locus of control is a personal belief which is similar for both general outcomes in the life and in specific like illness. Although the agreement between the two scales was low this was significant. Given that both scales have not been used widely in mental health patients further analysis and research may be needed to determine their validity in those populations.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0768

Clozapine in first psychotic episode – In relation to a clinical case

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Introduction.– Although most patients with first psychotic episode respond to the initial trials of neuroleptic medication (60 – 87%), there is a subgroup that will not improve. For this population of resistant-first psychotic episode Clozapine could provide substantial advantages.

Objectives.– With this work, we review the literature about the use of clozapine in first psychotic episode, which patients could benefit most from it and the differences in prognostic. A clinical case is presented.

Methods.– We performed a search in Pub Med, using the Mesh terms “Clozapine” and “First Psychotic Episode”. A detailed report of the clinical case was made, based on clinical interviews and clinical records.

Results.– Evidence points that 23% of the total population of psychotic patients, displayed unremitting symptoms from the time of first antipsychotic treatment—at present younger age of illness onset (< 20years) is the only predictor of resistance to initial neuroleptic treatment. These patients may benefit with a second/third trial with clozapine. In our clinical case, a male patient with 22 years was admitted in our inpatient department with a first psychotic episode. Initial trials of olanzapine, risperidone and paliperidone were tried, with no remission of symptomology. Clozapine was initiated (to 200 mg/day) with a substantial recovery.

Conclusion.– The benefits of clozapine as a second/third-line treatment must be investigated in first psychotic patients. Risk factors to assess, which patients would benefit from this approach, is essential, to better define and treat this population and minimize the functional and social disability that results from prolonged psychosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0769

Prevalence of psychotic symptoms in children needing inpatient care: Relationship to diagnosis

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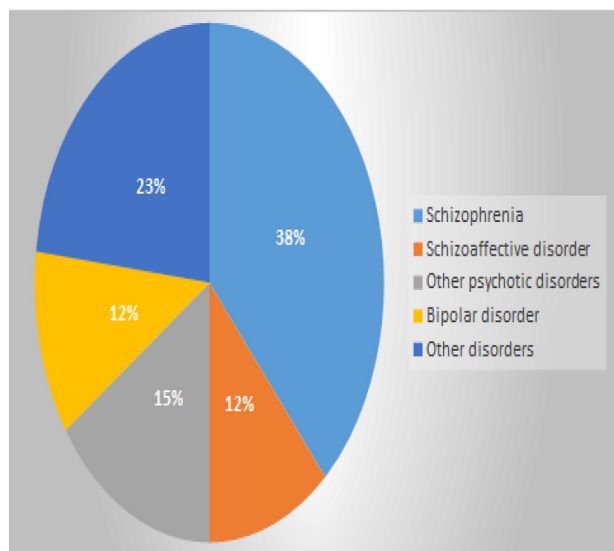
Background.– Psychotic symptoms, marking impaired reality testing, are considered a hallmark of psychotic disorders. However, several lines of research point towards these symptoms also being highly prevalent both in non-clinical populations and in other psychiatric disorders. There is also evidence to suggest that their prevalence is even higher in children and young people, reaching up to 17% in epidemiological samples. There is limited research on the prevalence of psychotic symptoms in young clinical populations. The present study aimed to assess the prevalence of psychotic symptoms in a 6 to 12-year-old clinical population of an inpatient setting.

Method.– Clinical records of all patients of a national UK children's unit from 2009 to 2017 were examined for the presence of psychotic symptoms and their relationship to diagnosis at discharge.

Results.– One hundred and eighty-five (185) children were included in the study. Psychotic symptoms were highly prevalent in this young clinical population, reaching 63.8%, regardless of diagnosis at discharge. Hallucinations (58.4%) were more prevalent than delusions (35.1%). As expected, all children with schizophrenia spectrum disorders experienced psychotic symptoms.

Conclusions.– The present study is the first to examine the prevalence of delusions and hallucinations across diagnoses in children needing inpatient care. Psychotic symptoms were very common in children without a diagnosis of schizophrenia spectrum disorder. Given the high frequency of psychotic symptoms in this severely affected clinical population, it is possible that they represent a marker of clinical severity (Table 1)

Table 1. Psychotic Symptoms Percentages among Diagnoses



Disclosure of interest.– The authors declare that they have no competing interest.

EV0770

Clozapine rechallenge after double drug-induced neutropenia

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Introduction.– Clozapine is an atypical antipsychotic drug, which seems to be up to 60% more effective against resistant schizophrenia than other antipsychotic drugs. Clozapine also is related with severe side effects such as neutropenia. International literature suggests rechallenging after neutropenia incidence.

Case.– We present an uncommon case of a forty-nine year old man suffering from treatment resistant schizophrenia. The patient was diagnosed with psychosis 24 years ago and the last year was administered clozapine for treatment at 350 mg/day with good response (PANSS negative and positive symptoms significantly improved with a slight raise at GAF scale). Three and a half months after the Clozapine initiation appeared neutropenia (WBC 3.04 10³/μL, NEU 0.63 10³/μL). We stopped clozapine administration and we tried rechallenging after the correction of neutropenia. 32 days later another incidence of neutropenia appeared (3.38 WBC 10³/μL, NEU 0.81 10³/μL). The clozapine administration stopped again and we performed a full physical examination without any pathological findings. The failure to respond to treatment with other antipsychotics after the second neutropenia and the history of suicide attempts led us to a second rechallenging with the adjustment of clozapine and the addition of 300 mg lithium carbonate/day (0.33 mEq/L ± 4). In the last 7 months, the patient has not neutropenia, but the improvement in psychopathology and its functionality is ongoing.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0772

Obstacles encountered when managing a Prader-Willi syndrome patient with haloperidol during an acute psychotic break

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Background.– Prader-Willi syndrome (PWS) is a rare genetic disease caused by the loss of paternal expression of the 15q11-q13 region. It is characterized by neuroendocrine abnormalities but has variability in its behavioural and psychiatric presentation. 70% of cases occur from paternal deletion of the genetic region, whereas only 25% of cases occur due to maternal uniparental disomy (mUPD). Patients with mUPD appear to have higher rates of psychosis and bipolar disorder compared to those with the paternal deletion.

Methods.– Case analysis with Pub Med literature review of psychotic symptoms in PWS.

Results.– A 19-year-old PWS patient with mUPD and celiac disease presented with acute psychosis characterized by persecutory delusions, thought insertion/broadcasting, ideas of reference, increased skin excoriation, and mood lability consistent with paranoid schizophrenia. All standard laboratories and diagnostics (head CT, transvaginal ultrasound, XRs) were normal. Low dose haloperidol

2 mg bid and benvotropine 0.5 mg bid effectively decreased paranoid delusions though symptoms related to trauma by a classmate did not subside. Nocturnal agitation was treated with lorazepam 1 mg qhs. After seven days, with improved psychiatric status, the patient insisted on discontinuation of all psychotropics. However, the patient regressed necessitating resumption of haloperidol 3 mg total daily dose and lorazepam 0.5 mg qhs.

Conclusion.– This case report illustrates the difficulties in treating PWS patients during a psychotic break that may have resulted from an underlying traumatic event. Though there was a therapeutic response to haloperidol in controlling psychosis and agitation, the patient lacked insight concerning the need for maintenance medication and decompensated.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0773

Hormonal effects of cariprazine: Post hoc analysis of pooled data from schizophrenia studies for sexual dysfunction and prolactin changes

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Introduction.– Long-term treatment with antipsychotics is indicated for all patients with schizophrenia. Antipsychotics can be of great benefit for a wide range of symptoms, but treatment is associated with unpleasant adverse effects. Hormonal changes (i.e. prolactin elevation) and sexual dysfunction are reported as some of the most distressing antipsychotic adverse effects and are directly related to treatment non-compliance. Antipsychotics can cause sexual dysfunction through multiple mechanisms, including hyperprolactinaemia, D2-antagonism, etc.

Objective.– The objective of the present poster is to present prolactin and sexual dysfunction data for cariprazine in the approved therapeutic dose-range versus placebo and comparators in patients with schizophrenia.

Methods.– Pooled data from 2048 cariprazine, 683 placebo, 370 risperidone and 152 aripiprazole treated patients from eight Phase 3, schizophrenia studies were analysed. Safety measures included adverse events (AEs), clinical laboratory values, physical examinations, EPS-, depression- and suicidality scales. Safety parameters were summarized using descriptive statistics.

Results.– Sexual dysfunction TEAEs occurred in 0.3% of placebo treated patients versus 1% of cariprazine, 2.7% of risperidone and 2% of aripiprazole treated patients. Most common sexual dysfunction TEAEs were libido decreased, erectile dysfunction, and amenorrhoea. For prolactin levels, mean decreases from baseline were seen in all treatment groups with the exception of risperidone, for which a mean increase was observed.

Conclusion.– Cariprazine was generally safe and well tolerated. It was associated with a mean decrease in prolactin levels and had no adverse effect on sexual dysfunction. Therefore, it could be a good alternative therapy for patients suffering from drug induced hormonal side effects.

Conflict of interest:

I am a EVworker of Gedeon Richter Plc.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0774

Fregoli syndrome over the course of schizoaffective disorder: Case report and review of literature

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Introduction.– Fregoli syndrome is among delusional misidentification syndromes. It is the delusional belief that a single persecutor is masquerading as several other people, whose appearances he or she assumes at different times. We present a case in which a patient with Fregoli syndrome assaulted family members because of the belief that the persecutor disguised himself as them.

Case report.– Mrs WA is a 33-year-old single woman diagnosed with schizoaffective disorder. She was initially treated and stabilized with antipsychotics and mood stabilizers. She was admitted in our psychiatric ward following the assault of family members. She had no prior history of violent behaviour. The admission interview revealed various delusional beliefs: delusion of persecution against family members, delusion of bewitchment and megalomania. She also presented somatic delusions, in which her external genitalia were cut. She believed that her psychiatrist was present in the environment in different shapes and disguises; she thought he disguised himself as her mother and her brother. WA was treated with Risperidone (6 mg per day) and carbamazepine (600 mg per day). The patient improved and was discharged after two weeks.

Conclusion.– Fregoli syndrome is a rare category of delusional misidentification syndromes which is characterized by hostility and aggressive behaviour towards misidentified objects.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0775

Therapeutic adherence and schizophrenia

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Introduction.– The management of schizophrenic patients most often comes up against the problem of non-compliance. The objectives of this work were to estimate the rate of non-adherence in patients with schizophrenia and to evaluate the main factors related to it.

Patients and methods.– This is a retrospective study carried out in the Department of Psychiatry at the Mahdia University Hospital. Therapeutic adherence was evaluated according to the criteria of Buchanan et al.

Results.– 50% of patients in our study population had poor adherence. The most predictive factors were hospitalization without the patient's consent ($P=0.03$), overall malfunction with a GAF <30 ($P=0.001$), and adverse effects of the treatment ($P=0.05$). The rate of non-compliance was higher in patients over 50 years of age, male, single, with a low socio-economic status, a schizophrenia of undifferentiated type, and having a significant number of psychotic relapses.

Conclusion.– Significant improvement in the problem of non-adherence in schizophrenic patients requires structured and thorough intervention.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0776

Application of an affective-type therapeutic program in cases of patients diagnosed with schizophrenia: A pilot study

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Introduction.– The intervention in the emotional balance and the strengthening of the self-esteem have become key factors in the mental health (Oros, 2011, 2009, Greco, 2010, Cavieres & Valdebenito, 2007).

Objective.– To evaluate the efficacy of an affective-type therapeutic program in patients diagnosed with schizophrenia.

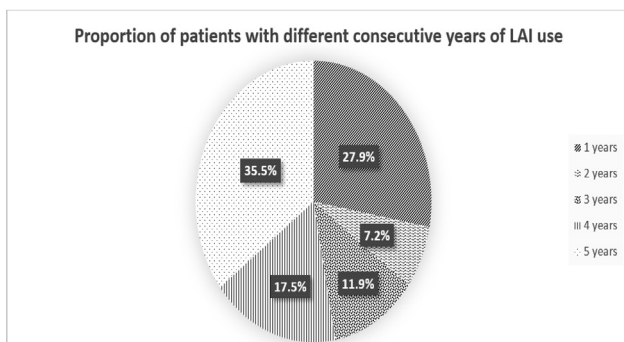
Methods.– design of repeated measures without a control group was proposed. The brief program of affective intervention was administered to a sample of 6 patients (31 to 68 years of age, MD: 53, SD: 13,14) from the chronic patients ward and day hospital ward of a public hospital meeting criteria (ICD-10) for schizophrenia during 5 weeks. Before and after the intervention, tests were used to measure levels of anxiety (BAI), depression (BDI), self-esteem (Rosenberg) and affective balance (EBA), as well as clinical global impression: severity and improvement scales (CGI-S/I).

Results.– The Wilcoxon nonparametric statistic was administered. Of the two modules constructed as part of the program, the results showed only significant differences in the affective balance module ($\alpha=0.046$; $P < 0.05$) (See Table 1). This factor related to emotional responses and consideration of emotions in one's own life, is highlighted as vital for intervention from positive clinical psychology in mental health (Godoy-Izquierdo, Martínez, & Godoy, 2008; Bohlmeijer, Lamers, Westerhof, 2017).

Conclusions.– As a pilot program developed in the Colombian Caribbean, it was innovative in one of the most important areas currently: positive mental health.

Acknowledgment. Fernando Troconis Hospital Staff's Support in Santa Marta, Colombia, was indispensable in the realization of this project.

Table 1. Scale scores (Wilcoxon).



Disclosure of interest.– The authors declare that they have no competing interest.

EV0777

Folie a deux – A case report. How a multidisciplinary team and social media helped to solve the case

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Introduction.– La Folie a deux is a rare psychiatric syndrome in which a delusion is transferred from a psychotic individual to one with whom they have been in close association.

Objectives.– Our goal is to present a case of folie a deux emphasizing the resources used to establish the diagnosis.

Material and Methods.– Review of the clinical history and related literature.

Results.– We present a case of a married couple, with a 14-year-old daughter, brought for a psychiatric evaluation requested by child protection services. Their house had no water or electricity, with aluminium foil covering windows and pipes. The 47-year-old female, of Spanish nationality, had a medical history of retinitis pigmentosa, hypothyroidism and chronic kidney disease. The 54-year-old male, of Portuguese nationality, had no relevant medical history. No psychiatric history was found at admission. Both presented persecutory and reference delusions involving family members and the authorities. It was a challenge to figure out the case. However, with the help of a multidisciplinary team and numerous posts from Facebook we were able to find out their pre-morbid personalities and reach the final diagnosis. Both were treated with paliperidone and ultimately were discharged from the hospital to live in Spain with their relatives, previously involved in the delusion.

Conclusions.– This case illustrates not only a rare psychiatric condition but also how social media can be useful in building a complete clinical history.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0778

Psychosis and suicide: A series of clinical cases

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Introduction.– The estimated prevalence of suicide attempts in the general population is 2.7%, while in schizophrenic patients is 10.9%. About 5–6% of schizophrenic patients die from suicide, which is one of the main causes of premature death in schizophrenia.

Objectives.– Our aim is to present three clinical cases illustrative of the suicide risk in schizophrenic patients and to discuss the findings from previous studies about the theme.

Methods.– We used a multidisciplinary approach to the patients and reviewed the literature about the suicide risk factors in schizophrenia.

Results.– We describe three clinical cases of male patients diagnosed with schizophrenia, with no history of suicide attempts or known family history of suicide. The three patients present consistent characteristics with the recently published studies, which identified the following suicide risk factors in schizophrenia: male, young age, high educational level, depressive or hopeless symptoms, hallucinatory and delusional activity, psychomotor agitation/restlessness, substance abuse and chronic comorbid physical illness.

Conclusions.– Unemployment, previous suicide attempts, presence of insight and family history of suicide are other important risk factors. Risk of suicide is also greater after a psychotic episode or after hospital discharge. An untreated long-term psychosis negatively influences social, occupational and interpersonal functioning and it is considered as a risk factor for suicide in the first episode psychosis. Suicide prevention in schizophrenia involves optimization of adherence to therapy, psychoeducation for the disease and establishment of a therapeutic relationship with mental health professionals.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0782

Clinical and cognitive insight in psychosis: An overview

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Introduction.– Approximately 50–80% of patients with schizophrenia lack full insight. Recently, controversy has arisen about the association of clinical and cognitive insight (CI, COGI) with treatment, symptoms severity, quality of life (QL) and gender in psychotic patients.

Objectives.– To discuss the implications of CI and COGI in the QL and treatment of psychotic patients.

Methods.– We searched Pub Med database using the keywords: “Clinical insight”, “Cognitive insight” and “Psychosis” and selected the relevant articles.

Results.– Evidences show that a lack of insight contributes to non-adherence to treatment and poorer outcome. Patients may gain CI after treatment of the acute phases. COGI contributes to CI but is not-treatment dependent. Psychotic patients have greater insight when they have a better cognitive capacity for self-reflectiveness (SR) and less for self-certainty (SC). Higher levels of SR may generally be associated with better QL, but in patients with more severe symptoms higher SC has better outcomes. There seems to be a positive relationship between insight and depressive symptoms. In fact, it has been suggested that insight may represent a risk factor for suicide in patients with schizophrenia. The relationship between insight and gender remains unclear, but evidences show that women with a psychotic disorder may present a greater awareness of the disease

Conclusions.– Cognitive therapy for insight seems to be beneficial. In early stages of the treatment SR may be a better target than SC, but more studies are needed to outline the best approach, in view of enhancing QL.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0783

Schizophrenia and Down syndrome: Report of a case

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Introduction.– An increase in the prevalence of psychiatric disorders in people with intellectual disability has been reported. Prevalence rates have been consistently demonstrated to be higher in adults with Down’s syndrome than in the general population.

Objective and method.– The aim of our work is to report the clinical observation of a trisomy 21 patient having developed schizophrenia.

Results.– We are reporting the case of a 37- years old Tunisian male with mental retardation suffering for many years from insomnia, incoherency of speech, social withdrawal, stereotyped movements and impulsive behaviour. On physical examination revealed a patient with flattened nose, upward slanting eyes and a short neck. These signs suggested trisomy 21. The karyotype confirmed the diagnosis of Down’s syndrome. The psychiatric evaluation found dissociation and visual hallucinations. Therefore, the patient did meet the Diagnostic and Statistical Manual of Mental Disorders (DSM) V criteria of schizophrenia.

Conclusion.– Many studies have been conducted looking for a link between chromosomal aberrations and schizophrenia. These studies have shown a frequent association between the two diseases. Chromosomal abnormalities described are essentially partial trisomy of chromosome 5, partial deletions, translocation, inversion at chromosomes 21, 23 and 9 and some abnormalities of the sex chromosomes.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0784

Factors related to suicide attempts in a population of patients with schizophrenia

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Objective.– To describe the frequency of suicide attempts in patients with schizophrenia and to study the association with socio-demographic, clinical and therapeutic factors.

Methods.– This is a retrospective, descriptive and comparative study of 30 schizophrenic patients admitted in the department of psychiatry “B” at the university hospital of Hédi chaker. Sociodemographic, clinical and therapeutic data, as well as the existence or the absence of personal history of suicide attempt or adverse events was collected from patients and from medical records. Therapeutic adherence was assessed subjectively. We have arbitrarily defined poor compliance as a treatment discontinuity greater than two consecutive weeks that occurred over the past year, reported by the patient or his family.

Results.– The population was composed of 30 men. The average age was 39.3 years. The school level was secondary in 14 cases (46.7%). Most of them were unemployed and lived with their family. The

rate of attempted suicide in our population was 40%. Comparison of the socio-demographic variables of patients with and without a history of suicide attempt had not shown statistically significant differences between the two groups. For clinical and therapeutic variables, the study found that male smoking, positive symptoms, extrapyramidal signs and poor adherence were significantly more frequent in patients with a history of suicide attempt ($P < 0.05$).

Conclusion.– The rate of suicide attempt in Tunisia was comparable to that of Western countries. The sociodemographic characteristics of the patients had no influence on this suicidal behaviour as opposed to clinical characteristics.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0785

The causes of suicide attempts in a population of patients with schizophrenia

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Objective.– To describe the frequency of suicide attempts in patients with schizophrenia and to determine their causes.

Methods.– This is a retrospective, descriptive study of 30 schizophrenia patients admitted in the department of psychiatry “B” at the university hospital of Hédi chaker. Sociodemographic, clinical and therapeutic data, as well as the existence or absence of a personal history of suicide attempts was collected from patients and from medical records. The statistical study was carried out using the SPSS software (18.0).

Results.– The population was composed of 30 men. The average age was 39.3 years and the school level was secondary in 46.7%. The majority ($n = 19$; 63.3%) was single. Most of them were unemployed (63.3%) and lived with their family (85.1%). Socio-economic status was medium in 75% of cases. The mean age of onset of the disease was 30.4 years. The number of hospitalizations ranged from one to 11 hospitalizations with an average of 4.77. The main reasons given by patients to explain their passage to the suicidal act were:

- Psychotic causes ($n = 13$; 43.3%) with a delirious activity or under the influence of hallucinations like suicidal injunctions:
- Depressive causes ($n = 4$; 13.3%) with sadness and/or feeling of despair
- Reaction causes ($n = 2$, 6.7%), in particular following a stressful life event

Conclusion.– Identification of the causes of Suicide Attempt remains an essential step towards the development of prevention and care strategies.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0787

Effects of gender and family history psychiatric illness on psychosis spectrum disorders

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Introduction.– The gender differs with respect to vulnerability to specific classes of psychopathology.

Objective.– We investigated effects of gender and family history of psychiatric illness on disorders of the psychosis spectrum (schizophrenia, bipolar, and schizoaffective disorders), using a large database of patients ($n = 1132$) from a Mexico City psychiatric hospital.

Methods.– Patients had given written informed consent within the hospital. A diagnosis based on DSM-IV criteria was assigned, and psychopathology was assessed using the Positive and Negative Syndrome Scale. We used Chi-squared tests, T-tests, and two ways ANOVA, in order to assess effects of gender and family history of mental illness on premorbid characteristics, age of symptom onset, and symptom severity.

Results.– For both men and women, schizophrenia and bipolar diagnoses were respectively associated with a family history of each disorder. Men were more likely to have a schizophrenia diagnosis, while women were more likely to have bipolar or schizoaffective diagnoses. Across diagnoses, men experienced their first psychotic episode approximately 3 years earlier than women, and frequency distribution histograms for age of first psychotic episode revealed clear gender differences. In men, but not women, a positive family history of schizophrenia was associated with premorbid schizoid characteristics across diagnoses, and increased positive symptoms in association with a schizophrenia diagnosis. Men showed more severe negative symptoms, and premorbid schizoid behaviours were associated with an 11% increase in negative symptom severity.

Conclusions.– There are gender differences in the age of onset, premorbid characteristics, severity, and vulnerability to genetic liability factors.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0788

Co-production of a therapeutic skills training programme for carers, relatives and friends with psychosis

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Background.– Psychosis is a complex, difficult to treat, long-term illness associated with impaired functioning and significant health-care utilisation. People with psychosis require life-long emotional and practical support, which is largely provided by the carer. Despite their significant role, the vast majority of carers do not receive any therapeutic training on how to care for someone with psychosis nor do they receive adequate support to look after their own mental well-being.

Objectives.– The aim of the study is to carry out formative work, to develop a cognitive behavioural therapy informed care training for carers of people with psychosis, to address their skill-based and personal self-care needs. The study objectives are to explore: (a) the practical skills and self-care needs of the carer, (b) the support needs of the patient, (c) how professionals can support the programme, and (d) which wellbeing and recovery outcomes are considered important.

Methods.– Six qualitative focus groups (two for professionals, carers and service-users) will be carried out to explore the objectives described. Participants will be recruited through community mental health services.

Results.– Qualitative data will be analysed using thematic analysis of the participants' narrative responses. Data coding will be carried out by a researcher and a clinician to ensure the themes are grounded in the original data.

Conclusions.– The emerging themes will inform relevant aspects of the carers' training package and help determine outcome measures that are likely to capture potential improvement in the carer's and the cared-for person's wellbeing following participation in the training.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0789

Impacts of psychotic disorders outpatient unit on the hospitalization rate, duration and the indirect costs

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Background.– Schizophrenia is a chronic, debilitating disorder that requires long-term treatment and regular follow-ups. In this study we aimed to evaluate the impacts of specialized outpatient units on the clinical outcome and indirect costs of schizophrenic patients by comparing the previous standard outpatient follow-ups.

Method.– Structured forms and follow-up records of the hospital were used to evaluate 131 patients with the diagnosis of

schizophrenia, followed-up in Bakirkoy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery; Psychotic Disorders Outpatient Unit. The changes in the frequency of outpatient visits, the frequency and length of hospitalizations and the treatment compliances were compared.

Results.– After attending the follow-ups at Psychotic Disorders Outpatient Unit; mean frequency of outpatient visits increased 1.7-fold ($P=0.025$), mean frequency of hospitalizations decreased 23.2-fold ($P<0.001$), mean length of hospital stays dropped to 30.6-fold ($P<0.001$) and the mean treatment compliances increased from 45.5% to 98%.

Conclusion.– Being followed-up for psychotic disorders in a specialized outpatient service provides patients with schizophrenia to have more frequent outpatient visits, less frequent and shorter hospitalizations and better treatment compliances; determining a significant improvement in overall clinical outcome and leading to lower the indirect costs.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0790

Vortioxetine in the treatment of negative symptoms of schizophrenia: A case report

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Introduction.– The schizophrenia is a very heterogenous entity and a good early diagnosis and approach of the symptoms could improve prognosis and evolution. Positive symptoms have been well-studied and treated, but at long term, negative symptoms are those that induce more inability and deterioration.

The development of new antidepressants like vortioxetine with a multimodal profile could open new possibilities.

Aim.– Demonstrate the effectiveness of vortioxetine in the treatment of negative symptoms of schizophrenia.

Method.– We describe a case report of a psychotic patient treated with vortioxetine.

Results.– 33-year old woman with paranoid schizophrenia, previously with different diagnosis. Between 2012 and 2014 she was admitted frequently with positive symptoms and suicidal ideas. These symptoms were resistant to treatment, even to clozapine due to side effects. Finally with antipsychotic polytherapy associated to psychotherapy interventions, we achieve clinical stabilizations.

During the evolution, the patient referred negative symptoms. We introduced citalopram with a minimum improvement. We decided to change to vortioxetine.

The evolution has been progressive, with an important improvement in the affective sphere.

Conclusions.– Despite the limitations as it exposes a single case, the results are encouraging because they demonstrate the improvement of the patient that other antidepressant didn't get, and could be an opportunity to treat these symptoms. Vortioxetine could be an effective treatment for negative symptoms of schizophrenia associated to antipsychotics. The effects on cognitive symptoms could be explained for the multimodal profile [1].

Disclosure of interest.– The authors declare that they have no competing interest.

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EV0791

Schizophrenia and dissociate symptoms: Review of the literature and clinical case

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Introduction.– Dissociative Disorders (DD) and Schizophrenia Spectrum Disorders (ESD) are described as two distinct categories in the classification systems. EDS are a heterogeneous group in which there is loss of contact with reality with hallucinations and delusions, where, like dissociation, there is a discontinuity of the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control and behaviour. Psychotic symptoms are not considered a comorbidity of DD, but dissociation has been related to the presence of positive and negative psychotic symptoms.

Objectives.– To discuss the findings from previous studies about the presence of DS in ESD providing a comprehensive overview of the overlap and differences of these symptoms and correlate with the clinical case.

Methods.– We reviewed the literature on the topic and interviewed the patient.

Results.– We describe the clinical case of a 36-year-old man, paranoid schizophrenia, several treatment strategies, poor adherence to treatment, which after remission of the negative symptomatology developed DS. Evidence shows that positive and negative symptoms may be present in DD, especially positive symptoms, which suggests that both diagnostic categories may share common risk factors. There is also an association between traumatic events in childhood and DS in psychotic adults.

Conclusions.– Dissociation is not specific to schizophrenia but may be related to traumatic experiences. For this reason, the history of trauma may be a potential mediator of dissociation in patients with schizophrenia. Therefore, it is critical that patients with ESD be routinely questioned about possible childhood adverse experiences for early intervention.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0792

Efficacy and tolerability of aripiprazole depot in schizoaffective disorder: Case report

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Introduction.– Aripiprazole depot has proved to improve positive, negative and cognitive symptoms in schizophrenia. It's unlikely linked to weight gain, dyslipidemia or increased prolactin levels. This scientific evidence suggests aripiprazol depot could be a favorable therapeutic option in the treatment of other psychotic disorders.

Objectives.– We Aim to present our clinical experience with aripiprazol depot in the treatment of psychotic and affective symptoms in patients with diagnosis of schizoaffective disorder.

Methods.– We selected two patients with diagnosis of schizoaffective disorder from our outpatient Mental Health Service, as clinical illustration of efficacy and tolerability of aripiprazole depot. Previously, they were treated with paliperidone palmitate and olanzapine with unfavorable side effects.

Results.– We present two males with diagnosis of schizoaffective disorder. Case A is a bipolar subtype, 35 years old with cannabis use history and 5 previous hospitalizations due to psychotic or manic symptoms; he was clinically stabilized with paliperidone palmitate but had sexual side effects despite low doses of antipsychotic medication. Case B is a depressive subtype, 31 years old with 2 previous hospitalizations due to psychotic and depressive symptoms; he was partially stabilized with olanzapine and paroxetine and had metabolic symptoms associated. We decided a treatment change to aripiprazole depot 400 mg in monotherapy with maintenance of clinical stability in Case A and clinical improvement in Case B. Both cases experienced disappearance of adverse effects described.

Conclusions.– Our clinical experience evidences that aripiprazole depot is a valuable therapeutic option in schizoaffective disorder (manic and depressive subtype), on behalf of its effectiveness and tolerance.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0793

Anti NMDA receptor encephalitis presenting as schizophreniform psychosis in a young female, a case report

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Introduction.– Anti NMDA receptor encephalitis is a rare autoimmune disorder and a life threatening condition if not adequately treated which often presents with prominent psychiatric symptoms.

Objectives.– To emphasize the importance of keeping in mind anti NMDA receptor encephalitis as a diagnosis in psychotic patients with neurological symptoms

Case report.– A 28 year old female presented with gradual onset of behavioural changes in the form of aggressiveness, suspiciousness, talking to self which then gradually progressed to decreased interaction with family members for which she was admitted. Later on she developed jerky movements of limbs with altered sensorium. She was evaluated with MRI brain which showed irregular thickened cortex with ill-defined gray white matter interface involving frontal lobes, perirolandic cortex perisylvian, Insular cortex inferior and anterior parietal lobe, EEG showed generalized slowing which changed over time and WHOLE BRAIN PET s/o encephalitis. CSF analysis positive for NMDA receptor antibodies hence diagnosed as anti NMDA receptor encephalitis. She was started on Inj Rituximab with which she showed improvement.

Conclusion.– The above case highlights the need for vigilance in patients presenting with psychosis and developing neurological symptoms. Further research into the pathophysiology and epidemiology of anti NMDA receptor encephalitis may provide further support for NMDA receptor hypothesis and may open new treatment avenues.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0794

The sense of self in the pre-onset phase of psychotic disorders

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Introduction.– The continuum of stages of psychotic disorders ranges from at risk mental state, operationalized with the ultra-high risk (UHR) criteria, to the first episode of psychosis (FEP) to recovery or schizophrenia with multiple episodes. It was found that assessment of the individual's sense of self is highly valuable for early stages in psychosis, but data is sparse.

Objectives.– The Aim of this ongoing research project is to explore the self functioning in patients at UHR and with FEP.

Methods.– The Comprehensive Assessment of At Risk Mental State (CAARMS) was used to identify persons at UHR. Individuals with FEP, with borderline personality disorder (BPD) and healthy controls (HC) were assessed with the Structured Clinical Interview for DSM Disorders (SCID I and II). Psychotic Symptoms were measured with the Positive and Negative Syndrome Scale (PANSS) and the Prodromal Questionnaire (pq-16). The structured interview of personality structure (STIPO) and the Examination of Anomalous Self-Experience (EASE) were used to rate self functioning.

Results.– The sample included individuals at UHR ($n=8$), with FEP ($n=3$), with BPD ($n=7$) and HC ($n=15$). In an ANOVA, individuals at UHR had a significantly weaker identity integration (STIPO, $P<001$) with a lower sense of self ($P\leq 05$) compared to HC. Identity integration ($P>05$) and self disorders (EASE $P>05$) of individuals at UHR did not significantly differ from individuals with FEP or BPD.

Conclusions.– These preliminary results suggest that disturbances of the sense of self characterize the pre-onset phase of psychotic disorders, although this was not a distinctive feature compared to BPD.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0796

Exploring the changing service delivery and outcomes in Australia for people with psychotic illnesses

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Introduction.– In Australia, policy change has led to community managers - funded by the National Disability Insurance Scheme (NDIS), and managed by the National Disability Insurance Agency (NDIA) - becoming integral in the management of psychotic illness. Many people with psychotic illness have other health problems, including depression, anxiety, cardiovascular disease, cancer, asthma and obesity. The cost of psychotic illness to the Australian community is \$4.91 billion annually; so, even though it has low prevalence, it carries a high economic burden per capita. Many experience homelessness and receive less than \$500 per fortnight (compared with \$2522 for mentally healthy people the same age).

Objectives.– Hence, while a changed National Mental Health Plan has influenced service provision - particularly involving community-managed organisations - vocational, functional, social and welfare outcomes need to be evaluated.

Methods.– Thematic analysis of online surveys and semi-structured interviews with consenting stakeholders allowed a deep understanding of the challenges to this model of care, as well as the creative solutions key workers implement to overcome these significant obstacles.

Results.– Challenges included high caseload, financial inflexibility of the NDIS, NDIA understaffing, and underqualification of key workers. Risks to staff and participants were under-assessed and under-supervised.

Conclusions.– There needs to be increased numbers of social workers, qualified case workers and support staff. Key workers risk burnout and injury. The delivery of the NDIS needs to be more flexible and better managed, with significant investment increases in staffing, professional development and workers' compensation insurance.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0797

Motor dysfunctions and negative symptoms in schizophrenia

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Introduction.– Negative symptoms in schizophrenia involve a complex constellation of symptoms, involving affective, volitional, behavioural and interpersonal dysfunctions. Neurological soft signs, independent of treatment are being considered endophenotypic constructs underlying schizophrenia, with significant and considerable difference between healthy controls and patient's family members. It had been suggested that these dysfunctions of sequencing and complex coordination might be associated with negative symptoms in schizophrenia. Meanwhile, motor speed is also important in schizophrenia, due to medication-induced Parkinsonism, but also due to the pre-motor functions involved in cognitive (i.e. executive functions) and volitional processes.

Aims.– The aims of this study consisted in evaluating the relationship between motor dysfunctions in various subdomains (speed, coordination, sequencing) and negative symptoms.

Method.– This ongoing study used DSM V criteria to include psychiatric inpatient diagnosed with schizophrenia. Inclusion criteria included a positive diagnosis and willingness to complete the assessment. Exclusion criteria consisted of acute and chronic neurological disorders, developmental disorders, somatic disorders with motor signs or a comorbid depressive episode. Schizophrenia symptoms were evaluated using the Positive And Negative Symptoms Scale. Motor dysfunctions were evaluated using a battery of tests, involving motor speed and imaginary motor speed (Time Up and Go task, as well as a imaginary version, the iTUg); motor sequencing and coordination (Brief Motor Scale). 21 patients have been recruited, with a target sample size of 50 to be reached by the end of February.

Results.– Correlational analysis revealed significant relationships between negative symptoms and motor domains, including pre-motor functioning.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0798

Body image and stomaJ. Ines¹, S. Ben Saadi², E. Khelifa², K. Saber², E.H. Zouhaier²¹ Razi Hospital, F, Mannouba, Tunisia; ² Razi Hospital, Razi Hospital, F, Mannouba, Tunisia

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Introduction.– The damage of the colon-rectum by a cancer confronts the patients with a very particular physical experience. The implementation of a colostomy sends back to the dimensions of the anality with the learning of the sphincter control and the toilet training.

The depreciation of the body image further to the mutilation and the induced functional modifications sends back to the problems of opening and closure of the body, the smells, the dirt and the cleanliness, the retention and the eviction. The image of the body and its change constitute a crucial problem in oncology both for the patients and for the medical teams. So the consequences of a stoma on the psychological plan will not be unimportant: anxious and depressive disorders, posttraumatic stress disorder.

Results.– Mr HBR, 58-year-old, presenting an adenocarcinoma of the mid rectum (T2N0), having benefited from a preoperative radiotherapy. The anterior resection of the mid rectum was performed 3 months ago, with a temporary ileostomy. The patient would have a psychiatric history of a depressive syndrome in 2006. He was hospitalized, for an acute confusional state with a delirious syndrome, behaviour disorders and a refusal of the stoma.

Conclusion.– In our industrialized societies where the standards of fashion and advertising value the beautiful and the complete body, thus hurting the body of the person with stoma, where the suffering, although real, is often ignored and little evoked, it becomes from now on urgent to set up a psychological support for these patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0800

Substance abuse and violence in schizophrenic patients

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Objectives.– To evaluate the management of substance abuse in schizophrenic patients. To study the association between substance abuse and the act of violence.

Material and method.– Our study is retrospective, carried out in the department of psychiatry, CHU Mohammed VI in Marrakech. This is a study looking at a 4-month period in a sample of 116 schizophrenic patients according to DSM IV. The assessment of violence was made by the Aggression Questionnaire (QA, Buss and Perry, 1992)

Results.– It has been shown that three toxic substances are factors of physical aggression: tobacco, cannabis and alcohol. Patients who take these substances have a high average of physical aggression compared to those who do not take them. Patients who consume tobacco and cannabis are verbally more aggressive than those who do not consume them. We found that patients who take tobacco and cannabis as well as alcohol are angrier and more hostile than those who do not take them.

Conclusion.– The withdrawal aid for toxic substances would clearly help to reduce the rate of aggression in schizophrenic patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0801

Considering self-disturbance from the perspective of aberrant interoception in schizophreniaA. Koreki^{1,2*}, T. Maeda², Y. Terasawa³, M. Funayama⁴, M. Mimura², M. Onaya¹¹ National Hospital Organization Simofusa Psychiatric Center, Department of Psychiatry, Chiba, Japan; ² Keio University School of Medicine, Department of Neuropsychiatry, Tokyo, Japan; ³ Keio University, Department of Psychology, Tokyo, Japan; ⁴ Ashikaga Red Cross Hospital, Department of Neuropsychiatry, Ashikaga, Japan

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Self-disturbances in schizophrenia are beginning to be explained by abnormalities in the “sense of ownership” and “sense of agency.” Although there are many factors for the emergence of the sense of ownership, one of the most important factors is interoception, which is the sense of the internal state of the body, such as the heart rate. In the present study, we compared interoceptive sensitivity between healthy controls and patients with schizophrenia. Nineteen patients and 19 controls were recruited. Their interoceptive sensibility was assessed using the heartbeat detection task. They were asked to count the number of times they felt their own heartbeat during the measurement period. The error rates were based on the discrepancy between the number of reported and actual heartbeats during the measurement period. As the control, they also performed a time estimation task, which was counting the number of seconds during the period. The error rates were calculated in a similar manner as that of the heartbeat. The results showed greater error rates in patients with schizophrenia when compared to that of the healthy controls (error rates: $47.7 \pm 16.4\%$ versus $23.0 \pm 13.5\%$, $P < 0.0001$) and no significant difference in time estimation (error rates: $21.1 \pm 15.8\%$ vs $15.9 \pm 12.2\%$, $P = 0.27$), suggesting that patients with schizophrenia have aberrant interoception. These results could provide an understanding of the pathophysiological mechanism of self-disturbances.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0802

Efficiency of art therapy in the rehabilitation system schizophrenic patientsH. Kozhyna*, A. Krystal, V. Mykhaylov, M. Markova, L. Gajchyk
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The purpose of the research is to study the dynamics of the level of social functioning in schizophrenic patients under the influence of art therapy.

Materials and methods.– To reach this goal, we carried out a comprehensive survey of 86 male and female inpatients aged 18 – 65 years old with a diagnosis of schizophrenia in the period of stabilization. Art-therapeutic correction was used along with psycho-pharmacotherapy complex therapy.

Results and discussion.– The investigation showed that the following dynamics of artistic expression was observed in the process of art therapy: in the initial stages created image data were characterized by amorphous, vague boundaries, changes of normal and initial forms, mixing of different styles and in the last stages of art therapy created image data acquired symbolic, archetypal character, greater structure and completeness.

It was found that the level of general behavioural dysfunction in the society in the main group improved to 87.4%; dysfunction in the

performance of social roles in society – 75.1%, disruption of patients in hospitals – 73.7%; dysfunction of modifying factors – 82.5%, after completion of art therapy, according to the results of a study of the social functioning of patients with schizophrenia.

The obtained data testify that the complex approach in the therapy of schizophrenia, which included psycho-pharmacotherapy in combination with art therapy, leads to restoration of social activity and successful resocialization of patients.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0806

Subjective cognitive impairment in people with early psychosis: Relationship with objective cognitive impairment and clinical symptoms

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Introduction. – Subjective cognitive impairment (SCI) among individuals with early psychosis is under-recognized and under-studied. Yet, SCI is as important as objective impairment to be understood, since it assesses cognition difficulties in everyday, real-life situations from a personal perspective and is therefore an essence of individualized medicine.

Objectives. – This study aims to explore the associations between the objective and subjective measures of cognitive impairments and to identify factors contributing to SCI among people with early psychosis.

Methods. – Participants were 63 females (mean age = 24.41 years old, SD = 8.15) diagnosed with early psychosis within 5 years. They completed a battery of neuropsychological tests assessing on a range of cognitive functions. These included memory (HKLLT, Digit SPAN), attention (Letter Cancellation test), and executive functions (WAIS, STROOP). The Subjective cognitive impairment Scale (SCIS) was also used to assess their perceived cognitive decline. Psychotic symptoms (PANSS) and depression (CDS) were also assessed.

Results. – SCIS was not correlated with any of the objective cognitive tests results ($P > 0.05$). It was positively correlated with depression ($r = 0.55, P < 0.001$) and positive symptoms ($r = 0.49, P < 0.001$). A hierarchical multiple regression model reveals that positive symptoms and depression together explained 31.3% of the total variance in SCIS and only depression significantly predicted subjective cognitive impairment in our participants ($\beta = 0.4, P < 0.01$).

Conclusions. – Subjective feeling of cognitive impairment may be a result of catastrophization associated with depression secondary to the psychosis. Treatments should not only focus on symptomatic remission and cognitive training, but also place emphasis on improving affects of individuals with early psychosis.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0807

Psychosis in temporal lobe epilepsy: A case report

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Introduction. – Psychotic syndromes are frequently found in people with epilepsy, with prevalence rates ranging from 4% to 7% of all people with epilepsy; this is up to 15 times higher than the 0.4% prevalence in the general population. The rate increases to 11% when temporal lobe epilepsy (TLE) is investigated alone, suggesting a greater prevalence of psychosis in those whose seizures originate in the temporal lobes.

Methods. – We describe a case of Temporal Lobe Epilepsy TLE discovered in patient with acute psychosis and discuss the association between epilepsy and psychosis.

Case report. – A 35-year-old Tunisian man was admitted to an inpatient psychiatric unit for management of acute psychotic symptoms: delusional ideas, auditory and visual hallucinations.

He had a prior diagnosis of schizophrenia and was on Risperidone 4 mg per day but no improvement with prescribed medication in the 12 weeks before admission.

Upon admission, necessary investigations were performed including CT scan and EEG. His CT was normal but EEG was grossly abnormal. Neurology consultation was sought and a sleep deprived EEG and MRI was ordered. Meanwhile, carbamazepine was commenced in view of the change in diagnosis to that of temporal lobe epilepsy. The patient responded very well to this regime and improved in all spheres. He was finally discharged with follow-up appointments with both neurology and psychiatry clinic.

Conclusion. – This case highlights the importance of remaining open-minded in patients with refractory psychosis.

These cases suggest that despite the association between acute psychosis and seizures, in particular TLE, a routine EEG may provide additional benefits to the clinician.

Disclosure of interest. – The authors declare that they have no competing interest.

EV0808

Neurodevelopmental influences in psychosis: A Case of left cerebral hemiatrophy and a psychotic episode

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Dyke-Davidoff- Masson syndrome (DDMS) is a radiologically defined characteristic childhood syndrome, which consists of unilateral hemispheric atrophy accompanied by ipsilateral calvarial thickening and overgrowth of sinuses. This rare syndrome includes two forms comprising: the congenital form, which may result from congenital malformations, infections or vascular etiology and the acquired form related to perinatal birth trauma, hypoxia and intracranial hemorrhage, or postnatal prolonged febrile convulsions, trauma, vascular insult or intracranial infections. The clinical symptomatology usually starts in early childhood and mainly includes contralateral motor impairment, facial asymmetry, epilepsy and intellectual dysfunction. Psychiatric manifestations are uncommon and have rarely been reported

We report a 41-year-old male who presented with left cerebral hemiatrophy and psychotic episode. We discuss the relevance of left-sided neurodevelopmental cerebral atrophy in the context of disrupted neural development of brain lateralization, plasticity, and

evidence regarding left hemisphere dysfunction in schizophrenia and other psychotic disorders.

Overall, this rare case of DDMS manifesting with a psychotic episode expands the available sparse evidence concerning the neuropsychiatric aspect of cerebral hemiatrophy and adds to the evidence that this condition may present with psychotic abnormalities particularly when left hemiatrophy is present. As a disorder of neural development confined to a unilateral cerebral hemisphere, DDMS is especially interesting in the context of lateralization of brain functions associated with neuropsychiatric disorders and neurodevelopmental models of schizophrenia. The influence of abnormalities in neural connectivity, changes in plasticity following early hemispheric damage and functional reorganization of neural networks contributing to the pathogenesis of psychotic disorders remain to be elucidated.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0810

Impact of clozapine prescription on global functioning

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Introduction.– Clozapine's superiority in treating resistant symptoms has been recognized since its introduction. Indeed, this antipsychotic has transformed the outcomes of many handicapping psychiatric disorders). Later, the positive effect of this drug on quality of life has been proven at 12 months of treatment. Besides, little is known about clozapine's effect on global functioning.

Objectives.– To compare the global functioning of patients before and after treatment with clozapine.

Methods.– This is a retrospective and cross-sectional study conducted in 2015 in male outpatients with schizophrenia, bipolar and schizoaffective disorders treated with clozapine. Data related to social functioning as well as psychometric data: Global assessment of functioning scale (GAF), Positive and Negative Syndrome scale (PANSS) and the clinical global impressions scale (CGI) were recorded.

Results.– Forty two men were included in this study. The mean age of the sample was 36.9 ± 7.31 years.

A significant increase in GAF scores was recorded at 6 months of clozapine ($P=0.002$). When comparing PANSS and CGI scores before clozapine initiation and at the time of the study in 2015, an important improvement was noted ($P=0.011$; $P=0.000$). Furthermore, family relationships were improved ($P=0.016$). However, there was no significant increase in the number of friendships and no change in marital status in the patients.

Conclusions.– Our findings suggest a positive effect of clozapine on global functioning. More prospective studies are needed to confirm these results.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0811

A vicious cycle: The potential pitfalls of misdiagnosing myasthenia gravis (MG) for antipsychotic-induced extra-pyramidal side effects (EPSE)

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Introduction.– MG is an autoimmune neuromuscular disease weakening skeletal muscles and in severe cases can affect breathing. Antipsychotic medication can produce EPSE resembling symptoms of MG. If MG is misdiagnosed as EPSE then anticholinergic medication is frequently considered. Crucially, anticholinergic medication is contraindicated in MG and can in turn mimic worsening EPSE. MG alternatively should be treated with anticholinesterase inhibitors.

Objective.– This complex case-report highlights the complexity of diagnosing MG in a patient with paranoid schizophrenia suffering with what was thought to be EPSE caused by antipsychotic treatment.

Methods.– Symptoms included slurred speech, muscle weakness and dysphagia. Anticholinergic medication (procyclidine) was prescribed for a number of years in order to treat such symptoms. There was no improvement noted however procyclidine may have made these symptoms worse. A blood sample was taken to rule out MG, which was positive for Acetylcholine Receptor antibodies, which supported the diagnosis of MG. His MG was therefore treated using IV immunoglobulin, plasmapheresis and an anticholinesterase inhibitor.

Results.– Zuclopenthixol alone has a marked anticholinergic effect. This in combination with anticholinergic treatment can significantly worsen MG symptoms. Zuclopenthixol was therefore switched to olanzapine, which has a relatively lower anticholinergic effect and fewer tendencies for EPSE. The symptoms of slurred speech, muscle weakness and dysphagia all improved. The symptoms of psychosis also improved.

Conclusion.– A differential diagnosis of neurological conditions should be considered when faced with complex symptoms suggestive of side effects related to antipsychotic treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0814

Treatment resistant schizophrenia: A case report with long term hospitalization

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Introduction.– Schizophrenia is a common chronic mental disorder that affects 1% of the world's population. Although most of the patients respond to typical and atypical antipsychotics, a third of them don't respond to treatment well and they are considered treatment resistant patients.

Objectives/Aims.– In this case, we aimed to make a brief review on treatment resistant schizophrenia through a schizophrenia patient with long term hospitalization.

Methods/Case.– A 31 year old woman who had multiple hospital admissions with several diagnoses was admitted to psychiatry unit with negativism, mutism irritability, insomnia, auditory hallucinations and social withdrawn behaviours. Her total PANSS score was 144. During four months of hospitalization period, she was given several combinations; paroxetine that she had used for 8 years,

risperidone, olanzapine, essitalopram, aripiprazol and amisulpride. Electroconvulsive therapy was initiated because of the ongoing symptoms and her negativism. Due to the prolongation of the seizures, ECT was terminated at the fifth session. At the end of, we intent to start clozapine therapy but persisten leukopenia and pneumonia developed and it was cancelled.

Results.– Now, she is given amisulpride 1200 mg/day, olanzapine 30 mg/day, aripiprazol 30 mg/day and her PANSS score is 111 at the 137 th day of her hospitalization, and we decided to discharge her.

Conclusions.– When we reviewed the literature about the treatment resistant schizophrenia over the patient who still has the symptoms, it is concluded that the well being does not always develop.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0815

Anhedonia in patients with schizophrenia and its relationships with negative symptoms and depression

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Introduction.– Anhedonia has long been considered part of negative symptoms of schizophrenia, however some studies failed to confirm this evidence and suggest that anhedonia in schizophrenia may be more closely associated with depression than with negative symptoms, also in the acute phase of the illness.

Objectives.– To characterize trait anhedonia in patients with schizophrenia with respect to healthy controls and to explore the hypothesis that it may be more associated to depression than to negative symptoms.

Methods.– This study included 35 schizophrenic patients (SCZ) and 24 healthy controls (HC). Trait anhedonia was assessed by means of the Chapman Physical Anhedonia Scale and the Chapman Social Anhedonia Scale; consummatory and anticipatory anhedonia were assessed by means of the Temporal Experience of Pleasure Scale. For SCZ patients, the factor “Depression” was extracted from the Positive and Negative Syndrome Scale by the average of the items Anxiety (G2), Guilt feelings (G3) and Depression (G6). Avolition was measured by using the Schedule for the Deficit Syndrome.

Results.– SCZ showed, with respect to HC, a deficit in both consummatory and anticipatory pleasure and a greater severity on both social and physical anhedonia. In SCZ, trait social anhedonia was significantly predicted by depression, while neither social nor physical trait anhedonia were associated to Avolition.

Conclusions.– According to our findings, patient with schizophrenia have a deficit in consummatory as well as in anticipatory pleasure. Our data also support the hypothesis that anhedonia in schizophrenia is more related to depression than to negative symptoms.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0816

Gender dysphoria versus self-identity disorder produced by psychosis

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Many psychiatric disorders share similar symptoms, sometimes it is difficult to perform a correct nosology or differentiate one disorder from another depending on the clinic.

We present the case of a 17-years-old man admitted to a Psychiatric Unit after an overdose of drugs. The patient was initially diagnosed with psychosis, presenting a delusional idea of harm and self-referentiality, stating that “he was recorded with cameras”, that he “felt persecuted” and “somebody wanted to kill him”. Between his clinic, he also verbalized that “he would like to get rid of her body, become the opposite of his gender”, that “when he looked in the mirror he doesn’t recognize himself”, “he would like to be a woman” and “dress like she”, and that “inside his body, he had a woman”. He dressed in her mother’s clothes and at some point thought of cutting her genitals.

At a certain moment, a diagnosis of gender dysphoria superimposed on the psychotic disorder was considered, but it was finally discarded, when this symptomatology acquired a psychotic character, such as referring to “having a woman inside who gives him some orders”, as well as when referring auditory and kinesthetic hallucinations.

Therefore, in the field of psychiatry, there are sometimes limitations in making diagnoses, based exclusively on clinical criteria, which are sometimes shared by several diseases. It would be interesting future researches, in order to design exhaustive criteria for the classification of mental illnesses, which minimize the diagnostic ambivalence as much as possible.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0817

The relationship between level of cognitive impairment and treatment in patients with paranoid schizophrenia

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Antipsychotic drugs are the main therapeutic approach in schizophrenia. Although some studies have shown that antipsychotics can improve cognitive functioning, more studies are required to determine their influence on it. 91 patients with paranoid schizophrenia (56% men, mean age 34.6 ± 9.9 years) at the stage of remission stabilization were assessed using Brief Assessment of Cognition in Schizophrenia (BACS), Rey-Osterrieth Complex Figure, PANSS, DAI.

Most often the patients received combined therapy with antipsychotics of different generations (51.3%). Antipsychotic polypharmacy was not a significant factor in determining cognitive functioning of patients, side effects or compliance. It has been shown that monotherapy with second generation antipsychotic was associated with more intact verbal fluency ($r = 0.329$; $P = 0.047$). Greater severity of motor disorders was found in patients tak-

ing traditional antipsychotics (37.9 ± 15.6 vs 51.1 ± 17.6 , $P=0.056$). Patients receiving only atypical antipsychotics were more accurate (84.8 ± 25.6 vs 66.9 ± 38.7 , $P=0.010$), demonstrated better working memory (35.3 ± 11.3 vs 27.4 ± 12.9 , $P=0.012$) and verbal fluency scores (38.7 ± 11.4 vs 31.6 ± 13.2 , $P=0.027$). The level of compliance was 7.5 ± 1.5 points. When dividing patients into two groups (47.5% with 4 - 7 points, 52.5% with 8 - 10 points), it was found that more compliant patients were characterized by higher total BACS score (30.6 ± 13.7 vs 18.8 ± 18.3 , $P=0.071$), better planning abilities (48.2 ± 24.3 vs 25.6 ± 47.8 , $P=0.011$) and speech fluency (38.4 ± 10.4 vs 31.2 ± 10.5 , $P=0.066$). Thus, monotherapy with atypical antipsychotics was found to be preferable for sustaining cognitive functioning in patients with schizophrenia. Cognitive impairment is a factor of their adherence to therapy.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0818

Clinical features of methamphetamine-induced psychosis in an emergency department of psychiatry: Description of 20 cases

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Introduction.– Over the past few years, methamphetamine-induced psychosis (MIP) has increased in Barcelona, accounting for a significant percentage of psychiatry visits in the emergency department (ED).

Objectives.– To describe the epidemiological and clinical features of MIP patients seen in a Psychiatry ED in Barcelona, Spain.

Methods.– Cross-sectional, retrospective study of patients seen between Jan 2016 and Nov 2017 at the Psychiatry ED at Hospital Clínic in Barcelona, with diagnosis of acute psychotic episode and recent methamphetamine use (self-report or laboratory confirmation). Patients with diagnosis of primary psychosis were excluded. Data was analysed with SPSS software (IBM, v.23).

Results.– Sample consists of 20 patients, 75% male, mean age of 31.7 ± 7.3 years, and a history of substance use disorders (meth-/amphetamines, 40%; cocaine, 20%; GHB; 15%). Most had had a previous MIP episode (55%). Laboratory confirmation for MDMA was obtained in 80%. Most common concurrent drugs included cannabis (35%) and GHB (25%). The most frequent symptoms were anxiety (75%); delusions of persecution (65%), of reference (45%), and of grandiosity (15%); auditory (40%), visual (10%), and tactile hallucinations (10%); disorganized conduct (40%); and aggressiveness (40%). Half presented psychomotor agitation, but only 20% required physical restraint. Acutely, 70% were treated with antipsychotics, either alone or with a benzodiazepine. Mean time to discharge was 18.6 ± 13.3 hours; 60% were referred to outpatient follow-up, while 20% were admitted. At discharge, only 45% were prescribed treatment (olanzapine, 35%).

Conclusions.– MIP presents with varied psychiatric symptomatology, including significant violence and aggressiveness. More studies are required on this condition in the Spanish population.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0819

Clinical effectiveness of paliperidone palmitate intramuscular 3-monthly formulation in patients with schizophrenia: A case series

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Introduction.– Insufficient treatment compliance is common among patients with schizophrenia and it is associated with an increased risk of relapse and a greater number of admissions to hospital.

In order to tackle this problem, several depot forms of atypical antipsychotic agents have been developed in the past few years, including 1-monthly formulations of olanzapine, aripiprazole and paliperidone. The recently approved new formulation of paliperidone palmitate is the first depot antipsychotic treatment in offering a 3-month period of effectiveness. This advantage could be crucial in cases of severe non-compliance.

Objectives.– In order to explore the clinical effectiveness of paliperidone palmitate 3-monthly formulation, we present a case series of 11 patients with schizophrenia treated with this medication.

Methods.– We carried out a retrospective review of clinical files to explore the details of each one of the cases and to formulate Clinical Global Impression (CGI) scores.

Results.– Our sample consists on 10 patients diagnosed with schizophrenia who were treated with paliperidone palmitate 3-month formulation. 525 mg was the most frequently used dose. 9 of our patients remained clinically stable or improved after a period of 3 to 9 months after starting their treatment. The remaining patient, who suffered from resistant schizophrenia, continued to have positive psychotic symptoms despite the medication, with no significant worsening when compared with his previous treatment. Medication was generally well tolerated.

Conclusions.– Paliperidone Palmitate Intramuscular 3-Monthly Formulation was a clinically effective and well tolerated medication in the long-term treatment of our schizophrenic patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0820

Treatment of clozapine-induced hypersalivation: A case series and review of the literature

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Introduction.– Clozapine is thought to be the most effective antipsychotic agent, with a remarkable capacity to improve positive, negative and cognitive symptoms.

However, its potential to induce neutropenia has limited its use to treatment-resistant schizophrenia. Other adverse effects, such as sialorrhea, sedation and constipation, although less severe, can have a significant impact on tolerability.

Objectives.– Our aim is to review the existing evidence about Clozapine-induced hypersalivation and to report two cases of patients suffering from this side effect.

Results.– Sialorrhea affects between 31.0 and 97.4% of patients treated with Clozapine. It usually appears early after treatment.

Although there is no consensus regarding the mechanism by which clozapine causes sialorrhea, it is postulated that this antipsychotic agent antagonizes a number of receptors, which ultimately results in sialorrhea. One of this receptor is A1, whose stimulation causes vasoconstriction in the salivary glands, which causes the excessive production of saliva by an increase of the blood flow.

Clozapine is also an agonist of M4, which promotes excessive secretion of saliva.

We report two cases of patients diagnosed with treatment-resistant schizophrenia, who received Clozapine and suffered from sialorrhea as a side effect. We treated both cases with an anticholinergic agent (scopolamine), which greatly improved the sialorrhea without causing additional adverse effects.

Conclusions.– Clozapine is a useful antipsychotic agent which can greatly improve the quality of life of patients suffering from schizophrenia. The use of anticholinergic medication to tackle one of its side effects could increase the tolerability of the antipsychotic medication, which may, in turn, improve treatment compliance and satisfaction.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0821

Causes of antipsychotic change in patients with schizophrenia

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Introduction.– With the arrival in recent years of atypical injectable antipsychotics long acting (LAI) a paradigm shift is being proposed in the treatment of schizophrenia for several reasons and among others, why with oral treatments there are frequent relapses due to the abandonment of treatment, with fatal consequences such as increased hospital admissions, and increased polytherapy

Objective.– To analyze the causes of change from oral antipsychotic treatment to injectable treatments in patients with schizophrenia in the province of Huelva, Spain.

Result.– A preliminary analysis of the data indicates that the most difficult cause is the therapeutic non-compliance, but there are other important causes that will affect the patient and the therapeutic processes that will be analysed in depth.

Conclusions.– Long acting injectable antipsychotics are an alternative to other oral therapies, which ensure proper administration, reduce hospitalizations, stay in hospital and favor monotherapy

Disclosure of interest.– The authors declare that they have no competing interest.

EV0822

Subclinical clozapine-induced myocarditis: The importance of using a screening protocol

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Introduction.– Clozapine-induced myocarditis is a rare but serious risk of clozapine use. Despite having incidence rates similar to, if not higher than, clozapine-induced neutropenia, there are no consensus protocols for monitoring the risk for its development. We present a case of a 44-year-old female with subclinical clozapine-induced myocarditis, which was detected with a modified protocol described in Ronaldson et al.

Objectives.– The use of early signs and symptoms of clozapine-induced myocarditis, such as the ones included in our protocol, may detect subclinical cases of clozapine-induced myocarditis.

Results.– Baseline troponin T, C-reactive protein and ECG showed no alterations, while the patient maintained abnormally high heart rate. On day 14, we detected a mild elevation in C-reactive protein with normal troponin T and without signs or symptoms consistent with infective illness or cardiac illness. With these results, we monitored troponin and C-reactive protein daily and both Troponin T and C-reactive protein showed a mild elevation (Troponin T > 200 and CRP > 50 mg/L). The ECG and Transthoracic Echocardiography were normal. At this point, we interrupted the treatment with clozapine. For the next days, Troponin T and PCR were normalized. Cardiac magnetic resonance imaging was performed on day 9 of clozapine cessation and resulted normal. The patient was asymptomatic at all times.

Conclusions.– Through the following case and subsequent overview of literature, we have attempted to emphasize the importance and difficulty of the timely diagnosis of clozapine-induced myocarditis, being of interest to carry out a screening protocol to detect clinical and subclinical cases.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0823

Paraphrenia: Kraepelin's Dark Horse – A historical review about a case report

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Introduction.– Kraepelin introduced the concept of paraphrenia and described it as a functional psychotic disorder different from dementia praecox. Paraphrenia is currently excluded from the main diagnostic classifications, but it still has a shadowy existence on the edge of our psychiatric nosology, being recognized by some but labeled as “atypical psychosis”, “schizoaffective disorder” or “delusional disorder” considering the lack of better diagnostic criteria. Kraepelin's described a disorder similar to modern day paranoid schizophrenia, with fantastic delusions and hallucinations, but with less cognitive deterioration and much better affective functioning. Personality was less deteriorated, volition was less impaired and behaviour was less disturbed. Patient's ability to communicate with others and demonstrate rapport and affective warmth remained fairly good.

Objectives.– To do a non-systematic literature review about the historical concept of paraphrenia and to present the case of a patient with systematized delusions and hallucinations but good affective and cognitive functions.

Methods.– Review of the literature on the topic and description of the clinical case.

Results.– One hundred eighty-one articles were found. According to their relevance, 12 articles and 3 books were chosen.

Conclusions.– It is possible to define and recognize paraphrenia in patients who meet the current criteria for schizophrenia but do not show the affective and cognitive decline that the strict definition of early dementia requires. The prognostic implications of these cases are completely different from those in which deterioration occurs. We suggest that further research would help to clarify these diagnostic categories, in benefit of the patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0825

Use of Transcranial Direct Stimulation (TDCS) in treatment of negative symptoms of schizophrenia

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Introduction.– Schizophrenia (SCZ) is a debilitating disease that affecting approximately 1% of the population. Most patients with schizophrenia have severe social, role and global functional impairment and poor quality of life. Negative symptoms are among the major determinants of this functional impairment and a significant proportion of patients with negative symptoms will continue to experience these symptoms despite antipsychotic medications. For example, negative symptoms like amotivation and affective flattening remain some of the most vexing challenges for effective treatment and improvement in outcome.

Methods.– This is a selective review of the literature published between 2011 and 2017 on use of TDCS in treatment of negative symptoms of schizophrenia. We included only studies where schizophrenia and negative symptoms were assessed using any psychometrically validated scale (e.g. SIPS/SOPS or CAARMS). Studies of participants with neurological conditions were excluded, as were those that did not report any symptom outcome variables.

Results.– Only five studies are included. Two studies showed a decrease of negative symptoms. In a case study, results showed a substantial reduction of positive and negative symptoms. The other studies did not showed any therapeutic effects of tDCS in the severity of positive and negative symptoms compared to controls.

Discussion.– Our findings are controversial and suggest that there is a need for further studies on the use of transcranial direct stimulation. Indeed, it should be considered a new complementary treatment option for reduction of negative symptoms in schizophrenia.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0826

Psychosocial treatments: What patients say they need and what clinical psychologists can offer

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Introduction.– There is a growing body of evidence on the efficacy of psychological interventions for schizophrenia (Pilling S. et al., 2002).

Objectives.– This study examines the psychosocial treatment-related beliefs and perceived needs of patients, and proposes ways that clinical psychologists can help meet these needs.

Methods.– We constructed a concise mixed-method survey to assess patients' confidence and attitudes about psychosocial treatment, and perceived needs for additional support. An initial form of the survey was trialed on a small group of patients; suggestions for changes were included on the final version of the survey.

Forced-choice and open-ended survey questions provided quantitative and qualitative data from $n=12$ patients who were in the midst of implementing a psychosocial treatment in a large psychiatric hospital in Moscow.

Results.– The majority of patients perceived benefits (87 percent) as well as drawbacks (93 percent). Qualitative responses indicated that patients supported the idea of psychosocial treatment, but were ambivalent about implementing these practices. Patients' strongest need was for additional training.

Conclusions.– We conclude with suggestions based on our findings for how clinical psychologists can best support patients to implement more inclusive practices. Specifically, we suggest that clinical psychologists need to be more visible and proactive in supporting patients, and can positively influence greater inclusion by: (1) offering more psychosocial treatment options; (2) disseminating research that shows clinical benefits of psychosocial treatment; (3) developing realistic learning plans; and (4) listening to and advocating for patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0827

The role of aripiprazol on functional recovery of a patient with schizophrenia.– A Case Report

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Introduction.– In schizophrenia-spectrum disorders a balance between symptom remission and functional recovery should be achieved. First-generation antipsychotics (FGA) are effective in positive symptoms control but may worsen negative and cognitive symptoms.

Objectives.– To report the case of a patient with schizophrenia difficult to manage due to symptom resistance and impaired psychosocial functioning, that achieved functional recovery after a switch from zuclopenthixol to aripiprazol.

Methodology.– We present the patient's clinical history, diagnostic investigation, therapeutic approach and clinical evolution. A research was performed in the "Pub Med" database with the terms "schizophrenia", "zuclopenthixol", "aripiprazol", "functional recovery".

Results.– We report the case of a 23 year-old man admitted to a psychiatry community team for reference and persecutory delusions, anhedonia, avolition, insomnia, social retirement and functional impairment. Symptoms began two years before. He was first medicated with olanzapine 10 mg/day with no response, then paliperidone 150 mg IM for 2 months with partial response and then zuclopenthixol 200 mg (each two weeks) with psychotic symptom remission. Although, one year later, he maintained marked social functioning impairment and complained of avolition, anhedonia and fatigue. He integrated a rehabilitative structure but couldn't engage in the proposed activities. A switch to aripiprazol 400 mg IM monthly was made with maintenance of psychotic symptom remission and improvement in social functioning. He was able to conclude a one-year internship in a rehabilitative structure with success.

Conclusions.– We propose that a switch from FGA to aripiprazol can have a positive impact on psychosocial functioning of patients with schizophrenia.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0828

Pathology of the psychic sphere in patients with epilepsy, revealed by psychiatrist of the regional consultative center of the Subarctic Territory

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Introduction.– Epilepsy is a global problem. In the structure of the overall incidence, it ranks third (after diabetes mellitus), and in the structure of neurologic morbidity - 19.0%.

Objectives.– The pathology of the mental sphere was analysed in 1312 patients with epilepsy examined by the outpatient psychiatrist of the regional consultative center of the subarctic territory

Methods.– Analytical, statistical

Results.– In the structure of the pathology of the mental sphere in epileptic patients, the first three ranked places are occupied by (F00-F09): F06.7. Light cognitive disorders - $26.4 \pm 1.2\%$; F07 Personality disorders $23.4 \pm 1.2\%$; F06.6 Organic emotionally labile (asthenic) disorders $19.9 \pm 1.1\%$. They account for up to 69.7% of all types of nosological forms detected annually. Then follows: F06.4 Organic anxiety disorders - $12.1 \pm 0.9\%$; F06.362 Nonpsychotic depressive disorders - $10.5 \pm 0.7\%$. Less common diagnoses are: F04 Organic amnesic syndrome. – $3.9 \pm 0.5\%$; F01 Dementia. – $3.8 \pm 0.5\%$.

Conclusions.– The revealed mental pathology in patients with epilepsy allows the psychiatrist to correct its unfavorable course, reduce the negative effect of epileptic seizures on the brain, the frequency of mental changes and the potential danger of seizures for patients and others. This allows you to solve the problems of epilepsy patients concerning work, car driving, family relationships and offspring.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0829

Are the negative SCH symptoms more severe with longer duration of illness?

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Keywords: Schizophrenia; Negative symptoms; Duration of illness
Background.– Despite the fact that negative symptoms are among the central manifestations of schizophrenia, they are less known aspect of illness. Negative symptoms refers to loss of function, and they are associated with poor outcome. It is considered that they are more prominent with longer duration of illness.

Aim.– To determine negative symptoms in patients with schizophrenia and compare it with duration of illness.

Subjects and Methods.– A cross-sectional study was conducted on 60 consecutive outpatients with schizophrenia. Two groups were formed regarding the duration of illness (≤ 2 years, and > 3 years).

The negative symptoms were established with Brief negative symptoms assessment - BNSA.

Results.– Average score of negative symptoms in the group with shorter duration of illness was 8.37 ± 2.94 , and in the group with longer duration was 10.73 ± 2.86 . Independent Samples Test was significant $P = 0.003$, $t = -2.367$, and therefore difference of scores on BNSA within groups were significant. Moderate size effect was found ($d = 0.69$).

Conclusion.– Negative symptoms of schizophrenia are more severe with longer duration of illness.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0831

Schizophrenia is a neurodegenerative disease

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Major morphological abnormalities in schizophrenia converge on the anterior insula (AI) and anterior cingulate cortex (ACC). The study aimed to determine impaired cellular metabolism in left (LAI); right (RAI) anterior insula and pregenual ACC (pgACC) and longitudinal morphological CNS changes in first-episode schizophrenia spectrum patients (FES). During one MRI session, 1H-MRS at 3T was performed in the AI and pgACC on the largest sample of FES examined by MRS to date and healthy controls (HC). Additionally, longitudinal VBM was analysed in FES between baseline and one year after first scan. Concurrently, resting state functional connectivity analysis of pgACC region was performed in patients. FES showed significantly increased Cho in AI in favour of RAI, and reduced NAA in pgACC in comparison to HC. During the course of illness, GM pathology was detected within brain areas that precisely overlap with functional connectivity network of pgACC. The findings are explained in terms of recently proven intrinsic network-based pathophysiology observed in neurodegeneration in general. Incipient microscopic pathology typically starts within small neuronal populations positioned in central nodes of the brain's network architecture in those disorders. Further in the course, progression of pathology subsequently follows a pathological system model that is best characterized by a cascading network failure (CNF). Our results suggest CNF in schizophrenia as well. During the course of illness, the GM reduction shows spatiotemporal progression in a topographically predicted manner selectively through functional connections of pgACC. The study was supported by the Ministry of Health Czech Republic, grant number 16-32696A
Disclosure of interest.– The authors declare that they have no competing interest.

EV0832

Linguistic effects of an acute relapse-a case series of patients with schizophrenia, schizoaffective and bipolar disorder

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Introduction.– In a comprehensive phenotype determination research we have built our work on the knowledge that mental disorders are accompanied by specific anomalies of the linguistic and cognitive functions.

Objectives.– A detailed differential analysis of the linguistic functions' disorders between the acute and compensated states of four patients with bipolar type schizoaffective disorder, bipolar disorder and schizophrenia.

Methods.– Clinical assessment was made using PANSS, SANS, YMRS, and MADRS scales. Neuropsychological mapping was done using WCST, Miyake-, Stroop-, VPT, Digit Span (forward/backward), Non-word repetition, Listening Span, ToM False Belief, MMSE, and Clock-drawing tests. For linguistic mapping we tested temporal features of spontaneous speech phonemic fluency, semantic fluency, action naming fluency, discourse organization, narrative intelligence and identity. The intra- and interindividual comparisons were based on qualitative and quantitative analyses.

Results.– Cognitive assessments and fluency tasks demonstrated statistically similar performances in both phases (probably due to the small number of elements), although subjects performed better in the remission phase. We found more remarkable differences in some of the temporal features (articulation and speech tempo, hesitation rate) of schizophrenic subject. We observed differences in the narratives the patients have produced: (switching of) perspective, integration, and causality were significantly poorer in the acute phases for all four patients; organization, coherence, recursion, and eventfulness were occasionally more organized and more detailed.

Conclusion.– Our findings suggest that in the acute phase phonemic aspects, semantic fluency, some narrative features and mentalization were impaired, regardless of the diagnosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0833

Vitamin D supplement therapy among hospitalized patients with psychosis spectrum disorder: Clinical and therapeutic correlates

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Introduction.– Vitamin-D plays an important role in calcium homeostasis, bone metabolism as well as in several metabolic processes, immune responses, and regulating neurotropic,

neuroprotective processes, neurotransmission and synaptic plasticity. Recent studies have shown vitamin-D deficiency in patients with psychiatric disorders as well as hypovitaminosis-D as risk factor for schizophrenia.

Objective.– We compared Vitamin-D-low-level psychosis-spectrum-disorder patients with and without Vitamin-D-supplement-therapy (VitDTx vs. Tx) by symptom-severity, length of hospitalization (LOS) and psychopharmacological-treatment.

Methods.– After written informed consent was obtained, we included 19-patients (VitDTx $n=8$ [Women $n=5$, 62%; Mean-age 40.7 SD12.4] vs. Tx $n=11$ [Women $n=4$, 36%; Mean-age 35.9 SD13.2]) diagnosed with psychosis-spectrum-disorder and low-level-Vit-D in the study. They were consecutively hospitalized (January-June2017) at the Acute-Psychiatric-Unit "Policlinico Tor Vergata "Hospital, Rome, Italy. The Brief Psychiatric Rating Scale (BPRS) and the Positive and Negative Symptoms Scale (PANSS) were used to evaluate symptom-severity. Calcitriol 0.5mcg qd-po was given as Vitamin-D-supplement-therapy.

Results.– VitDTx-patients had LOS of 13days vs. Tx-patients 16days; the admission BPRS-score of VitDTx-patients was 58.5vs.68 of Tx-patients; the discharge BPRS-score of VitDTx-patients was 36vs.42 of Tx-patients; the admission PANSS-score of VitDTx-patients was 89.5vs.94 of Tx-patients; the discharge PANSS-score of VitDTx-patients was 53vs.61 of Tx-patients; the discharge CPZEq dose of VitDTx-patients was 425vs.279 of Tx-patients. Moreover, we found the discharge LiEq-dose of VitDTx-patients was 883vs.1219 of Tx-patients (all $P > 0.05$).

Conclusions.– VitDTx vs. Tx-groups were not significantly different, most likely, because of small sample size. However, this is one of few studies evaluating inpatients with psychosis, Vitamin-D-supplement-therapy and clinical-therapeutic correlates. Further, insight into the role of vitamin-D, in psychosis, might help to shed light on the underlying pathophysiology and aid the design of better treatment strategies (i.e. controlled trials and longitudinal studies) for the twenty-first-century.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0835

Current prescription practices of antipsychotics in the treatment of psychotic disorders in a psychiatric hospital of Nancy

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Introduction.– The prescription of antipsychotics, and in particular, second-generation antipsychotics (SGAs), has substantially increased in recent years Despite treatment guidelines usually recommending that SGAs are preferable and should be used as monotherapy, available literature revealed frequent use of first-generation antipsychotics (FGAs), polypharmacy, and use of antipsychotics at lower than recommended doses. Minimal data exist regarding antipsychotic use in French psychiatric hospitals.

Objectives.– The aim of this study was to assess antipsychotic prescribing practices in the treatment of psychotic disorders and to compare them with guidelines.

Methods.– Retrospective cohort study utilizing the hospital database of Centre Psychothérapique de Nancy from 01/01/2015

through 12/31/2015. Only patients with diagnosis for psychotic disorders and with at least one antipsychotic prescription were included.

Results.– 204 patients (92 inpatients and 112 outpatients) were included. The majority of patients were men (65.2%, 45.7 ± 15.3 years). In inpatients, the FGAs (58.8%) were the most prescribed and 62.5% were treated with antipsychotics in combination with other antidepressant medications. Multiple antipsychotics were present in 66.3% of prescriptions.

Although the majority of outpatients (56.3%) received at least one SGA, 43.8% were prescribed more than one antipsychotic and 70 (62.5%) patients were prescribed antidepressant agents in addition to antipsychotics. Multiple antipsychotics were present in 26.8% of prescriptions.

The use of antipsychotics at lower than recommended doses was also observed in inpatients (23%) and outpatients (29%).

Conclusion.– Current clinical practice differs from guideline recommendations. Patients frequently received FGAs in combination therapy and at doses below the recommended guidelines for the management of psychotic disorders.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0836

Examination of “Anomalous World Experience” (EAWE), “Subjective Attention Error Evaluation” (ESEA) and “Frankfurt Complaints Questionnaire” (FCQ) in schizophrenia: Conceptual correspondence

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Introduction.– Examination of Anomalous World Experience (EAWE) [1] is a new instrument for the semi-structured evaluation of schizophrenia subjective experiences. Subjective Attention Error Evaluation (Spanish “Evaluación Subjetiva de Errores Atencionales” (ESEA)) [2] explores subjective anomalous schizophrenic experiences assuming a neurocognitive disorder of the attention cognitive control. EAWE and ESEA are both based on phenomenology. EAWE lists 75 specific items, grouped in six domains: Space and objects, time and events, other persons, language, atmosphere, and existential orientation. ESEA is composed by thirteen items grouped in three factors: Subjective deficits, perceptive intrusions and cognitive–motor automatisms. Frankfurt Complaints Questionnaire (FCQ) [3] is a self-applied instrument composed of 98 items and six complementary coping strategies. EAWE, ESEA and FCQ share basic symptoms theory.

Objectives.– To propose a conceptual equivalence framework between EAWE, ESEA and FCQ.

Methods.– Four expert psychiatrists in basic symptoms theory were asked to determine conceptual equivalences between the items of the three instruments. The criteria for doing that were the respective manuals and their clinical experience. Responses were blinded between them. In a second moment, discrepancies were reaching a consensual agreement.

Results.– A table of equivalences is presented.

Conclusions.– EAWE, ESEA and FCQ are complementary instruments in the phenomenological evaluation of schizophrenia.

Disclosure of interest.– The authors declare that they have no competing interest.

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EV0837

Role of cognitive control on reward and loss anticipation: An electrophysiological evaluation in schizophrenia

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Introduction.– Cognitive and motivational impairments are core clinical features of schizophrenia and have been reported among predictors of real-life functioning. A crucial aspect of cognitive deficit is the impairment of cognitive control, or the ability to flexibly adjust behaviour in accordance with one’s intentions and goals. The role of the anterior N2 component of event-related potentials (ERPs), as a correlate of motivational-based cognitive control, has been assessed in many study, but never explored in subjects with schizophrenia (SCZ).

Aims.– We investigated the effects of reward and loss avoidance anticipation on N2 in a group of SCZ and one healthy controls (HC), in order to explore whether reward- and avoidance-based motivation has a different impact on this ERP component in the two groups.

Method.– ERPs were recorded during the execution of the Monetary Incentive Delay task in 34 SCZ stabilized on second-generation antipsychotics and 22 HC. Neurocognition, negative domains (avolition/apathy and expressive deficit), positive and disorganization dimensions were also assessed in SCZ.

Results.– No group differences were observed in N2 amplitude or latency. In the HC group, N2 amplitude was significantly larger for anticipation of large punishment than reward and for all incentive conditions than neutral one; while in SCZ it didn’t discriminate motivational relevance. N2 amplitude was not correlated with psychopathological dimensions and cognitive deficits in SCZ.

Conclusion.– Our data evidenced an impact of salience-based motivation on cognitive control only in HC. Findings observed in SCZ suggest that the discrimination of motivational value is impaired, independently of psychopathology and cognitive deficits.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0838

Illness causal beliefs in a population of french close relatives of persons experiencing schizophrenia and spectrum disorders

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Introduction.– Parents' illness causal beliefs influence their care behaviour and, in turn, outcomes in their relative experiencing schizophrenia or schizophrenia spectrum disorders. Yet, in France, the evaluation of the Psychiatry and mental health plan 2011–2015 showed that associations were very disappointed by the slow progress in families integration in mental health care. How well informed are French close relatives taking care of a person experiencing schizophrenia about probable causes of the illness? What is their own opinion?

Objective.– Our objective is to describe and explore illness causal beliefs of close relatives of persons experiencing schizophrenia.

Methods.– We used a semi-structured interview assessing close relatives' level of information about the illness, as well as the Causal item of the Brief Illness Perception Questionnaire.

Results.– Our sample is constituted of 27 close relatives of persons experiencing schizophrenia. Our results show that, even if 76,64% had had communication of the diagnosis of their relative, probable causes had been explained to only 42,3% of them. In order to find more information, 48,36% had followed psychoeducation trainings. Genetic was ranked by a majority in our sample as the first probable cause of the illness, shortly followed by substance abuse. Among the other possible causes, trauma and a stressful family environment were the most frequently cited.

Conclusions.– After having discussed associations with education, level of information, and psycho-education, we conclude that; being one of the factors influencing type of care behaviour, close relatives' illness causal beliefs should require more attention from health professionals.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0839

Differences in illness perceptions in french persons experiencing schizophrenia or schizophrenia spectrum disorders and their close relatives

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Introduction.– Discrepant illness perceptions between persons experiencing schizophrenia or schizophrenia spectrum disorders and their close relatives are related to greater anxiety, depression and lower self-esteem in the first, and greater distress in the second. On the contrary, it was established that family psycho-education reduces relapse rate in persons experiencing schizophrenia, and depression symptoms in parents.

Objective.– In this context, our objective is to compare illness perceptions of French persons experiencing schizophrenia and close relatives, and to explore the determinants of discrepancies.

Methods.– We used a semi-structured interview and a widely used standardized measure assessing negative perceptions about physical or mental illness, the Brief Illness Perception Questionnaire, in its French validated version.

Results.– Our results show significant discrepant perceptions of illness between persons experiencing schizophrenia and their close relatives, in particular in terms of emotional and practical consequences on the person experiencing schizophrenia, personal control of the latter on the course of the illness, probable duration of illness, and faith in treatment efficiency.

Conclusion.– After having discussed determinants of these differences, we conclude that discrepancies of illness perceptions between persons experiencing schizophrenia and their close relatives should be assessed at onset and then on a regular basis. Further research would be needed to confirm our results and explore how these discrepancies can best be addressed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0841

Comparison of effectiveness of antipsychotics in schizophrenia in South Asian population: Second-generation versus the first-generation

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Keywords: Effectiveness; Antipsychotics; Schizophrenia

Introduction.– Antipsychotic medications are the first line treatment for schizophrenia. Two group of drugs are generally used, 1st and the 2nd generation. Despite many trials there is still a debate regarding superiority of one group depending upon the efficacy and side effect profile.

Objective.– To compare the efficacy of the 1st & 2nd generation antipsychotics for the treatment of schizophrenia.

Methods.– This RCT was conducted at in/out patient department of Psychiatry at a tertiary care hospital of Pakistan over the period of six months. All the patients of schizophrenia between 18–50 years of age were included in the study. Each patient was assessed with the Simpson–Angus Scale (SAS) for the EPS and the Positive and Negative Syndrome Scale (PANSS) for the schizophrenia at the baseline, 06 weeks and 12 weeks after starting the designated medication.

Results.– The overall response of 1st Generation & 2nd Generation antipsychotics was 51(140) 36% and 135 (210) 64% respectively (P -value = 0.00024). 63 (45%) patients who were taking 1st Generation Antipsychotics had relapse of the disease as compared to the 29(13.7%) patients who were taking the 2nd Generation antipsychotics. Dryness of mouth, sedation and EPS were the common side effects with the 1st generation antipsychotics while dryness of mouth, cardiac arrhythmias, and sexual dysfunction were the common side effects with the 2nd generation antipsychotics.

Conclusion.– This study concluded that the 2nd generation antipsychotics were superior to the 1st generation antipsychotics among the patients of schizophrenia in terms of the success rate, relapse rate and the tolerability.

Disclosure of interest.– The authors declare that they have no competing interest.

Sexual medicine and mental health

EV0842

Spiritual intelligence in gender identity disorder patients and control group

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Introduction.– Spiritual intelligence influences mental health disorder patients like gender identity disorder (GID). According to our religious country, Iran, we have insufficient documentation on gender identity disorder patients that are necessary for their treatment. **Objectives.**– To compare spiritual intelligence in Gender identity disorder patients and control group.

Methods.– This cross-sectional study was conducted on 30 gender identity disorder patients and 30 age-matched controls that were ruled out axis I and axis II disorders. Spiritual intelligence is assessed by the King Questionnaire 2008 (The spiritual intelligence self-report inventory- SISRI 24) in 4 subscales: Critical Existential Thinking (CET), Personal Meaning Production (PMP), Transcendental Awareness (TA) and Conscious State Expansion (CSE). Data were analysed by t-test.

Results.– The results show that the mean spiritual intelligence was significantly lower in gender identity disorder patients ($P=0.012$). Controls had significantly higher scores in the fields of critical existential thinking and transcendental awareness than patients with Gender Identity Disorder ($P=0.022$ and $P=0.004$, respectively). However, in personal meaning production and conscious state expansion, the differences between two groups were not significant ($P=0.061$ and $P=0.125$, respectively).

Conclusion.– Gender identity disorder seems to be associated with lower spiritual intelligence. Due to religious restrictions in Middle Eastern countries, further investigations are needed for evaluating the efficacy of spiritual intervention in the treatment of these patients-especially in reducing their guilt feelings.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0845

Sociodemographic profile of transsexual patients in Poland

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Introduction.– Broadening and popularizing knowledge about the determinants of transsexuality in medical and non-medical communities play an important role in shaping the positive attitudes, tolerance and respect towards persons suffering from this condition and also enables them to receive a proper medical and psychological help. Patients would also benefit from improved diagnostic, therapeutic and legal processes related to the gender change in Poland.

Objectives.– The aim of the study is sociodemographic characteristics of the group affected by transsexuality in Poland.

Methods.– Study includes a retrospective analysis of medical record of patients (in the period from 2009–2015) aged 18 and above, both sexes, with definitive transsexual diagnosis (ICD 10-F64), treated in the Mental Health Clinic and the Pathology of Intimacy Clinic in

Lodz. One group of approximately 136 participants and no control group was created. The obtained data was analysed statistically.

Results.– Of the 136 participants in the study, 30 were diagnosed with transgender type - MtF (22.05%) and 106 - FtM (77.94%). The age range in the study was wide. The oldest person was 53 years old, the youngest was 17 years old ($M=25.57$, $SD=7.89$). The study also included the number of years of treatment (attendance at the clinic) - maximum 24 years, minimum less than 1 year ($M=5.34$, $SD=4.58$).

Conclusions.– Gathering and analysis of sociodemographic data is important for elucidating the transsexual patient's profile. It facilitates better understanding, timely recognition and choice of appropriate treatment for these patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0847

Sexual dysfunction as an important factor in treatment abandonment in patients taking antidepressants: A case series

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Introduction.– Sexual dysfunction is an important reason for treatment abandonment in patients that are taking antidepressants. Frequently, sexual dysfunction is not detected by the medical team because patients will not share with their doctors this kind of information out of embarrassment.

Aim.– Studying the prevalence of sexual dysfunction in patients in treatment with antidepressants.

Methods.– This is a descriptive study of a sample consisting of 35 patients who attended our psychiatric consultation from March to August 2017. Patients were between 18 and 65 years old and in treatment only with one antidepressant. We compared the prevalence of patients who claimed spontaneously to have sexual dysfunction, in relation to the amount of patients that admitted having it only when actively asked about this matter. The presence of sexual dysfunction was assessed using the PRSexDQ-SALSex.

Results.– Out of the 35 patients in treatment with antidepressants, 19 reported sexual dysfunction (54.2%) when asked. Only 6 of them (17.1% of the total sample and 31.5% of those with sexual dysfunction) reported sexual dysfunction spontaneously.

Conclusions.– It is essential for all doctors and psychiatrist in particular to ask their patients in treatment with antidepressants if they are having sexual dysfunction because an important percentage of them will have some level of dysfunction and only a minority of them will report it spontaneously.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0848

Vortioxetine as a treatment alternative in patients with sexual dysfunction induce by other antidepressants: A case series

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Introduction.– Sexual dysfunction is a frequent secondary effect of antidepressants and can have an important impact on the patient's relationships, quality of life and adherence to treatment. The

prevalence of sexual dysfunction associated with antidepressants varies greatly between different studies, making it complicated to estimate the accurate number of patients that suffer it. Vortioxetine is one of the antidepressants with lower percentage of antidepressant-associated sexual dysfunction.

Aim.– Studying whether Vortioxetine is a good alternative in patients with antidepressant-associated sexual dysfunction.

Methods.– This is a descriptive study that pretends to assess the effect in sexual function of switching to Vortioxetine in patients with antidepressant-associated sexual dysfunction. The sample consisted of 6 patients (4 women and 2 men) that came to our psychiatric consultation from March to August 2017. Patients were between 18 and 65 years old and in treatment with only one antidepressant. The presence of sexual dysfunction was assessed using the PRSexDQ-SALSex.

Results.– Out of the 6 patients, 5 reported to have felt an improvement in their sexual function with a mean of 1.2 points in the PRSexDQ-SALSex. The sixth patient abandoned prematurely the treatment due to the appearance of side effects (pruritus). No other relevant side effects were detected.

Conclusions.– Vortioxetine appears to be a good alternative in patients in treatment with antidepressants that suffer from sexual dysfunction due its lower percentage of antidepressant-associated sexual dysfunction.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0850

Neuronal mechanisms and treatment of hypo- and hyper sexuality/symposium of EPA section sexual medicine and mental health

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Complaints of hyposexuality are part of psychiatric disorders (depression, schizophrenia), psychoactive medication (antidepressants, antipsychotics) and SSRI-induced irreversible sexual dysfunction (Post SSRI Sexual Dysfunction). On the other hand, patients with complaints of hypersexuality or as are currently termed Compulsive sexual behaviours (CSB), e.g. problematic pornography use, excessive masturbation, and paid sexual services, are also often referred to the psychiatrist. Although sexual psychopharmacological research in rodents has increased our knowledge of the neurobiology and neuropharmacology of sexual functioning, the methodology and design of clinical psychiatric research of sexual dysfunction in psychiatric disorders has remained at a low level. In addition, the occurrence of irreversible SSRI-induced hyposexuality, resembling chemical castration in males and females, remains mysterious and is difficult to investigate. Moreover, CSB and its underlying neural mechanisms appear under-investigated. At the current symposium the clinical syndromes of hypo- and hypersexuality are presented. Based on already published or in-press articles of the presenters, underlying neuronal mechanisms of these disorders will be critically presented and evaluated.

Chairman: Prof. Dr. Marcel D. Waldinger, neuropsychiatrist (The Netherlands)

EVchairman: Prof. Dr. Michal Lew-Starowicz, psychiatrist (Poland)
“From symptoms to neuronal mechanisms of hypersexual disorder”
Mateusz Gola (Poland)

“From neuronal mechanisms to pharmacological treatment of hypersexual disorder”

Michal Lew-Starowicz (Poland)

“Complete absence of sexual functioning due to irreversible SSRI-induced sexual side effects”

Marcel D. Waldinger (The Netherlands)

“Psychiatric disorders and sexual dysfunction”

Zvi Zemishlany (Israel)

Disclosure of interest.– The authors declare that they have no competing interest.

Sleep disorders and stress

EV0851

Beliefs about sleep loss predict depression and anxiety in patients with primary insomnia after adjusting for subjective and objective sleep

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Introduction.– Symptoms of anxiety and depression are common in chronic insomnia and could depend not only on sleep disturbances but on cognitive and emotional factors.

Objectives.– The aim was to reveal cognitive predictors of anxiety and depression in primary insomnia beyond sleep quality.

Methods.– 62 patients with chronic primary insomnia filled checklists of reasons and ways of coping with insomnia, Hospital scale of anxiety and depression, glasgow content of thoughts inventory, dysfunctional beliefs about sleep scale and insomnia severity index. Objective sleep was registered using 1-night polysomnography.

Results.– Both depression and anxiety were unrelated to objective sleep ($-0.19 < r < 0.19$). According to hierarchical stepwise regressions, anxiety but not depression in patients with chronic insomnia are related to poorer subjective sleep ($\beta = .41, P < .05$). Adjusted for subjective sleep, depression is higher in patients attributing their illness to psychological and behavioural ($\beta = .47, P < .05$) but not situational ($\beta = -.32, P < .05$) reasons and believing in importance of active coping with illness ($\beta = .38, P < .05$). Anxiety is higher in those reporting secondary reasons of insomnia (like fear not to fall asleep).

Conclusions.– Treating depression and anxiety in chronic insomnia demands addressing subjective appraisal of sleep and reasons of insomnia. Intrinsic locus of control regarding reasons could be a factor of depression while fears secondary to lack of sleep predict general anxiety in patients with chronic insomnia.

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Disclosure of interest.– The authors declare that they have no competing interest.

EV0852

Behavior as a moderator of relationship between cognitive factors and sleep in chronic insomnia

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Introduction.– Despite extensive studies of cognitive and behavioural factors of insomnia (Perlis et al., 2011), less is known about their interactions in illness perpetuation.

Objectives.– In Russia disturbances of sleep hygiene and self-restrictive behaviour are typical for more than 70% and 40% patients respectively, making important to reveal major and interaction effects of beliefs, thoughts and behaviour in sleep in patients with primary insomnia.

Methods.– 37 patients with primary chronic insomnia (12 males, 16–65 years old) were interviewed about sleep hygiene and self-restrictive behaviour and filled Glasgow Content of Thoughts Inventory, Dysfunctional Beliefs about Sleep Scale and Insomnia Severity Index. Objective sleep was registered using polysomnography.

Results.– According to moderation analysis, disturbance of sleep hygiene, dysfunctional beliefs and thoughts before sleep are all related to poorer subjective sleep ($\beta = .26-.45, P < .05, R^2 = 43.9\%$) but the effect of beliefs is stronger in patients without disturbance of sleep hygiene ($\beta = -.30, P < .05, \Delta R^2 = 7.3\%$). The effect of thoughts is stronger in patients with self-restrictive behaviour ($\beta = .32, P < .05, \Delta R^2 = 9.1\%$). More thoughts are related to longer delta-sleep latency ($\beta = .47, P < .05$) especially for those with disordered sleep hygiene ($\beta = .40, P < .05$) and with shorter REM-sleep latency ($\beta = -.43, P < .05$).

Conclusions.– In primary insomnia self-restrictive behaviour could amplify negative effect of cognitions just before sleep while an effect of beliefs increases in patients with appropriate sleep hygiene.

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Disclosure of interest.– The authors declare that they have no competing interest.

EV0853

The efficacy of Positive Airway Pressure (PAP) therapy on executive function and sleep quality in patients with Obstructive Sleep Apnea Syndrome (OSA)

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Introduction.– Patients with obstructive sleep apnea have problems in their quality of life like higher risk for occupational and car accidents and some psychiatric disorders such as depression.

Objectives.– To determine the efficacy of airway positive airway (PAP) therapy on quality of life, cognition, problem solving, planning, reaction time and impulsivity in OSA patients.

Methods.– This cohort study was performed on 60 patients with moderate to severe obstructive sleep apnea, whom was divided in 2 groups with 30 patients, based on using PAP therapy. To assess the working memory, we used the *n*-back test and Wisconsin Card Sorting Test (WCST) for executive function, London Tower for planning

and problem solving, Iowa gambling test (IGT) for impulsivity and Continuous Performance Test (CPT) for attention. Patients' sleep quality was also measured by the Pittsburgh Sleep Quality Index. The intervention group was evaluated before the PAP therapy and 10 weeks after.

Results.– The performance of participants using PAP was significantly higher in the London Tower test ($P = 0.036$). Also, the results of WCST show that the total number of attempts in the PAP group were significantly lower ($P = 0.008$). On the other hand, the results of the sleep quality were difference between the two groups after the PAP therapy ($P = 0.001$).

Conclusion.– Short-term use of PAP is associated with limited improvements in some aspects of executive function. For example, working memory did not change in PAP group but planning and problem solving became better.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0854

A projective and psychosemantic study of emotional reactions in patients with different forms of essential hypertension in stressful situations

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Introduction.– A half-century of research has been performed in an effort to clarify the psychosomatic nature of essential hypertension (EH).

Objectives.– To inquire into the specifics of emotional reactions of patients with different forms of EH in stressful situations.

Methods.– A study was undertaken with our modified version of Rosenzweig Picture-Frustration Test

85 HW patients (average age is 45.9 ± 2.8), 85 patients with 'classical' EH (average age is 47.4 ± 4.5 years) and 82 healthy subjects (average age is 44.9 ± 3.1) took part in the study.

Results.– The categorial structure of emotional experiences of HW patients show the most significant differences ($P < 0.05$) from the 'classical' EH patients and normotensive persons on the representation of emotions of the "anger" (32.4 ± 4.8 vs 23.5 ± 4.6 vs 16.5 ± 4.0) and "contempt" (17.0 ± 4.8 vs 8.1 ± 2.1 vs $6.6\% \pm 2.8$) modalities.

Verbalized reactions of HW patients differ from answers of representatives of other groups through frequency of obstacle-dominant responses (41.4 ± 3.29 vs 35.8 ± 4.55 vs 26.9 ± 3.37 ; $P < 0.05$).

Nonverbalized reactions of HW patients significantly differ from answers of patients with "classical" EH and healthy subjects: there are significantly more extrapunitive answers at them (69.6 ± 5.39 vs 53.5 ± 2.03 vs 45.3 ± 4.49 ; $P < 0.05$); whereas intropunitive and impunitive answers are significantly less represented in them ($P < 0.05$), than in other groups. There are significant differences ($P < 0.05$) between subjects with HW and "classical" EH patients on the representation frequency of obstacle-dominant (43.9 ± 2.53 vs 38.9 ± 4.44) and ego-defensive responses (44.3 ± 3.27 vs 40.9 ± 3.18).

Conclusions.– HW patients significantly more frequently than representatives of other groups are more prone to repression of their sthenic negative emotions.

Disclosure of interest.– The authors declare that they have no competing interest.

Substance related and addictive disorders

EV0858

High levels of norepinephrine-dopamine reuptake inhibitor bupropion suppresses chronic NMDA-antagonist dextromethorphan abuse in a U.S. combat veteran with PTSD

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Dextromethorphan (DXM) abuse has been increasing among adolescents and young adults. Here we report the chronic 10-year abuse of DXM in a U.S. combat veteran with PTSD and MDD. The patient also carries a history of polysubstance abuse, before setting on his drug of choice of DXM up to 2400 mg per day, which stabilized his PTSD symptoms. The patient reports 11 psychiatric hospitalizations, over 10 suicide attempts, one TBI in the military and multiple trials of a number of commonly used psychotropics. When the patient was seen, he was started on a trial of bupropion SA 12 Hr 150 mg PO BID. Instead of taking the medication as prescribed, the patient reported using 150 mg every 3 hours, with daily dose of 1200 mg per day. We report a first case of a veteran with PTSD achieving symptomatic relief of PTSD and a first case report of high dosages of wellbutrin curbing chronic DXM abuse. The patient reported no side effects, including seizures and QTc prolongation. Patient reports achieving similar euphoric, dissociative feelings to that of DXM. This case report suggests the role of atypical dosages of commonly used NDRI anti-depressants for treating addiction and PTSD. At higher dosages, bupropion is reported to take on effects similar to dissociative glutamatergic antagonists, such as ketamine. This may suggest the role of dopaminergic agonists influencing a common pharmacological pathway connecting to glutamatergic receptors and further lead to the supportive role of novel, atypical therapeutics for patients with PTSD, with polysubstance abuse.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0859

The characteristics of drug abusers attending detox hospital in oman and pattern of health care services utilization

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Keywords: Alcohol and substance misuse; Utilization of health care services; Oman

Background.– It is indicated that Oman is witnessing an increase in issues pertinent to alcohol and drug abuse.

Aim.– The aim of this study was to identify the characteristics of drug abusers attending detox hospitals in Oman and their pattern of health care services utilization.

Methodology.– A cross sectional study was conducted in a tertiary care center for alcohol and drug abuse. The participants seeking consultation for alcohol and drug abusers were selected by the systematic random method. A six-part questionnaire was designed to solicit socio-demographic background and clinical data, healthcare utilization and its barriers.

Results.– Among 293 alcohol and substance abusers, 99% were males. The most common age of onset for alcohol and drug problems was shown to be between the ages of 15 to 19 years old. Variables such as peer pressure were seen to be integral in leading to first exposure incidences with alcohol and drug problems. The majority of attendees were poly-drug abusers and many of them were making use of intravenous drugs. In a majority of cases, cannabis and alcohol were the first substances being consumed. Hepatitis C and psychiatric disorders were found to be common EVmorbidity. Those dependent on cannabis and benzodiazepines were the most to perceive 'improvement' upon receiving healthcare.

Conclusion.– To our knowledge, this is the first study that explored socio-demographic background, clinical data, health care utilization and its barriers and 'improvement' perception among alcohol and drug abusers attending drug detox units in Oman.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0860

Prevalence of tobacco smoking among psychiatric outpatients attending a tertiary care hospital in Oman: A cross-sectional study

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Objective.– tobacco smoking is the single most avoidable cause of morbidity and mortality around the world. Patients with psychiatric disorders tend to smoke tobacco at a higher rate than the general population, with significant adverse health consequences. This study aims to determine the prevalence rate of tobacco smoking among psychiatric outpatients attending a tertiary care hospital, Sultan Qaboos University Hospital, Muscat, Oman.

Methods.– a cross-sectional study was conducted among psychiatric outpatients attending a psychiatric clinic from April to December 2017. A data collection sheet was designed to document the patients' demographic, history of smoking, previous hospitalizations and the number of and specific psychotropics used during treatment. Degree of dependence on tobacco smoking was measured using the Fagerstorm test for nicotine dependence.

Results.– a total of 272 patients were included in this study (54% male). The overall rate of smoking among psychiatric patients was 13.6%. Patients with schizophrenia had the highest rate of smoking (22.2%), followed by bipolar disorder (13.15%) and anxiety disorders (11.1%). Patients who smoked tobacco were more likely to be admitted in the psychiatric ward than no-smokers (P < 0.05).

Conclusion.– tobacco smoking is common among psychiatric patients, a finding consistent with similar studies conducted in different parts of the world. Assessment of smoking status and

its associated adverse health impacts among patients with mental disorders is of paramount importance.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0862

Drug abusers psychopathology in relation to perceived parental bonding

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Introduction.– Parental bonding styles predict psychopathological traits in general population, as well as in clinical samples of drug abuse patients.

Objective.– The aim of our study was to evaluate how perceived parental bonding correlates to psychopathological traits in a sample of patients with substance abuse disorder (SUD).

Methods.– 144 patients from a rehabilitation community in Sardinia were recruited. Data were collected through the Parental Bonding Instrument and Millon–Clinical–Multiaxial–Inventory (MCMI-III). Student t test, ANOVA, Pearson Chi Square and Fischer's exact test were performed.

Results.– Paternal “optimal bonding” was inversely associated with drug dependence, major depressive disorder, borderline personality disorder and somatoform disorder, with a modest effect also on antisocial and sadistic personality disorder and dysthymic disorder. Paternal “neglectful parenting” was directly correlated with borderline personality and mildly with antisocial sadistic personality and somatoform disorder. Maternal “affectionate constraint” and maternal “neglectful parenting” directly correlated with paranoid personality disorder. Maternal “neglectful parenting” also directly associated with the presence of anxiety disorders. Moreover, we noted how paternal overprotection scores alone were directly associated with masochistic personality and delusional disorder.

Conclusions.– This is one of the few studies that take into consideration in-patients with SUDs. Taken together, these results show how perceived “bad parenting” styles are linked to higher psychopathological traits in drug abuse patients, in line with previous research. Moreover we noted how perceived paternal “optimal bonding” was inversely associated to both Axis I and Axis II disorders. This study confirms the role of perceived parenting in the development of psychopathology of drug abuse patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0863

Hazards of phenibut intoxication: A “new” internet drug

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Introduction.– Phenibut (β -phenyl- γ -aminobutyric acid) is a GABA agonist that was developed during the 1960s in the Soviet Union for the treatment of several conditions including asthenia, insomnia, anxiety, depression, alcohol withdrawal, posttraumatic stress

disorder, as well as for preoperative sedation. Nowadays, this drug is available through online stores as a dietary supplement.

Objectives & Aims.– We describe the case of a patient who suffered life-threatening symptoms after intoxication with phenibut.

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

Results.– A 24-year-old man with a history of substance abuse, and depression was found in comatous condition in the street. At the emergency department, vital signs showed hypotension, bradycardia, and hypothermia. Electrocardiogram and CT-brain scan were normal. Routine laboratory testing showed no abnormalities, with the exception of hypernatremia (152 mmol/L). After 8,5 hours the patient returned to a normal level of consciousness. The patient seemed to have ingested phenibut at a dose of 3.5 g/day orally over a period of 5 days. After ceasing phenibut use he had no further symptoms or residual damage.

Conclusions.– One should not underestimate the hazards of phenibut intoxication. Both in the United States and in Europe, phenibut is becoming increasingly popular under (young) adults. Physicians should be aware of the hazards of this drug and know that its use can rapidly lead to dependence or tolerance. Baclofen can usually be administered for the treatment of phenibut intoxication.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0864

Drugs - at the road of self-destruction in adolescence

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Keywords: Adolescent; Drug and alcohol addiction

Adolescence is the period when the first experience is with an alcohol and drugs.

Adolescent should need to adjust and accept new body signs, and psychological changes.

Trying to solve the developing works and difficulties adolescents are trying to use drugs and alcohol all with intention to help to solve selected tasks.

In the above theoretical work, the authors through the theoretical view of the dependence consider the circle of the progressive comprehension of all aspects of life and the consequent psychiatric impairment

Disclosure of interest.– The authors declare that they have no competing interest.

EV0865

Experience in the application of group psychoanalytic psychotherapy in the clinic of addictive pathology

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Introduction.– The need for psychotherapy for patients with addiction to psychoactive substances is an axiom. Data on the effectiveness of the application of psychoanalytic psychotherapy to these patients are contradictory, while in Russia this method is among the most developing.

Objectives.– Evaluation of the effectiveness of psychoanalytic psychotherapy (group analysis) in the treatment of patients with alcoholism.

Methods.– Patients with alcoholism (F10.2) who underwent inpatient treatment (No = 220, 164 men, 56 women, mean age 39.5 ± 4.3 years, average duration of illness 5.6 ± 3.5 years); the sample was randomized into 2 identical groups. Patients of the main group participated in-group analysis sessions (90 minutes), 2 times a week for 1 month, in the control group - in the same volume and rhythm with patients, psycho-evacuation sessions with elements of behavioural therapy were conducted. Efficacy was measured by the degree of change in the clinical picture, the quality of life and the duration of remission.

Results.– By the degree of reduction of clinical symptoms of dependence, the groups compared did not differ. On the quality of life after treatment and the duration of remission, the patients of the main group showed significantly better results than the control group (remission ratio ≥ 1 year 55/32%, $P < 0.05$).

Conclusions.– The method of group analysis can be effectively used in the complex treatment of alcohol dependence.

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EV0866

Psychotic disorders with concurrent cannabis use or cannabis-induced psychoses?

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Introduction.– the fact that Cannabis use can lead to psychotic symptoms has been recognized years ago. Moreover, when the patient is using cannabis, the distinction between a primary psychotic disorder and a cannabis-induced psychosis seems to be critical for the prognosis.

Objective.– was to identify main factors associated to cannabis-induced disorders.

Methods.– A retrospective study for a period of twelve years, from January 2002 to December 2013. The study sample was composed of patients hospitalized in the psychiatric department, who reported cannabis-use, and those whose blood and urinary toxicological screening have shown cannabis use.

Results.– The sample was composed of 75 patients. Overall, 53 (70.66%) were diagnosed as having a primary psychosis, and 22 (29.33%) were diagnosed as having cannabis-induced psychosis. Significant differences were observed in two domains, concerning family and clinical features. The multivariate data analysis using logistic regression has shown four predictors as being greater in the cannabis-induced psychosis group. The first factor was the age below 25 years old. Subjects in the induced psychosis group were younger, having a median age of 25.1 years compared with 32.1 years for subjects in the cannabis-induced psychosis. The second factor was the marital status. Single or separated subjects were developing more cannabis-induced disorders [OR], 2.5; 95% Confidence Interval (CI), 0.69–8.96 the Pearson's correlation factor (p), 0.09)

The third factor was family history of psychiatric disorders ([OR], 2.6; 95% CI, 1.14–5.9).

Conclusion.– Differences between substance-induced and comorbide substance-use disorders permit identification of predictors of a substance-induced psychosis.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0868

Relationship of borderline personality disorder with history of suicide attempt in a sample of patients with opioid use disorder

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Objective.– The aim of the present study was to evaluate relationship of BPD with history of suicide attempt, while controlling the severity of psychopathology in a sample of patients with opioid use disorder.

Method.– Participants included 232 patients with opioid use disorder. The study was conducted in Bakirkoy Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Alcohol and Drug Research, Treatment and Training Center in Istanbul between September 2014 and April 2015. Participants were evaluated with the Symptom Checklist-90-R (SCL-90-R) [3,4] and BPD was assessed with the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II).

Results.– Age, duration of education, marital and employment status did not differed between those with the history of suicide attempt ($n = 56$, 24.1%) and those without ($n = 176$, 75.9%). Severity of psychopathology (16.60 ± 6.44 vs 13.39 ± 7.48 , $t = -2.795$) and borderline personality symptoms (3.32 ± 2.94 vs 1.73 ± 1.89 , $t = -3.798$, $P < 0.001$) were higher among those with the suicide attempt history than those without (respectively). The presence of BPD diagnosis was 7.54 times higher (95% C.I = 3.65–15.60) among those with the history of suicide attempt ($n = 25$, 44.6%) than those without ($n = 17$, 9.7%, Chi-square = 35.07, $P < 0.001$). In a logistic regression model the presence of BPD, together with the severity of psychopathology, particularly Obsessive-compulsive dimension score predicted the presence of suicide attempt history.

Conclusion.– These findings suggest that the presence of BPD is related with suicide attempt history, together with the severity of psychopathology, particularly Obsessive-compulsive dimension, among patients with opioid use disorder.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0869

Results of neuropsychological diagnostics of patients with alcohol and drug dependence; experience of the Russian Federation

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Currently in the Russian Federation dynamic development of medical science is taking place, including introduction of new methods of diagnosis, treatment and rehabilitation into practice. Neuropsychological diagnosis is an innovative method that increases effectiveness of medical care for patients with alcohol and drug dependence. Domestic and foreign studies indicate morpho-functional disorders of frontal cortex, subcortical disorders, and interhemispheric interaction in patients with alcohol and drug dependence. However, nowadays neuropsychological diagnostics and neuropsychological rehabilitation have not been introduced into systemic practice of treatment and rehabilitation of patients with alcohol and drug dependence, based on the principles of restoring disturbed higher mental functions and motivational sphere. The purpose of this study was to highlight results of neuropsychological diagnosis of higher mental functions in patients with alcohol and drug dependence. Diagnostic tool used was “Neuropsychological study scheme”

Results.– Pilot study using methods of neuropsychological analysis was carried out among 72 patients with alcohol and drug dependence. Analysis has shown statistical correlations between the following five variables: ICD-10 diagnosis, disturbances of figural diagnosis and posture praxis, Hed test and reciprocal coordination. Significance of difference with the control group for these indicators was ≤ 0.01 .

The use of neuropsychological diagnosis and neuropsychological rehabilitation methods, make it possible to increase duration of remission and restore cognitive and motivational component of personality among patients with alcohol and drug dependence syndrome.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0870

Abuse of Over The Counter (OTC) medicines

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In the recent years, numerous countries including Russia experienced an increase in abuse of OTC medicines to derive narcotics. OTC medicines are easily accessible in pharmacies without a need for a prescription and can be used to “cook” drugs. The latter include: substance prepared by using phenylpropanolamine, holidialitics drugs, pregabalin. The OTC drug market is constantly injected by new types medicines; easy access and low cost lead to increase in abuse. OTC medicine ingredient modifications and enhancements distort clinical picture and complicate diagnostics. Currently, National Research Center of Addiction is conducting a clinical research on manifestations of OTC medicine ingredient use in “cooking” drugs and their impact on social consequences.

Objective.– To observe the development of substance abuse, derived from medicines, medical and social impact of its use.

Materials and methods.– Study is being conducted by observing 50 of pregabalin consumers' ages 21 to 32 years. Research methods: clinical, psychopathological, statistical.

The severity of withdrawals were measured using scales by assessing the severity of opioid withdrawals COWS, Montgomery-Asberg Depression Rating Scale was used to study the intensity of affective disorders.

Results.– Pregabalin abuse by the patients with opioid dependence and is predominantly replacing character. Patients are beginning to take it for the relief of symptoms of opioid withdrawals. There is an increase dosage of the drug, at which point patients euphoria

followed by a sedative effect, similar to heroin intoxication. If you remove the pregabalin, patients experience similar to the SLA condition with prevalence of affective disorders and algic syndrome.
Disclosure of interest.– The authors declare that they have no competing interest.

EV0871

Pavlovian-instrumental transfer in the course of alcohol use disorder

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Introduction.– Pavlovian cues have impact on ongoing behaviour, theoretically formalized as Pavlovian-to-instrumental transfer (PIT) effect. Animal studies showed enhanced PIT in addicted animals and neural correlates in nucleus accumbens (NAcc) and amygdala. PIT experiments are rare in social drinkers and alcohol-dependent patients. Therefore, we will present behavioural and neural data from our research group “Learning in alcohol dependence” (LeAD).

Objectives.– To examine PIT's relevance to understand behavioural and neural mechanisms over the course of AUD.

Methods.– We recruited two samples: 1) 18-year old high vs. low risk social drinkers, 2) alcohol-dependent patients after detoxification and matched controls. Patients were followed up to assess relapse status. We conducted a PIT task during fMRI to measure the effect of experimentally trained Pavlovian conditioned cues and of alcohol-related cues on instrumental approach behaviour.

Results.– Behaviourally, nondrug-related PIT was enhanced both in high compared to low risk social drinkers, and in alcohol-dependent patients compared to controls. These effects were associated with a stronger activation in amygdala (sample 1) and nucleus accumbens (sample 2), with the latter being predictive for relapse in alcohol dependent patients. Moreover, abstainers showed reduced responses towards alcohol-related background cues compared to relapsers and controls, accompanied by a stronger activation in the NAcc in abstainers only.

Conclusions.– PIT associated neural activations are in line with the incentive salience theory of addiction and point to potential risk and resilience factors to develop or maintain AUD. Therefore, our data underline the importance of contextual cues in influencing behaviour and may stimulate preventative and therapeutical programs.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0872

Biomarker for pathological gamblingJ. Giustiniani^{1,2*}, D. Gabriel^{3,3}, D. Bennabi^{1,2}, N. Magali³, T. Benoit⁴, V. Pierre^{1,2}, H. Emmanuel^{2,3}¹ University Hospital of Besançon, Department of Clinical Psychiatry, Besançon, France; ² University Hospital of Besançon, Clinical Investigation Center Inserm CIC 1431, Besançon, France; ³ University of Burgundy Franche-Comté, EA 481- Laboratory of Neurosciences, Besançon, France; ⁴ University Hospital of Dijon, Department of Psychiatry and Addictology, Dijon, France

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The diagnosis of pathological gambling is currently based on clinical and subjective assessments. Novel tools for the objective identification of the risk of developing pathological behaviour are needed. Pathological gamblers are known to be deficient in decision-making under ambiguity and show motivational dysregulation. To identify the neural correlates specific to this disorder, we have been using specific laboratory tests and electroencephalography (EEG) to target decision-making under ambiguity and motivational dysregulation. For this purpose, in a first step we validated the use of EEG to assess 20 healthy volunteers who performed the Iowa Gambling Task (IGT) and the Effort Expenditure for Reward Task (EEfRT). We found heterogeneity in the results of the IGT, with some successful study participants and others who failed to develop an optimal strategy. Furthermore, we found a positive correlation between the performances of EEfRT and IGT, indicating that the level of motivation affects decision-making under conditions of uncertainty. The cerebral activity of participants showed that the amplitude of the P300 was positively correlated with the motivational level. After validating the EEG investigation, in the second step we enrolled volunteers with recreational gambling behaviour and with pathological gambling behaviour. The comparison of results obtain for both populations might determine if pathological gambling involves a specific decision-making ability and motivational level and if the P300 wave might be a biomarker of risk for pathological gambling. We will present and discuss the results of the second stage of our study during the Congress.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0873

Prevalence of inpatients with acute psychotic episode due to cannabis abuse: 4 Years study

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Increase in cannabis use in Spanish population, is one of the conclusions of the last study of Spanish Ministry of Health, about use and abuse of legal and illegal drugs. The relationship with psychotic pathology, make it necessary to know sociodemographic characteristics of risk consumers, in order to avoid relapses. The present study tries to find risk factors among patients' environment, and it focus special attention on prevalence evolution of psychotic break due to cannabis abuse.

Objectives.– The purpose of this study is to know the prevalence of psychotic breaks that require psychiatric hospitalization. 69 patients' data were collected, from acute psychiatric ward with discharge diagnosis of harmful use, dependence syndrome and/or psychotic disorder due to use of cannabinoids (according ICD-10),

from 2013 until Septiembre 2017. 35 variables were studied with statistic program R-Commander.

Results.– Prevalence increased more than double from January 2016 to September 2017. From total 76 inpatients, 84.1% were male. Mean age was 31.87 years. Family psychiatric history was found in 54.5% and 14.49% had family history of addiction disease. Single-ness seemed to be a risk factor (79.4%), as well as low adhesion to the treatment (60.9%) with statistical differences between gender (68.4% men vs. 25.0% women, abandoned pharmacological treatment, $P=0,022$).

Conclusions.– Prior studies suggest than gender and marital status as factor risk of psychiatric complication due cannabis abuse. Single men showed more risk of psychotic break in our sample, with a possible connection between gender and abandonment of treatment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0878

Trends and risk markers of emergency department visits with alcohol intoxication among students in a public university—a longitudinal data linkage studyC. Holstege^{1*}, D.A. Ngo², S. Redge¹, N. Ait-Daoud³¹ University of Virginia, Emergency Medicine, Charlottesville, USA; ²

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Introduction.– Available studies of alcohol intoxication in hospital emergency departments (ED) are cross-sectional and no studies have identified student characteristics associated with this risky drinking behaviour.

Objectives.– This study examined trends in the incidence and the demographic, organizational, academic, and clinical risk markers of student ED visits with alcohol intoxication in a public university.

Methods.– University admission data of 177,128 students aged 15-49 enrolled from 2009/10 to 2014/15 academic years was linked to ED visits with alcohol intoxication in the university-affiliated hospital identified using ICD-9 codes within one year following enrollment. Incidence rate per 10,000 person-years was calculated. Multi-variable Cox proportional hazard regression was performed. *Results.*– There were 889 students having at least one ED visit with alcohol intoxication over a total 151,414 person-years follow up. The overall incidence was 59/10,000 person-years. The incidence increased linearly over the study period (Figure 1). There was a range of student characteristics associated with ED visits with alcohol intoxication (Table 1).

Conclusions.– linking student admission data with subsequent ED clinical data can monitor the trend in incidence of alcohol intoxication in the student population and identify students at higher risk for targeted interventions.

	̄x±SD	Range
LAI		
Paliperidone dose	62.8±33.4	12.5-200.0
Paliperidone TDM	24.8±14.0	0.20-96.0
Haloperidol dose	93.6±29.2	37.5-300.0
Haloperidol TDM	24.8±14.1	0.20-96.0
Risperidone dose	36.8±11.1	12.5-50.0
Risperidone TDM	21.4±1.1	3.7-84.0
Fluphenazine dose	24.5±1.0	12.5-100.0
Fluphenazine TDM	0.75±0.08	0-6.0
Aripiprazole dose	341.4±12.8	100.0-400.0
Aripiprazole TDM	195.0±198.0	14.7-889.0
Olanzapine dose	323.5±83.9	150.0-405.0
Olanzapine TDM	28.0±3.4	8.0-75.0

Tab 2 Findings II (Analysis of the 1st half of 2017)

Use of restraint excluding chemical restraint		clinic	closed psychiatric unit	gero- psychiatry unit
Legal Legitimation with regard to restraint event	Patient consent	4%	2%	0%
	Self-defense (Section 32 German Criminal Code)	11%	10%	13%
	Necessity (Section 34 German Criminal Code)	80%	72%	86%
	Preservation measures (Section 31 Saxon Law on Aid and Accommodation for Mental Diseases)	5%	16%	1%
	Consent of the conservator and permission of the mental health court (Section 1906 German Civil Code)	0%	0%	0%
Causes with regard to restraint event multiple answer	Actual and substantial danger to ones own health	81%	65%	86%
	Actual and substantial danger to another persons health	29%	57%	21%
	Actual and substantial danger towards significant objects of legal interest of third parties	3%	11%	1%

Figure 1. Trend in the incidence of student ED visits with alcohol intoxication, 2009/10–1014/15

Table 1. Multivariable Cox Proportional Hazard Regression Model of student ED visits with alcohol intoxication by student characteristics.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0880

Evaluating the relapse after ambulatory detoxification of patient with alcohol dependence

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Patients with alcohol dependence may require detoxification to prevent alcohol withdrawal syndrome. In the less severe cases, detoxification can take place in the ambulatory setting and comprises a period of 15 working days.

In order to evaluate the outcome after ambulatory detoxification, patients were reassessed in a longitudinal evaluation that lasted about 3 months. To evaluate the relapse during the 12-week period, the patients were divided into two groups: abstinence and relapse. The relapse was defined as any consumption of alcohol after a period of abstinence.

The aim of the present study is to evaluate which factors may influence the relapse in the initial stages after ambulatory detoxification.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0881

Smoking cessation, a service embedded within an addictions service in Singapore

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Introduction.– The National Addictions Management Service (NAMS) has two satellite clinics located within the heartlands that seek to provide treatment of addictions. At one satellite clinic, we piloted a new smoking cessation service that combines both pharmacological and counseling approaches to help patients with nicotine dependence. This approach is in-line with current management guidelines.

Methods.– The smoking cessation service was started in our satellite clinic in February 2017 and patients were encouraged to be seen by both the doctor and the addictions counselor at the first and subsequent visits. Fagerstrom test of nicotine dependence (FTND) was done at the initial visit to quantify severity of nicotine dependence. We present the data for the first 6 months of this service (till 31st July 2017).

Results.– There were 10 referrals for smoking cessation in the first 6 months. 8 patients were male and 2 female. The age ranged from 19 years to 61 years of age. 4 patients (40%) had comorbid psychiatric illnesses. 7 patients had high dependence, 2 had moderate dependence and 1 had low dependence to nicotine as per FTND. 4 patients were started on Bupropion, 2 patients on Varenicline, 2 patients on dual NRTs, 1 on Naltrexone and 1 was not started on any pharmacological treatment. As of 31st July 40% of our patients had reduced their cigarette smoking by 50% or more or had abstained from smoking.

Conclusion.– This nascent smoking cessation service located in the heartlands has seen promising results and we will continue to monitor treatment outcomes.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0883

Problem video game playing scale portuguese version

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Background.– DSM-5 proposed Internet Gaming Disorder as a condition for future research. Given the existence of one available assessment instrument - the Problem Video Game Playing scale (PVP) - it is relevant and timely to verify its psychometric properties in Portuguese adults.

Objectives.– To reexamine the psychometric properties of PVP in Portuguese adult gamers.

Method.– One hundred and eleven adult gamers completed an online evaluation comprising PVP, type and number of games played, and presence of other dependencies, namely substance abuse.

Results.– Removing two of the items, PVP reliability values were similar to previous studies (Cronbach's alpha = .66). A one-factor structure analysis was confirmed through a principal components analysis (KMO = .73; Bartlett's Test of Sphericity: $P < .001$) explaining 33.6%, of the variance. Statistically significant associations between the PVP and other measures supported the construct validity.

Conclusions.– Results confirm that problematic video gaming can be measured reliably and validly through the Portuguese version of PVP. It is proposed to test PVP using a wider national sample and to analyze it with clinical samples to determine a cutoff value.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0885

The role of pharmacotherapy on smoking cessation

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Introduction.– There are currently several effective pharmacological options that are approved to help with smoking cessation. However, many patients are reluctant to use drugs to quit smoking, relying on their motivation and being open only to a psychotherapeutic approach.

Objectives.– To access the efficacy of the pharmacological approach and compare the impact of different medications on smoking cessation.

Methods.– A retrospective analysis was conducted using data from the patients that attended smoking cessation consults provided by the liaison psychiatry service of a central hospital, between 2006 and 2016. The data concerned demographic parameters, smoking habits as well as the results from the Richmond Motivation Test. Data concerning medications and their results was also collected.

Results.– Of the 1248 patients evaluated, 330 (25,9%) were medicated, 71 were on polypharmacy, ranging from two to four different types of drugs. However, we did not find a statistical significance between the patients who quit smoking and the number of drugs prescribed. From the various drugs prescribed and evaluated, only varenicline was found to have a statistically significant effect ($P=0,003$) on smoking cessation. If a patient was medicated with varenicline, there was 1,27 x odd of being successful, in comparison to a patient who was not being treated with that drug.

Conclusion.– The use of prescribed drugs, particularly varenicline, can play an important role in smoking cessation.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0887

Benzodiazepine use in opioid consumers

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Introduction.– Benzodiazepines (BZD) is anxiolytic, sedative and hypnotic psychotropic drugs and are indicated for the treatment of anxiety and insomnia when symptoms are pathological and should not be used in the symptomatic treatment of mild to moderate anxiety or insomnia. Benzodiazepine therapy should be restricted in time, given the considerable increase in the risk of habituation, tolerance and dependence, after one month of use.

Methods.– We present a non-systematic review of benzodiazepine consumption by opioid addicts

Results.– The estimated prevalence for the EVconsumption of BZD and opioids, heroin, methadone and buprenorphine, is 51% -70%. Multiple studies report an increase in the risks and complications for this population, emphasizing a higher mortality and morbidity due to overdose, a greater degradation of mental state and physical

health and a potentiation of cognitive dysfunction with a significant increase in the risk of injury in the substitution programs with opioid agonists. It is also found that BZD users: require treatment with higher daily doses of methadone; more frequently consume other substances (e.g. alcohol, cannabinoids and cocaine); engage in more risk behaviours; have higher rates of HIV infection; present poorer adherence and response to opioid substitution treatment. All of these lead to a worse psychosocial and rehabilitative prognosis.

Conclusions.– Given the high prevalence of this phenomenon in opioid users, the negative impact it has on individual and public health, as well as the scarcity of information available, a better characterization and understanding of this phenomenon is much needed

Disclosure of interest.– The authors declare that they have no competing interest.

EV0888

Psychosis in a young man induced by abusive nitrous oxide consumption: A case report

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Introduction.– Besides its use in anesthesia, nitrous oxide (N₂O) has a long history as a recreational drug, which incessantly gains popularity among young people. To date, few cases report N₂O induced psychotic states, which illustrates the unmet need in the field of the symptoms recognition, mechanisms of toxicity and treatment of patients consuming N₂O. Current case report provides insights into N₂O toxidrome and raises awareness of its irreversible short-term neural damage.

Objectives & Aims.– Case report of a patient with N₂O poisoning who developed a paranoid psychosis after 1-month daily habit of inhaling “laughing gas”, followed by a literature review on psychotic symptoms evoked by N₂O, mechanism of its action and therapy.

Methods.– An English-language literature search was conducted using Pub Med, EMBASE searching for case reports and observational studies reporting psychotic symptoms in patients with N₂O poisoning.

Results.– A 25-year old man developed paranoid psychosis with a 2-day history of symmetrical numbness in his legs and difficulty with walking. The patient’s current use of N₂O fulfilled the DSM-IV-TR criteria of substance dependence, in absence of any other substance abuse. He was treated with daily intramuscular B₁₂ injections (1 g/d), physiotherapy, and methionine tablets (1 g/d). Shortly thereafter, symptom regression was observed and after 7 days he was able to walk without support again.

Conclusion.– We suggest that excluding N₂O toxicity in patients with recognized substance-related disorders and a new neurological deficit is compulsory, as untreated for months, the damage to the nervous system is at risk of becoming irreversible.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0889

Cannabis abuse and the risk of psychosis: A brief review of the clinical evidence

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Introduction.– Psychotic disorders are determined by multiple genetic and environmental factors. The changing of legal status of cannabis is likely to contribute to the increasing rates of cannabis use worldwide and subsequently translate into sizeable public health implications. It is still speculated whether cannabis use may be a cause of psychosis and precipitate schizophrenia, and the causal nature of this association is unclear. Therefore, educational campaigns informing the public about cannabinoids use and its hazards are urgently needed.

Objectives & Aims.– Review of longitudinal studies on cannabis use and its contribution to the development of psychotic disorders.

Methods.– An English-language literature search was conducted using Pub Med, EMBASE searching for studies reporting cannabis abuse and occurrence of psychotic symptoms.

Results.– Epidemiological studies suggest that cannabis use during adolescence confers an increased risk for developing psychotic symptoms later in life. Around one in 10 regular cannabis users develops dependence. Cannabis abuse in adolescence approximately doubles the risks of psychoses in adulthood and has appreciable causal impact on future risk for schizophrenia. Of people with schizophrenia, more than 11% were reported to have cannabis abuse.

Conclusion.– Cannabis use is likely to worsen the burden of psychosis. However, further studies are needed to explain this association since psychotic disorders take years to evolve and it remains difficult to measure both the explanatory and the response variable and their complex relationship.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0891

A (drinking) game of thrones: A comparative study of traditional and more modern drinking games

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Introduction.– Drinking games encourage excessive binge drinking amongst participants, exposing participants at a range of short and long-term risks. Previous studies suggest that communal consumption games lead to lower intake, compared to skill or chance games. Our study looks to establish if more modern media-based drinking games (communal consumption games) encourage a higher intake, compared to traditional drinking games.

Objectives.– To examine, using an experimental design, whether students participating in 'modern', media-based drinking games

consume greater quantities of alcohol, than those participating in more 'traditional' targeted and chance games (i.e. 20 +1, high or low).

Methods.– Participants ($n=5$) completed in two drinking games' 20 +1', and 'high or low'. The quantity of alcohol that would theoretically consumed to each individual throughout each game was calculated. The rate of volume consumed was compared a media-based drinking game, which involved an observer watching an episode selected from random, from the 'Game of Thrones' series, then noting when drinks would have been consumed per the rules of play.

Results.– Paired comparisons suggested the number of units ingested during the media-based drinking game ($M=21.00$, $SD=7.94$), was significantly higher than that of '20 +1' ($M=2.59$, $SD=1.26$). It was also greater than the 'High or Low' DG ($M=16.92$, $SD=2.60$)

Conclusion.– Consistent with previous studies, our data indicates there is variation in total consumption in units, depending on the game type. However, contrasting to other evidence, media-based communal consumption games result in greater consumption, than chance or target-based and skilled drinking games.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0893

Pathological narcissism and gambling addiction: The mediating role of impulsivity

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Introduction.– Clinical literature often depicted addicted gamblers as individuals with high levels of narcissism traits (Lesieur & Rosenthal, 1991). Moreover, Narcissistic Personality Disorder (NPD) frequently occurs with Gambling Addiction (GA) (APA, 2013). However, few studies investigated narcissism features in addicted gamblers and exclusively measured the grandiose aspect of narcissism (Lakey et al., 2008; MacLaren & Best, 2013). In addition, impulsivity has been showed to be a central aspect of both GA and NPD. To date, there is a paucity of study investigating the link between narcissism and GA exploring the role played by impulsivity in such relationship.

Objective.– To investigate the associations between both vulnerable and grandiose narcissism in GA and to examine the role of impulsivity in such relationships.

Method.– We administered to a sample of 55 addicted gamblers and to a sample of 70 healthy controls self-report questionnaires including the South Oaks Gambling Screen (Lesieur & Blume, 1987), the Pathological Narcissism Inventory (Pincus et al., 2009) and the Impulsive Behavior Scale Short Form (Whiteside & Lynam).

Results.– We found that that addicted gamblers scored higher on several PNI and UPPS dimensions. Specific dimensions of Pathological Narcissism and Impulsivity significantly predicted the severity of GA. Positive Urgency fully mediated the relationship between Grandiose Narcissism and severity of GA.

Conclusions.– Both Grandiose and Vulnerable Narcissism seem to play an important role in GA. Moreover, such association might be explained by a difficulty to act rashly under the influence of intense positive emotions.

References not supplied

Disclosure of interest.– The authors declare that they have no competing interest.

EV0894

The subjective experience of gambling addiction: A thematic analysis of interviews with addicted gamblers

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Introduction.– Gambling Addiction (GA) is now considered a worldwide mental health issue (Calado and Griffiths, 2016). A numbers of empirical studies investigated GA throughout the exclusive use of quantitative methods albeit few studies explored personal narratives of addicted gamblers. Furthermore, most of these studies investigated specific constructs in population of non-addicted gamblers or did not explore the relationship between narrative of GA and the whole gambler life's story.

Objective.– To explore the subjective experience of GA in a sample of 11 addicted gamblers.

Method.– We administered to eleven addicted gamblers the Psychiatric Illness Interview for Gambling Addiction (PIIGA, Velotti, Rogier, Lysaker, 2017). Thematic analysis of elementary contexts and correspondence analysis were carried out using the T-Lab software.

Results.– Five main clusters emerged from the thematic analysis of interviews. Moreover, correspondence analysis identified four factors organizing the relationships between such clusters. Findings shed light on several central aspects of the subjective experience of GA as, for example, dissociative mechanisms, materialism and experiential avoidance. Moreover, a concrete style of thinking and obsessive traits characterized the narratives of addicted gamblers. Finally, negative interpersonal and social impacts of the disorder emerged as well as difficulties related to treatment.

Conclusions.– Subjective experiences of GA seem to support evidences brought by empirical literature. Moreover, specific aspects of psychological functioning of addicted gamblers emerged, underlying the proficiency of qualitative methods in the investigation of GA. Finally, awareness of the disorder might have a key role in the treatment process, suggesting interesting clinical indications.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0895

Smoking cessation in severe mental disorder patients: The 3 A's intervention at community mental health. Longitudinal follow-up to 12 months

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Introduction.– Smoking is a serious health problem for people with mental illness and especially for severe mental disorder patients. It is necessary to explore the possibilities of brief intervention in the context of community care that may act on the level of motivation for change.

Objectives.– Assess the effectiveness of the 3 A's intervention (Ask, Advise and Assess) in a sample of severe mental disorder patients after 12 months.

Methods.– 28 patients diagnosed with severe mental disorder (according DSM-5 criteria) that were psychopathologically stabi-

lized (defined by the positive and negative scale) and attended in the Community care centers of Jaén, Andalusia (Spain). Patients who consumed in the last month qualified for the level of motivation for change (measured by URICA scale); before and after conducting a brief intervention of no more than 30 minutes in total, divided in three contacts during a month, two face to face and one phone contact. We evaluated the results in the smokers at baseline and after 12 months of the intervention.

Results.– After 12 months of follow-up, a 6,5% was abstinent, a 17,1% tried to abandoned the consumer at least once during the follow-up an average 8 days (2-30). A 30,5% discontinued the study.

Conclusions.– This is the first paper that evaluate the 3 A's intervention in severe mental disorder with 12 months of follow up. The results of abstinence after were similar to those obtained in patients with schizophrenia using the same intervention (5%)

Disclosure of interest.– The authors declare that they have no competing interest.

EV0896

Opioid use disorder individuals on methadone maintenance treatment versus those not on methadone treatment: A Naturalistic cross-sectional comparative study of cognitive performance

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Introduction.– Studies of cognitive functioning in drug addiction have shown consistent impairments. Attempts at highlighting neurocognitive recovery of opioid dependent (OD) individuals stabilised on methadone, have resulted in contradictory conclusions. This study attempts to test the hypothesis that methadone enhances cognitive recovery in OD individuals when compared to their untreated counterparts.

Objectives.– To compare the cognitive function of OD on methadone maintenance treatment (MMT) to those who are not on methadone treatment (NOMT), relative to healthy controls (HC). We examined whether comorbid cocaine dependence, methadone dose, duration of dependency/abstinence, were correlated with cognitive function and whether any psychiatric treatment enhances cognitive stability.

Methods.– The Montreal Cognitive Assessment was administered to three groups of participants: 22 MMT, 21 NOMT and 22 HC. The cognitive domains tested include Executive Function/Visuospatial Skills/Naming/Attention/Language/Abstraction/Delayed Recall/Orientation.

Results.– Visuospatial Skills/Executive Function were improved in MMT but not NOMT individuals. The Language domain appears to be impaired in both MMT and NOMT with a negative correlation to the duration of dependency. NOMT were impaired in all other aspects of cognition apart from Naming/Orientation when compared to HC. MMT did not significantly differ in the other areas of cognition when compared to HC. No correlation was observed between comorbid cocaine dependence/methadone dose and cognitive function.

Conclusions.– Methadone treatment appears to be associated with an improvement in cognitive function in OD individuals. MMT may facilitate public health by augmenting cognitive performance in former OD individuals, thus, ensuring compliance to their treatment plan with fewer relapse rates and mitigation of risky behaviours.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0897

Insight, readiness to change, and motivation were not correlated in alcohol-dependent in patients

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Substance-related disorders are the global problem. Poland, the Czech Republic, and the Slovak Republic are countries with high alcohol consumption.

Aim.– The purpose of the study was to examine the readiness to change at the beginning and the end of inpatient short (six weeks) and long (12 weeks) therapeutic program in the Slovak Republic, Poland, and the Czech Republic, and look for the relationship between readiness to change, insight, and motivation in alcohol-dependent persons.

Methods.– We studied a sample of 380 alcohol-dependent inpatients (282 men and 98 women) by Alcohol Use Disorders Identification Test (AUDIT), The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), Readiness to Change Questionnaire (RCQ), and Demographic Questionnaire.

Results.– The single patients declare a higher severity of alcohol dependence than married or divorced ones. At the beginning of the treatment, the majority of patients declared the motivation stage of action (68.5%) or preparation (26.3%). At the end of the treatment, married patients showed higher Readiness to Change in domain Taking steps. The single patients displayed the decrease of domain Ambivalence. The duration of the completed therapeutic program may not be crucial for readiness to change.

Conclusions.– In the sample the intention and motivation to alcohol treatment seem to be high at the beginning of the treatment, but recognition of the alcohol problems were low in highly dependent patients. Marital status was connected with an increased active component for readiness to change. The passive component (decreasing the ambivalence) was observed in the single patients.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0905

Cannabis Abuse: Prevalence and relationship with psychiatric morbidity among the heavy traffic vehicle drivers of Azad Jammu Kashmir

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Introduction.– Trend of cannabis use is on a rise and around 2.5% of the world population has been using this illicit drug. A recent survey reported an annual prevalence of 4% in Pakistan and 3.2% in Azad Jammu Kashmir (AJK). Cannabis abuse has been associated with various psychiatric conditions like anxiety, depression and psychotic illnesses.

Objective.– To determine the frequency of cannabis abuse and its relationship with psychiatric morbidity among the HTV drivers of AJK.

Methods.– The sample population comprised of 100 HTV drivers working in different parts of the AJK. Cannabis abuse was assessed using the Drug Abuse Screening Test (DAST-10). Psychiatric morbidity was assessed by using the General Health Questionnaire-12 (GHQ-12). Relationship of psychiatric morbidity and other socio-demographic factors was assessed with the cannabis use.

Results.– Out of 100 drivers screened through DAST-10, 70% had no signs of abuse while 30% had clinically significant level of abuse. After applying the logistic regression we found that persistent night shift driving, psychiatric morbidity, low education, tobacco smoking and contact with the sexual workers had significant association with the cannabis abuse.

Conclusion.– This study showed a high prevalence of cannabis abuse among the HTV drivers in AJK. Special attention should be paid to the drivers with the signs of psychiatric morbidity and tobacco smoking. Education standard should be made better and contact with the sexual workers should be discouraged.

Keywords: Cannabis abuse; HTV drivers; DAST-10; Psychiatric morbidity

Disclosure of interest.– The authors declare that they have no competing interest.

Suicidology and suicide prevention

EV0906

Relation between cognition and suicidality in patients with early stage schizophrenia

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Introduction.– Depression and suicidal behaviour are frequent in schizophrenia. Cognitive impairment is associated with history of suicidal attempts (SA) in affective disorders [1], but very little is published in schizophrenia. Furthermore, the existing publications don't use a consensual instrument and they found opposite results [2,3].

Objective.– To analyze differences in cognition performance between schizophrenia patients that have made/has not made a SA.

Method.– 72 young patients (18–45 years) with schizophrenia ≤ 10 years evolution (average age = 31.83, 61.1% – males). 14/72 has history of SA (19,44%). No significant differences between groups regarding age, gender, evolution years, education, antipsychotics dosis and others. Evaluation: PANSS, Personal and Social Performance Scale, Calgary Depression Scale (CDS), MATRICS Consensus Cognitive Battery.

Results.– No significant differences on cognitive function between groups except lower punctuation in the BACS test ($t = -2.377$; $P = 0.02$) on the SA group in wich also we found a higher number of hospital admissions and higher punctuation on PANNS-P, PANNS-G, PANNS-total and CDS.

Conclusion.– On our sample, suicidal behaviour is associated with clinical severity. Regarding cognition, processing speed, measured with BACS test, seems to be firstly affected.

Disclosure of interest.– The authors declare that they have no competing interest.

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EV0909

Suicide with intravenous kerosene: A case report in Bangladesh

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The mode and method of suicide varies due to multiple factors such as culture, religion, gender, belief, occupation, educational status, age and others. It usually depends on availability, victim's knowledge on lethality and cultural influences. Here we report an adult Bangladeshi female medical graduate attempted suicide by infusing 10 cc kerosene, which is very uncommon in any cultural background in the world. A 30-year-old female, unmarried, medical graduate, admitted into the Intensive Care Unit (ICU) with the history of taking 10cc Kerosene intravenously. She also ingested Midazolam 7.5 mg 50 tablets and Amitriptyline 25 mg about 80–100 tablets at a time. She was suffering from Depression for the last 6 years and she consulted psychiatrists and psychotherapists multiple times but irregularly. She also used to take the antidepressants irregularly. She was a very good achiever across her academic life but she had few friends and pre-morbidly she was anxious. She was maintaining an affair relationship with a boy for last 16 years. Before the day of attempted she came to know that her boy friend had got married. Being a medical graduate with a good functional status in a city choosing intravenous kerosene is quite unexplainable. However, prolong under treated depression, recent life stressors can play vital role to take the fatal decision.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0910

Overview of emergency department visits for suicidal behaviour from 2006 to 2016 in Baixo Alentejo, Portugal

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Introduction.– The Observatório dos Comportamentos Suicidários is a team of health-care professionals from the Psychiatry Department (PD) and the Emergency Department (ED) at the Unidade Local de Saúde Baixo Alentejo (ULSBA). The team is committed to the study of Suicidal Behaviour in the region.

Objective.– Analyze sociodemographic data from patients who visited the ED for suicidal behaviour from 2006 to 2016.

Methods.– The sample includes visits to the ER assigned the following Manchester Triage System flowcharts: “Overdose or poisoning” and “Self-injury” ($n=2271$). The data analysis was performed in SPSS.

Results.– “Overdose or Poisoning” and “Self-injury” accounted for 0.4–0.5% of the ED admissions, on a 9:1 ratio. 68.8% were female and 63.7% were 20 to 49 years old. The analysis of variables such as admission time, day of the week, month, marital status and residency shows significant changes over the years

We highlight that the admissions for “Self-injury” did not increase in absolute value, but there was a gradual change in gender distribution: initially it was more observed in men, but since 2011 women present with auto-aggressive methods in higher number. The geographic dispersion of individuals is not even and the age distribution varies by location. In certain municipalities suicidal behaviour is more common in younger people and in others it is more observed in the elderly.

Conclusions.– First impressions and the realization that suicidal behaviour demographics in Baixo Alentejo are changing show the importance of continuous evaluation over time, both for studying the behaviour itself and for developing preventive intervention strategies in the community.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0911

Suicidal thoughts and behaviors among patients with skin diseases: Meta-analyses of the literature

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Introduction.– Skin diseases may severely impact on the individual quality of life and represent a psychosocial burden for the affected patients. They could be linked to suicidal thoughts and behaviours. In particular, skin disease patients reported higher rates of suicidal ideation in comparison to the general population.

Objective.– This meta-analysis aims to estimate the risk of suicidal thoughts and behaviours in patients with skin diseases.

Methods.– We searched MEDLINE and PsycINFO to identify articles published before October 2017, examining the association between suicide [ideation (SI), planning (SP), attempt (SA), death (SD)] and any form of diagnosed skin disease.

Results.– In preliminary analyses, 12 studies were included. Among skin diseases we were able to separately analyze atopic dermatitis (AD) and the broader category of eczema. Patients with AD had higher risk of SI compared to those without AD. In the case of eczema, results related to SI were not consistent.

Conclusion.– Within the treatment setting, the presence of suicidal thoughts and behaviours should be assessed in the AD patient, in particular in the presence of other features, such as severe pruritus and/or sleep problems.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0913

The case for zero suicide in healthcareD. Covington¹*, K. Hines²¹ American Association of Suicidology, President-Elect, Phoenix, USA;² The Kevin & Margaret Hines Foundation, Brain Health & Mental Wellness, Alpharetta, USA

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Zero Suicide is a key concept of the 2012 National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention (Action Alliance), a project of Education Development Center's Suicide Prevention Resource Center (SPRC), and supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioural health systems are preventable. It presents both a bold goal and an aspirational challenge.

For health care systems, this approach represents a commitment:

– To patient safety, the most fundamental responsibility of health care

– To the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients

– The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. A systematic approach to quality improvement in these settings is both available and necessary.

– The challenge and implementation of Zero Suicide cannot be borne solely by the practitioners providing clinical care. Zero Suicide requires a system-wide approach to improve outcomes and close gaps.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0914

Child and adolescent psychiatric clinic: Family-centered care for suicidal behaviourD. Dovbysh^{1,2*}, M. Bechuk²

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Introduction.– There is an increasing number of children, who arrive at the mental health hospital in Moscow due to suicidal behaviour (2014 - 264, 2015 - 386, 2016 - 584). This tendency requires using family resources as the new approach in children healthcare.

Objectives.– Evaluation of parent's willingness to participate in child's treatment and their primary needs during child's hospitalization; development of the practical guidelines about family-oriented care for children with suicidal behaviour.

Method.– 341 families whose children were hospitalized in child mental health hospital (66% - by emergency services) and 58 child psychiatrists participated in our study from January to May 2017. Research includes the survey (in two options - for doctors and for parents) about the family needs and willingness of the parents to cooperate.

Results.– 92% of all families are interested in cooperation with health care providers, while the majority (94%) of psychiatrists stated that “child medical treatment” is the primary parent's need. 67% of parents are not satisfied with their communication with hospital staff and doctors; the unwillingness of doctors to admit parents as equal partners in the process of child treatment was named as the main barrier in effective communication. Health care providers, on the other hand, mark as the main barriers the lack of time and established over the decades treatment's tradition.

Conclusions: Readiness and willingness of parents to participate in the child's treatment during hospitalization demonstrate that training psychiatrists must be ready to use the rehabilitation potential of all family members.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0919

Stand up for life: Innovations and debates in stigma reduction and peer support in suicide prevention effortsK. Hines^{1*}, D. Covington²

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Suicide is a leading cause of death in the U.S. and public stigma is clearly associated with aversion to services that may reduce psychological distress/symptoms of mental illness and subsequently suicidal behaviour as well (Link, Phelan, 2002; Corrigan, Watson, 2004). Based on the work of Dr. Corrigan, the Center for Dignity, Recovery and Empowerment has developed structures, tools and evaluation instruments to guide effective stigma-reduction practice in the domain of mental health/mental illness. Most suicide prevention efforts center on a strategy of attempting to link at risk, people qualified with mental health resources. While this strategy makes sense, it will ultimately be ineffective if the culture surrounding the at-risk population is sending a louder message about stigma. We can have universally accessible, state-of-the-art care, but if the core beliefs held are about shame, these resources will not be used. This course is designed to teach new approaches to stigma reduction, such as the Center for Dignity, Recovery and Empowerment's “Coming Out Proud” program and the “Hope Group” (suicide attempt survivors support group) and will facilitate a “tensions in stigma reduction” debate on such questions:

– Should we or how should we use of word “stigma”?

– Do suicide prevention gatekeeper models break down barriers or build them?

– How do we best engage people with lived experience of suicide who 'come out' and disclose?

– How do we best bring Suicide Attempt Survivors and Suicide Loss Survivors together?

– What are best practices in suicide attempt survivor support groups?

Disclosure of interest.– The authors declare that they have no competing interest.

EV0920

Suicidal conduct and bipolar disorder type II

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Introduction.– Suicide attempts are a very serious complication of bipolar disorder. 20% to 56% of patients with bipolar disorder will attempt suicide in their lifetime and 10% to 15% will die by suicide. Through three clinical cases of bipolar disorder type II, we aim to put the point on this problem.

Method.– Clinical cases.

Results.– First case: A 32-year-old unmarried woman, living with her parents, who was referred by a regional hospital emergency department for attempted suicide by drug poisoning. Second case: A 34-year-old divorced woman, a life-long painter, with toxic antecedents, with a history of attempted suicide, who went to the emergency room for another suicide attempt by drug poisoning. Third case: A 26-year-old married woman with two children, housewife, former training with a history of attempted suicide, who went to the emergency room accompanied by her husband for a new phlebotomy suicide attempt.

Conclusion.– The prevention of suicidal behaviour is essential and requires early diagnosis of the disorder, and a careful and repeated evaluation of the suicidal risk.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0923

Aircraft-assisted pilot suicides in the United States before and after the 24.3.2015 accident in the French Alps - Evidence on International Copycat Phenomenon?

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Introduction.– Aircraft-assisted pilot suicide, such as the Germanwings flight, is an extremely rare but serious phenomenon. These suicides were searched from the U.S. National Transport Safety Board (NTSB) database five years before and two years after the deliberate flight into the French Alps (24.3.2015) to assess possible changes.

Objectives.– The aim of this study was to assess whether there is evidence of changes in pilot aircraft-assisted suicide risks in the U.S. after the 24.3.2015 accident.

Methods.– The NTSB database search (13.9.2017) included only fatal aviation accidents in U.S., with accident investigation finalized and the cause of accidents assessed as a pilot suicide. The relative risk (RR) of the aircraft-assisted pilot suicides in all fatal accidents was calculated to compare the period 2 years after with 5 years before the accident in the French Alps.

Results.– During two years (25.3.2015– 24.3.2017) after the incident, 3 out of 453 (0.66%) fatal accidents were aircraft-assisted suicides compared with 6 out of 1292 (0.46%) during five years (24.3.2010–23.3.2015) before, the relative risk being 1.43 (95% CI 0.54–3.78).

Conclusions.– An increase in the aircraft-assisted suicide risk was not observed in our statistical analysis. Thus, a copycat phenomenon, which would contribute to an increased risk, has not occurred during this time span. Limitations of this study include

the fact that manner of death assessments are based solely on data included in accident investigations. Moreover, pilots in general are resilient and criteria for fitness to fly tend to select against high-risk individuals.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0925

Self-Harm research UK: Development of an online research platform

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Introduction.– Self-harm is a growing public health issue. Current research is largely based on populations presenting to Emergency Departments leaving a large number of vulnerable individuals unrepresented. The nature of the online world has led to a substantial research interest into the nature and influence of internet use in those who self-harm.

Objectives.– This study aims to assess the feasibility of a web-based platform for self-harm research. This platform will aim to bring together: questionnaire data; routinely collected healthcare data and uploads to a databank of online material.

Methods.– An online platform for self-harm research has been developed. This platform functions as a questionnaire delivery platform and as a place for individuals to upload sources of advice/information from the Internet. These uploads will form a databank of media sources that can undergo further assessment. Participants will be given the option to sign up to the UK's first population based linked research register and to consent to having their data linked with routinely collected healthcare data.

Results.– Work with the platform is in its preliminary stages. It is hoped that results will assist in identifying vulnerable groups missed by traditional research. Such results will assist in the development of future service provision and support.

Conclusions.– If successful this project would demonstrate the utility of an online platform for self-harm research. It may also result in a register of individuals who self-harm that can be contacted for future research and a databank of media sources that can undergo further study.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0926

Descriptive analysis of personality traits in outpatients with previous suicidal behaviours

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Introduction.– Suicide is an important public health problem and the result of a serious complication of psychiatric disorders. Suicidal behaviours are epidemiologically and clinically related to Personality Disorders.

Objectives.– Describe the sociodemographic and personality traits of a sample of outpatients with a previous history of suicidal behaviours.

Methods.– Cross-sectional observational study. Sociodemographic and clinical data were collected during 6 months (July to December 2016). A personality assessment was performed using the Salamanca Questionnaire on Personality Disorders. Those patients suffering from Dementia or mental retardation were excluded.

Results.– Twenty-four patients participated in the study, 75% were women. The mean age was 46.3 (SD = 8.66). 75% were women. The mean of previous suicidal attempts was 3.37. Half of the patients had a previous diagnosis of Personality Disorder and 93.75% scored positive values for different personality disorders.

The highest scores were: Histrionic (M = 3.56, SD = 1.54); Anxiety (M = 3, SD = 1.86), Emotional instability limit type (M = 3.37 SD = 1.07) and Dependent (M = 3; SD = 2). The least frequent scores were: Antisocial (M = 0.56) and Narcissistic (M = 0.87).

The most frequent traits were: intense variable emotions, excessive care for appearance, frequent feelings of boredom and emptiness, frequent thoughts of lack of role in life, nervousness and fear of ridicule.

Conclusions.– These data showed profiles with multiple anomalous personality traits and corroborate how personality difficulties could lead suicidal behaviour. Extended research is needed to identify potential personality risk markers.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0927

Suicide: A systematic check-up

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Introduction.– Suicide is always a tragedy for the individual, his family and friends and the communities of which it is part. In terms of population, suicide is also a major public health problem, which involves more than 34,500 deaths annually in the United States and a million or more is estimated worldwide.

Objectives.– There are good and bad news regarding existing trends in the advancing age and suicide over time in the United States, where the overall suicide rate declined slowly but steadily from 1985 to 2000, after which it started to increase again marginal mode.

Results.– To design interventions to reduce morbidity and mortality related to suicide, we need to understand its causes. Establish causation in a complex outcome, multi-etiological, rare and dire consequences: such as suicide is a daunting task. However, identifying risk factors and protective can guide preventive measures.

Conclusion.– The importance of depression as a pathogenic factor in the suicide of the advanced stage of life makes their detection and effective treatment are paramount. The multidisciplinary care provided by primary care professionals who have the support of mental health experts has produced promising results as indicated preventive intervention, although its effect in reducing suicide in elderly men is yet to be determined

Disclosure of interest.– The authors declare that they have no competing interest.

EV0929

Sociodemographic and clinical characteristics of patients with suicidal behavior or ideation in the Northern area of Tenerife

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More than 800,000 people committed suicide in 2015; 3,602 in Spain. In Canary Islands, 190 died, 94 of which committed suicide in Tenerife.

Currently, there is no suicide prevention program in this province. We consider imperative to initiate a protocol, and to this end, we elaborate a study that reflects the current situation.

Through a database software, sociodemographic, clinical and discharge data were collected from 98 patients who attended the Hospital Universitario de Canarias between April first and December thirty-first 2016.

Patients were mostly women, middle-aged, with children, unemployed, living with their own family. 75% were discharged in less than 4 days, while 8% required hospitalization. 34% had suicidal ideation. 83% of the attempts were made by prescription drug overdose. 53% had made previous attempts. As for the data regarding discharge, more than 80% received some anti-depressant and anxiolytic drug. 90% were referred to their Mental Health Unit, reaching 30% in the first month.

The data analysed shows characteristics similar to those observed in the rest of studies that deal with this topic. It is worth noting the short period of hospitalization of the majority of patients. In addition, although the vast majority is referred to its Mental Health Unit, only 30% reaches in the first month.

The absence of a protocol to care for patients with suicidal risk means that they do not have adequate follow-up after discharge. Therefore, it is necessary to establish in an early manner this protocol, already existing in other provinces and whose results are widely recognized.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0930

Suicide risk factors in outpatients with suicide behaviour in a community mental health unit

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Introduction.– To minimize the chance of suicide, it is absolutely necessary to have a cross approach.

The actions must be considered at the following stages: a) prevention; b) detection; c) diagnosis; e) treatment; and f) follow-up treatment of mental health disorders.

Over the last years, the approach has been more about the prevention of the suicide pattern.

One of the most important actions to do this, is the evaluation of the suicide risk through psychometrics tools and clinical interview.

Objective.– To analyze the presence and frequency of suicide risk factors in an outpatient sample.

Methods.– A descriptive epidemiological study that analysed the medical histories of 29 patients, who has been evaluated using the Sad Persons Scale in a Community Mental Health Unit. These patients are in treatment because they have committed previous suicide attempts.

The scale give one point for each item: sex, age, depression, previous attempt, etanol abuse, rational thinking loss, social support lacking, organized plan, no spouse, sickness.

Results.– The percentage of each suicide factor is presented in the graphics below.

Conclusions.– The risk is evaluated in this case by “Sad Persons” scale, which does not substitute the psychopathological evaluation and other risk factors. Among the results, there are two indications: a) Signs of depression on his various forms, is considered the most important suicide cause, b) Absence of a partner (i.e. husband or wife) adds to a social risk factor.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0931

To find the silent message–nurses experiences of the non-verbal communication preceding a suicide

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Introduction.– Suicidal individuals often communicate their suicidal intent, but not necessary verbally. It requires sensitivity to recognize the silent and indirect messages of suicide plans that otherwise may pass unnoticed. Psychiatric nurses have a central role in the care of patients with suicidal behaviour or thoughts. By sharing nurses' experiences, essential knowledge about suicidal communication can emerge.

Objectives.– The aim of this study was to explore nurses' experience of non-verbal messages by the patients preceding suicide.

Method.– A qualitative design with a phenomenological hermeneutical approach was used. Seven nurses working in psychiatric specialist care were interviewed about their experience of the studied phenomenon.

Results.– Experiences of silent suicidal communication are presented in three themes and ten sub-themes. The nurses experienced a multi-faceted change in the patient just before the suicide. The identified changes were to improve rapidly, to put up a disguise, and to be unreceptive of further treatment or encouragement. The nurses also described patients' painful awareness of life conditions and how they lose hope and confidence in future, with feelings of being powerless without ability to influence the situation. They finally decided to capitulate. The last period in life was characterized by an increased preoccupation of thoughts about death and making an end. This was shown in practical preparations, in expressing gratitude to people, and by bidding farewell.

Conclusion.– Nurses in psychiatric care can perceive and interpret nonverbal messages from patients who are suicidal. This knowledge might be used as a complement to a structural suicide risk assessment.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0932

Depression and suicide thoughts among medical students

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Introduction.– Recent evidence show that medical students are at high risk for depression and suicidal ideation caused by stress and burnout, comparing to general population.

Objectives.– The aim of this study is to investigate and compare the overall prevalence of depressive symptoms among medical students from 1st and 6th year of study.

Methods.– A number of 202 medical students took part in this study (98 freshman students and 104 enrolled in 6th year of study). Students were asked to fill a questionnaire with socio-demographic data and to answer to the items of Beck Depression Inventory in order to evaluate the level of depression. The statistical analysis of data was done using SPSS Statistics v23.0.0 for MAC.OSX and for the comparative analyses we used Independent Samples T-Test.

Results.– The overall depression score was lower: $t(198)=4.010$, $P=0.000$ for the 6th year students ($M=6.81 \pm 7.47$) compared to the 1st year medical students ($M=10.97 \pm 7.17$). Seniors ($M=0.03 \pm 0.23$) had less self-punitive thoughts ($t(197)=2.235$, $P=0.027$) compared to freshman students ($M=0.15 \pm 70.46$).

Conclusions.– Our results show that 1st year students are more depressed than seniors and the prevalence of suicidal thoughts among freshman students is higher. Strategies for preventing and treating depression among medical students, especially for those in the pre-clinical years are needed.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0933

Clinical psychopathological and pathopsychological features of suicide among women

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Results published by WHO show that suicide is one of three leading causes of death among people aged between 15 and 34 years old.

Objective.– To study patterns in formation of suicidal behaviour among females.

Methodology.– 30 women who attempted suicide within last three days were examined in Medical Centre No. 1 in Baku, Azerbaijan. Each patient was interviewed, and his or her response was used to fill in a questionnaire. Thereafter, the responses were analysed using Beck depression inventory and Zung depression scale.

Results.– Most of the subjects had mild or more severe depression (BDI–82.3%, Zung depression scale–82.4%).

The subjects were divided into groups based on their age, marital status, social status and education level. A negative correlation between education level and size of the respective group was observed.

Interviews with the married women suggested that:

– (i) Their inability to get divorced due to fear of social stigma was an important factor driving them to suicide.

– (ii) Most of the suicide initiatives were intended not to result in death, but to serve as a means for self-defence or influencing

another person to achieve a goal. BAP's depression phase and symptoms of Conversion Disorder were observed in the former and latter cases, respectively.

Conclusion.– The research identified level of education, presence of conflicts in family, fear of social stigma to be important factors in determining likelihood of women attempting suicide. It is suggested that these conclusions can be used to create gender-differentiated methods for preventing suicide specifically aimed at women.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0934

Constructivist strategies in cognitive-behavioural therapy for managing suicidal ideation and hopelessness: A case study

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Suicide is currently a global public health problem and is one of the leading causes of mortality. Based on the literature it is also known that in most cases, some disease or mental disorder is amongst the contributing factors to suicidal behaviour. Likewise, the subject who manifests a suicidal intent tends to express beliefs of hopelessness and few perspectives about the future. The aim of this study was to describe the contributions of constructivist strategies in cognitive-behavioural therapy (CBT) to manage suicidal ideation and hopelessness and to point out the related cognitive triad. The case report describes the psychotherapeutic care of a 28-year-old patient with depressive symptoms. In the diagnostic assessment, the ICD-10 and DSM-V criteria were used, as well as the Beck inventories for depression, hopelessness and suicidal ideation. The treatment plan proposed the exploration of sensory pathways for questioning beliefs using constructivist techniques such as subjectivation and objectification. Referral for psychiatric follow-up, cognitive-behavioural techniques such as psychoeducation of depression and cognitive model, search for social support, problem solving, cognitive restructuring and strategies for relapse prevention were used. As results, there were reductions in Beck's inventory scores, reduction of distorted thoughts, remission of depressive symptoms, and improvement in biopsychosocial functioning. It is suggested, therefore, that the strategies of the two approaches complement each other to offer the possibility of remeaning experiences in the management of hopelessness, as well as in the expansion of behavioural repertoire and beliefs to face the desire to die.

Disclosure of interest.– The authors declare that they have no competing interest.

Training in psychiatry

EV0935

French psychiatry residency training reform: Will the phoenix raise from the ashes?

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Introduction.– Since 2009, France has been working on a profound remodelling of residency training, including psychiatry. The French psychiatry residents' association (AFFEP) has been actively working on this reform from the very beginning, alongside with the National College of Psychiatry Professors (CNUP), and the French Junior Doctor Union.

Method.– We will present the reform and the changes it brings, on the positive and negative sides.

Results.– The French residents who have started residency training in November 2017 are benefiting from a brand new system. Their curriculum is divided in 3 stages, with gradual autonomy, and their knowledge and experience acquisition synthesised in a progressive portfolio. Child and adolescent subspecialty training (CAP) is upgraded so that residents can complete the six rotations needed for the European recognition. A new subspecialty of old age psychiatry has been created, broadening the training in this field. So far, very few residents have had the opportunity to realise rotations in old age psychiatry. Even though the reform is promising, some issues remain unsolved. Training in forensic psychiatry has to be developed to face the society demands; making it a subspecialty is essential but not accepted by the government yet. The proportion of residents choosing CAP and the ways to improve it is also a hot topic.

Conclusion.– This reform is a major shift in French psychiatry residency that will profoundly modify the training of future psychiatrists and the field itself. Yet, there are some points that remain to be clarified.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0936

BPS working group on recovered memories and extreme abuse surveys

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Introduction.– This paper revisits results of a BPS survey where 15% of practitioners had encountered Satanic Ritual Abuse (SRA) disclosures and the Extreme Abuse Survey where Satanists were the most frequently identified offender group.

Objectives.– The presentation reviews evidence of SRA gathered through survey formats.

Aims.– This presentation educates mental health professionals about SRA and the associated dissociative disorder symptoms that are frequently overlooked or misdiagnosed in clinical practice.

Methods.– Key results of the two surveys regarding SRA were reviewed.

Results.– In the May 1995 issue of *The Psychologist* Andrews et al reported on 'The recovery of memories in clinical practice' soon after their BPS Working Party on Recovered Memories report had

been published. In their survey 13% of 1083 respondents' ever worked with client reporting SRA and had believed them'. Curiously neither the article nor the report made any attempt to define or describe SRA.

The 307 page report on the Extreme Abuse Survey conducted in 2007 can be downloaded from endritualabuse.org, the website of US Clinical Psychologist Dr Ellen Lacter. It features results of surveys with survivors, professionals and carers of child survivors of extreme abuse outlining dozens of extreme abuse varieties including 'impregnation' to breed babies and 'Human Sacrifice Murder'. *Conclusion.*– Given that SRA was encountered by a substantial proportion of practitioners and seemingly covers heinous crimes it appears opportune to conduct a replication of the BPS Survey with a branched administration of the Extreme Abuse Survey for those who have encountered disclosures of SRA.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0937

Helping students learn useful clinical skills–reconsidering the pedagogy of the mental status exam

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Introduction.– The psychiatric mental status exam (MSE) is a structured assessment of behavioural and cognitive functioning. It requires observational skills and subtle discrimination to discern the often difficult to describe traits that characterize a psychiatric disorder. Its use and interpretation is a fundamental skill medical students and medical practitioners must have, to establish well founded diagnoses and evaluate treatment progress. This is particularly important due to the high prevalence and chronology of psychiatric disorders. In comparison to other clinical skills, little is known about how the MSE is taught.

Objective.– To investigate currently available publications regarding MSE pedagogy through a thorough literature review, and to extract teaching/learning activities (TLAs) from those publications. *Methods.*– Relevant articles in Pub Med, ERIC, and Psychoinfo databases were manually searched. Mental Status Exam, Mental Status Examination alone and combined with scholarship, education, teaching, learning, and pedagogy. Exclusion criteria were no mention of the MSE or omission of discussion on teaching methodology.

Results.– 8 relevant articles were retained, and 6 TLAs were identified: Didactic lectures (the most common and traditional TLA), videotaped interviews, simulated patients, virtual patients, tutorial groups, and student roll play following lectures.

Conclusions.– In attempting to establish an MSE course these TLAs can be considered. The choice of which TLAs to implement in a training program depends on an institutions' available resources. Further published research and discussion on this topic will help build evidence for effective teaching methods, which will hopefully translate into more effective psychiatric evaluations in the next generation of medical professionals.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0938

On an integrative psychiatry in education

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Introduction.– Objectives: Psychiatry is interdisciplinary science and of fundamental importance for enormous problems of humanity. Creation of an integrative psychiatry in context of a multidimensional&holistic medicine, founded by HIPPOCRATES-GALENUS-HUA T'UA-PARACELUS is necessary to counteract disastrous human situation.

Methods.– Related to medical-philosophy.

Results.– Theoretical approaches about discussion for an integrative psychiatry. During Opening-Ceremony of 18thWorld-Congress Psychosomatic-Medicine (ICPM 2005 Kobe) were present their majesties Emperor&Empress of Japan, Prime&Ministers for Science-Education-others&prominent scientists. Emperor AKIHITO honored congress by strategical ideas, available also for all anthropological-health sciences, "total symptoms of mind&body, seeking ways of holistic care ... it is extremely important for patients, my hope contributes to the progress of medical science and people's happiness in the entire world".

Yujiro IKEMI/Ex-President of ICPM opened new dimension not only in psychosomatics&psychiatry, but also in general-medicine&psychology by integration of oriental somatopsychic theory&self-regulation practices (Yoga/Qigong/Zen-meditation/etc.) with occidental psychosomatics (Th.von UEXKÜLL). Psychiatric-societies/EPA/WPA, continental/national (American-Asian-European-etc.) could found Committees preparing proposals for creation of an integrative psychiatry incl. harmonious participation of medical-philosophy (epistemology-ethics-aesthetics), psychology, psychosomatics, psycho-physiology/pharmacology in education&research. Also support of round-table-discussions in this matter during congresses (involving scientists/politicians) giving recommendations to UNESEVWHO-EU-governments is recommendable.

ON AN INTERNATIONAL ACADEMY FOR PSYCHIATRY (IAP), similar to European-Acad Neurology/EAN founded 2015 in Berlin, could be promoted creation of an integrative-psychiatry incl. oriental-holistic traditional medicine-philosophy-psychology counteracting enormous dominance of occidental-one.

Conclusion.– New kind of education/research/practice in psychiatry by interdisciplinary fundamentals in context of philosophy-psychology-informatics to experimental/clinical psychiatry could open new dimension in psychiatry (therapy/prophylaxis) in context of UNO-Agenda21 for better health/ecology/economy on global level.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0940

Scientific research as an integral part of the work of a psychiatrist leading an outpatient consultation in the regional diagnostic center of the Subarctic territory

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Introduction.– The work of practicing psychiatrist leading consultative outpatient, is associated with constant analysis of identified symptoms of diseases, results of diagnostic examinations and clinical analyzes. He carries out educational activities to prevent using of toxic substances by population.

Objectives.– It was analysed 87 scientific and 143 methodical works, including 1 monograph and 8 manuals (Two of them Ministry of Education of Russia awarded the neck of textbooks for students of higher educational institutions), carried out by psychiatrist of regional consultative center of the subarctic territory.

Methods.– Historical, analytical

Results.– Scientific interests of psychiatrist include following problems: Mental morbidity of population of circumpolar regions; Public health; Social Medicine; Didactics of fundamentals of life safety, healthy lifestyle and health preserving technologies in higher and secondary vocational schools.

Five information letters were developed, which deal with the differential and diagnostic criteria of the syndromes of latent depression. For doctors and nurses, lectures are given: 1) What you need to know about depression. Depression and somatic diseases. 2) Anxiety in general somatic practice. 3) Mental disorders in craniocerebral trauma. 4) Cognitive impairment in old age. 5) Gerontology. Accelerated aging of the population. The main factors of mortality and morbidity in Russia. 6) Somatoform disorders, psychosomatic diseases, somatopsychic disorders. 7) Features of the psyche of an elderly person.

Conclusions.– Scientific and methodical work is spent on correct formation of a contingent of patients directed on reception to psychiatrist and the psychotherapist of the regional advisory center by general practitioners of city polyclinics and the central regional hospitals.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0941

Configurations of clinical discussions, modulated according to the common patient stereotypes, and so constructed among supervisors and residents in a Brazilian university psychiatric outpatient service

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Clinical supervisions are impregnated by subjective aspects, in addition to clinical objectivity of the cases. In psychiatric

discussions, emotional aspects tend to be more characteristically modulated according to different diagnostic and therapeutic demands in the ‘madness’ approach. Usual behavioural types of patients construct respective types of supervision discourse.

Objective.– To categorize types of discourse that are configured in clinical discussions among supervisors and residents, considering psychological stereotypes of adult patients, from audio recordings that occurred after medical consultations.

Method.– Qualitative design. Data collection through audio recordings of clinical discussions, at the General Hospital of the State University of Campinas, State of São Paulo, with 17 medical professionals - 03 supervisors and 14 residents, after consent form. Free-floating readings of the transcribed speeches, consisting of 66 sessions, 947 minutes. Data interpreted by content analysis. Categories validated at the Laboratory of Clinical-Qualitative Research. **Results.**– 04 categories are emerged: (1) medical team configures a “defensive posture”, due to patients that cause emotional overloads for presenting demands of multiple natures; (2) “impotent posture” towards called “difficult” patients, considering the proposed therapeutic schema, but with problematic adherences; (3) clinicians become a “exciting team” because patients are scientifically challenging due to rarity or clinical richness; (4) an “intriguing team” configuration, because patients are marked by unusual situations, provoking human curiosity and perplexities.

Conclusions.– Peculiarities of often-discussed clinical cases lead to narratives that build their own configurations, as a usual way of dealing with those peculiarities. Awareness of such configurations may be useful for professors in self-criticism.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0942

Students with specific learning difficulties in undergraduate medical education: Are attempts at equality working?

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Background.– Specific Learning Difficulties (SpLDs), such as dyslexia, are explicitly discussed within Equality Act 2010, which ensures provision of assistance and prevents discrimination [1]. Despite this, evidence suggests that students with SpLDs are under-represented in medicine compared to other disciplines.

Methodology.– This study systematically reviews literature on SpLDs in undergraduate medical education following the PRISMA guidelines. Nine studies were included which examined medical undergraduates, with 8 included from wider clinical education.

Discussion.– Studies report prevalence of learning difficulties in medical students between 1.5–3% [2]. Stigma was highlighted to be a major factor, resulting in reluctance to report difficulties or disclose diagnoses [2,3]. Few papers assess the adaptive or assistive methods used, but where discussed were generic to higher education [3].

Two studies examine the results of students with SpLDs, the most quantitative measure of equality of education. Both find that students with SpLDs when properly identified achieve academic parity. There is disagreement over whether assessment method results in disadvantage with a gap in the literature [4,5].

Disclosure of interest.– The authors declare that they have no competing interest.

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EV0943

Personal experiences in the mental health specialists training process pro and contra

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The needs and amount of personal therapy and supervision from senior colleagues is one of the most contradictory topics in the mental health specialists training standards discussions. A group of 40 psychotherapists was studied with ISTA (ego-structure test). They were divided in 2 groups, first consisted of 25 experienced regulary supervised professionals and the second of 20 beginners without supervision experience. The study results showed the increased self-reflection ability and self-confidence and responsibility in decision making in the first group and more constructive ISTA profile. That allowed us make the conclusion about the positive influence of supervision on the professional skills of the mental health specialists

Disclosure of interest.– The authors declare that they have no competing interest.

Women, gender and mental health

EV0944

Study psychological mechanisms of procrastination for sample of students in Qatar university

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Keywords: Procrastination; Susceptibility to Temptation; Irrational thoughts; Impulsive behaviour; Cultural orientation) Because of the increasing interest in procrastination since it is considered a complicated psychological process, which contains many interactions between the cognitive and the non-cognitive psychological conditions. This study aims to study how procrastination is related to Impulsive, the ability to seduction and irrational thoughts. The current study was done on a sample of 120 students from Qatar University (36 males and 84 females). Several scales were applied on the targeted sample, for example the Pure Procrastination Scale, the Irrational Procrastination Scale, the Sus-

ceptibility to Temptation Scale, the Individualism and Collectivism Scale and Impulsive Behavior Scale. The results of this study agreed with the validity and persistence of the PPS $\alpha = 87$ which generally indicates the internal consistency of the PPS scale. Whereas the findings did not show a significant correlation between procrastination and the cultural orientations, we found a statistically significant relationship between procrastination and impulsivity, the susceptibility to temptation and the irrational thoughts of procrastination, which proved the importance of non-cognitive processes in shaping the procrastination that interacts necessarily with cognitive processes in its determination.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0946

High doses of cholecalciferol decreases anxiety in menopausal women treated with hormonal replacement therapy

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Women's transition into reproductive senescence is marked by reductions in ovarian function and output, referred to as menopause. This stage is characterized by a dramatic development of affective-related disorders and different psychoemotional pathologies.

This study evaluated the effect of cholecalciferol supplementation in high doses (60000-100000 IU, per os) alone or in a combination with standard hormonal menopausal therapy (HRT) on anxiety scores and hormonal status for menopausal women. The women treated with cholecalciferol in 80000 IU and 100000IU doses alone or in a combination with HRT had greater reduction in anxiety scores than the control group. The cholecalciferol groups of women had significantly higher 25-hydroxyvitamin D₃ concentrations and estradiol levels in comparison to the control group. The present trials showed that consuming 100000 and 80000 IU vitamin D₃ daily were effective in decreasing anxiety levels. Furthermore, this is the first clinical study to show a beneficial effect of chronic vitamin D₃ in high doses administration on anxiety score in menopausal women. It can be supposed that vitamin D₃ supplementation may be necessary in menopausal women. This work promotes more effective creating of the novel therapeutic targets and strategies for anxiety-related state treatment in menopausal women.

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EV0947

Perinatal mental health and substance use

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Depressive disorder with peripartum or postpartum onset occurs during pregnancy or within four weeks of delivery. According to the Diagnostic Statistical Manual 5 (DSM5) it actually occurs in half the cases while peripartum. It is highly associated with substance use, anxiety and panic attacks and is associated with high rates of reoccurrence. Peripartum mood episodes can present with psychosis most commonly infanticide. Psychosis usually occurs with history of bipolar type 1 or Major Depressive Disorder or previous postpartum depressive disorder (PPD). Current literature reports three million cases of postpartum depression reported annually. During pregnancy, suicide occurred on average at 5 months. Suicide during the postpartum period, tended to occur at 7.5 months after birth. Substance use disorders is a significant comorbid concern and might be overlooked by an unsuspected clinician. With the increasing growing body of literature describing the occurrence of PPD, researchers also note that PPD screening may reduce depressive symptoms in women and reduce the prevalence of depression. While screening instruments can identify pregnant and postpartum women who need further evaluation and may need treatment, there exists little consensus on which screening tool to use and how to educate practitioners about screening.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0948

Non pharmacological treatment in the “together“- pre-, peri-, and postnatal mental disorders prevention and treatment program in Saint John hospital in Budapest, Hungary

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The first Hungarian Mother-Baby unit was established in 2005 in Budapest.

Objectives.– To identify some qualitative indicators for using non-pharmacological interventions combined with pharmacological ones.

Methods.– Besides treating the psychiatric disorders of mothers - the therapeutic focus has been shifted to the relationship between mentally ill mothers and their children.

23,3% of the cases were diagnosed with Schizophrenia Spectrum Disorders, 30% suffered in Major Affective disorders, including BD (13,6%). Diagnoses of 35% were in the spectrum of Anxiety Disorders, including Adjustment Disorder. 11,7% of the patients had organic and personality disorders.

We use a complex therapy -pharmacotherapy (if it's unavoidable) and non-pharmacological therapy, including supportive-educative therapeutic interventions, family therapy, behaviour therapy, group therapies and integrated parent-infant consultations, video-feedback).

Results.– Since 2007, more than 260 mothers and 5 fathers have taken part in our program. 55% of the patients participated as inpatient, and 45% were treated as outpatient. The number of admitted patient increases continuously. 19,4% of the patients was in prenatal period (pregnancy), while 80,6% was in post-natal period.

One of our main indicators for Baby-Mother-(Father) Program is the numbers of children successfully stayed in their family. Since

the program started only 6 children (2,5%) were taken to the care of social services, the others could stay within the family networks.

Conclusion.– Is that this kind of complex therapy in our program offers fast recovery from mental disorders of the mother and the strengthening of maternal roles and mother-infant attachment. Further qualitative research also needs.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0949

Denial of pregnancy

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“Pregnancy denial “refers to the condition in which a woman cannot recognize that she is pregnant before 20 weeks of pregnancy. The condition may be best defined as unperceived pregnancy. At 20 weeks of pregnancy, it is detected in 1 of 475 women, but the incidence is still very high at the time of delivery: 1 in 2500(1). Unperceived pregnancy can cause complications both for the mother and the newborn, including the lack of antenatal care, unassisted delivery, neglect of the newborn or even infanticide (2). Roughly 4 of every 10 women with an unperceived pregnancy reported that they have seen a doctor with symptoms such as nausea or abdominal pain, yet they haven't been diagnosed as pregnant. It is necessary for the health community and the society to gain awareness of this frequent condition in order to prevent it where possible, or accompany the women, families and babies concerned in an appropriate way. In this poster study, the news of the past few years from various media channels which were thought to be related to pregnancy denial were compiled to raise awareness. Acute dissociative reaction to spontaneous delivery in a case of total denial of pregnancy: Diagnostic and forensic aspects. Vedat Şar, Nazan Aydın, Onno van der Hart, A. Steven Frankel, Meriç Şar, Oguz Omay; Journal of Trauma & Dissociation (2016); DOI: 10.1080/15299732.2016.1267685. Denial of pregnancy: Population based study. Jens Wessel, senior lecturer, Ulrich Busche. BMJ 2002; 324: 458

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EV0950

Unequal gender-power relations, sociocultural dynamics and hiv risk vulnerability among young girls from North West Province

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Introduction.– South Africa remains the epicentre of the HIV/AIDS pandemic. Sexual coercion or violence is prevalent and felt by many women. This is located within entrenched and intricate gendered notions around masculinity and power that is socio-culturally sanctioned and justified

Objectives.– This study is aimed at describing the psychosocial factors that continue to place young women at risk for HIV.

Methods.– Face to face, semi-structured interviews were conducted with participants ($n=12$) recruited from the Bojanala district using purposive venue-based sampling. Data were analysed

using constant comparative method of analysis based on principles of grounded theory.

Results.– Unequal gender-power relations between men and women are mirrored in violence or the threat of violence against women in sexual relationships. The threat or fear of violence from their male partners impels women to engage in risky sex as preferable to immediate physical harm. Such threat further reduces women's ability to negotiate safe sexual practices. The use of alcohol also seemed to play a major role in the participants' HIV-vulnerability. The findings suggest that women are more likely to be subjected to sexual coercion or violence while intoxicated or when the partners are intoxicated; and engage in unwanted, unconsented and unprotected sex. Poverty shapes a platform where young girls exchange sexual favours in order to obtain certain goods. This is reflected in the dynamics of inter-generational sexual relationships.

Conclusions.– The finding echoes the urgent need to design specific interventions that target psychosocial, economic and contextual factors that continue to put individuals at risk for HIV-infection.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0952

Perinatal anxiety screening: Worth it?

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Background.– Screening for peripartum depression has long been standard of care. There is little research on anxiety screening during pregnancy, and whether adding anxiety screening would increase diagnosis and treatment of women suffering from mood disorders around pregnancy.

Methods.– Current practice at our busy urban clinic is to screen with PHQ2 at all prenatal visits. We prospectively tracked screenings done for 3 months, and then added a GAD-2 validated 2-question anxiety scale to this assessment. Our primary study outcome was the referral rate to mental health professionals; secondary outcomes included maternal and neonatal obstetric and medical outcomes.

Results.– A total of 100 women underwent PHQ-2 screening only, and 125 women underwent both PHQ-2 and GAD-2 screening. More action was taken during pregnancy with the GAD2+PHQ2 than with PHQ alone (OR 1.75, CI 0.76-4/97); this became statistically significant when controlling for history of mental health diagnosis (OR 14.9, CI 5.6-39.7), history of substance abuse (OR 26.7, CI 4.6-155.0), or BMI (OR 1.07, CI 1.1-1.14). Postpartum PHQ2 screen positive rates were not statistically different between the groups. Positive GAD-2 screening was significantly more common in patients with a history of substance abuse (OR 43, CI 2.6-698.5).

Conclusion/implications.– Screening for anxiety along with depression during the perinatal period increases detection patients who may benefit from referrals to mental health care practitioners, and may be an important tool in combating peripartum mental health disorders.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0953

Premenstrual dysphoric disorder: A case report

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Objectives.– Study a clinical entity called premenstrual dysphoric disorder (PMDD) consisting of the presence of irritability, crying, demotivation, anergy, apathy, feeling of sadness, isolation and difficulty for social relationships, intense anxiety, difficulty in concentration, increase in appetite, maintenance insomnia, headaches and muscle aches. Symptoms appear about 7-15 days before menstruation and persist throughout the menstrual cycle, disappearing later.

Methods.– Analyze the case of a 25-year-old woman who, at age 14, began with clinical signs of dizziness and headache, and was assessed by neurology with normal results, also cerebral MRI. No history in Mental Health. She is referred by her general doctor, because for years she has recurrent episodes of emotional decay with emotional lability that makes her incapable of normal activities. It lasts 1 or 2 weeks with recovery ad integrum. It relates to the premenstrual period.

Results.– The diagnosis of premenstrual dysphoric disorder (PMDD) is issued. It is explained hygienic-dietetic measures that must be carried out to reduce the symptoms: avoid alcohol consumption, daily physical exercise, try an adequate rest as well as maintain a balanced diet. He is proposed to start treatment with SSRIs that he refuses, given the intermittency of the clinic.

Conclusions.– Some contraceptives, such as chlormadinone acetate associated with ethinylestradiol, have proven effective in reducing the intensity of these symptoms; however, in the literature paradoxical effects are described in some patients. Antidepressants, vitamins and nutritional supplements such as calcium and magnesium, analgesics and diuretics may also be used.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0955

Specialist perinatal mental health–development of a national model of care in a small country

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Introduction.– Perinatal mental health disorders are those, which complicate pregnancy (antenatal) and the first postnatal year. The Irish Health Service's Mental Health Division (MHD) prioritised the development of a Specialist Perinatal Mental Health model of care in 2016.

Objectives.– To design a plan in line with Table 1, for the development and operation of:

- i) The three components of specialist perinatal mental health services
 - Specialist liaison psychiatry service to maternity units/hospitals
 - Specialist perinatal mental health teams
 - Specialist inpatient mother and baby units
- ii) The interface of this specialist service with secondary care mental health services.

Table 1 Rates of Perinatal Psychiatric Disorder per thousand maternities.

Postpartum psychosis	2/1000
Chronic serious mental illness	2/1000
Severe depressive illness	30/1000
Mild-moderate depressive illness and anxiety states	100-150/1000
Post-traumatic stress disorder	30/1000
Adjustment disorders and distress	150-300/1000

(JCP-MH 2012)

Methods.– A national working group was established. The members were multidisciplinary with service user representation. Each discipline presented on their areas of expertise.

These presentations/submissions included:

- Literature review
- Overview of specialist perinatal mental health services
- Service user and Obstetrician perspectives

Results.– Hub and Spoke model of care identified as well as an overall perinatal mental health clinical pathway to ensure women with milder mental health problems will be both identified and receive appropriate help from skilled staff at primary care and within maternity services.

Conclusion.– Implementation of the National Model of Care in six hub sites

Supported training of staff in implementing the Model of Care

Overall clinical pathway identified for women with milder mental health problems

Core clinical outcome dataset identified

Disclosure of interest.– The authors declare that they have no competing interest.

EV0956

Comparative analysis of personality profile characteristics, coping strategies and psychological defence mechanisms of naive middle-age women and men with uncomplicated essential hypertension

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Introduction.– Since F. Alexander's work essential hypertension (EH) is traditionally referred to psychosomatic diseases. However, there is a lack of data on gender differences in this area.

Objectives.– To conduct a comparative analysis of the personality profile characteristics, psychological defence mechanisms and coping strategies of middle-age women and men with EH.

Methods.– The study involved 22 naive middle-age women (average age is 53.3 ± 5.8) and 27 men (average age is 50.1 ± 7.0) with uncomplicated EAH, stage 1-2. Participants performed the following assessment: Sixteen Personality Factor Questionnaire (16PF), Life Style Index (LSI), Ways of Coping Questionnaire (WCQ), Cognitive Emotion Regulation Questionnaire (CERQ).

Results.– Women with EH differ from EH men by higher rates of factors: A (Warmth) (5,66 ± 2,2 vs 4,45 ± 1,7; P=0,04) and I (Sensitivity) (6,66 ± 1,7 vs 3,95 ± 1,6 P=0,00), and lower rates of factor C (Emotional Stability) (5,09 ± 1,6 vs 6,35 ± 1,5; P=0,02) in 16PF test. Women are statistically significant less likely to use repression (20,69 ± 7,3 vs 32,00 ± 5,4; P=0,01), but more often reactive formation (32,27 ± 11,2 vs 15,63 ± 7,5; P=0,00) in LSI test. They are more likely to seek social support (12,92 ± 3,3 vs 10,47 ± 3,5; P=0,02), less often blame others in resolving problem situations (8,86 ± 3,2 vs 11,12 ± 3,6; P=0,02) in WCQ. However, women less often use a positive reappraisal (13,36 ± 2,9 vs 15,18 ± 2,7; P=0,04) as an effective strategy of regulating emotions in CERQ test.

Conclusion.– The results prove the presence of gender differences in cohort of naive middle-age EAH patients and justify the need for differentiated approach to treatment and psychological support for these patients.

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Disclosure of interest.– The authors declare that they have no competing interest.

EV0958

Neuroleptic malignant syndrome in Pregnancy

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Introduction.– Neuroleptic malignant syndrome is a potentially life-threatening neurologic emergency associated with the use of antipsychotic drugs. It poses a special problem if it happens in pregnancy as in the case presented.

Case report.– 35-year old woman with a history of schizoaffective disorder was admitted to our clinic in the first trimester of pregnancy. She was agitated and had imperative acoustic hallucinations. She discontinued antipsychotic treatment when she became pregnant. Upon admission she was so agitated that she had to be restrained. She received haloperidol. Four days after admission she developed fever and muscle rigidity and she became mutacistic. Her blood pressure and pulse were high. Her creatinine kinase, myoglobin and leukocyte levels were elevated. She was transferred to the neurology clinic because of malignant neuroleptic syndrome. She was treated with bromocriptine, dantrolene and diazepam. Neuroleptic malignant syndrome subsided after three weeks but psychotic symptoms remained. She was treated with quetiapine and olanzapine with no success. Psychosis was so intense that she needed to be restrained again. Finally we decided to switch to clozapine. After three months she achieved moderate remission. She was treated with clozapine until the end of pregnancy. She gave birth to a healthy child.

Conclusion.– Despite the fact that neuroleptic malignant syndrome in pregnancy is a very rare condition it should not be overlooked. Once diagnosed, it can be treated successfully. In the presented case it was treated in the way that did not affect the newborn child.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0961

Premenstrual dysphoric disorder: A multidisciplinary approach

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Introduction.– Premenstrual dysphoric disorder (PMDD) is a disease with a prevalence of about 3–8%, with important clinical, biological and biosocial implications. PMDD is characterized by its symptoms and cyclicity. Neurosteroids may contribute to its typical gender physiopathology. It affects woman during their reproductive years. A wide variety of symptoms can be identified in this disease: somatic symptoms, psychological symptoms or mixed somatic and psychological symptoms. Typical onset is one week before menstruation.

Methodology.– A review was conducted aiming to clarify the biological mechanisms and the best interdisciplinary treatment for the premenstrual dysphoric disorder. The literature search was conducted in Pub Med data reviewing articles dating between 2003 and 2017.

Results.– 1. There are many and interdisciplinary treatment options for the premenstrual dysphoric disorder. Some of these options are cognitive behavioural therapy, psychotropics agents, hormone-based treatments, diuretics and, in some cases, surgery. 2. First-line treatment for PMDD is pharmacotherapy with SSRIs. This treatment can be used only in the luteal phase or during the entire month. 3. There is limited evidence for the treatment of PMDD with combined oral contraceptives containing drospiridone plus ethinyl estradiol. Also levonogestrel can be used. 4. Cognitive-behavioural therapy brings in to the patient coping skills to afford this disease.

Conclusions.– PMDD is a common disorder with a high prevalence, with high implication in the clinical practice. PMDD treatment has to be individualized in order to achieve a good response. This treatment can be psychological or pharmacotherapy, depending of the symptoms of each patient.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0962

Patients with schizophrenia and the gender of the clinician: Daring to ask questions

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Introduction.– Gender differences in schizophrenia are described in almost all aspects of the illness.

Objectives.– The purpose of this cross-sectional study was to measure the level of apathy in schizophrenia and its relation to gender issues; to investigate to which extent clinicians were able to estimate their patient's perspective on motivation for engaging in treatment, to which extent they agreed on the patient's motivation. The data were collected within the prospective "Motivation and Psychosocial Treatment" study.

Methods.– The present study assessed motivation as rated by clinicians ($n = 35$) and patients with schizophrenia ($n = 138$) using two versions of the Apathy Evaluation Scale (AES)–clinician, and self-rated.

Results.– It was found that the agreement on the level of motivation between patients and clinicians was moderate. The mean level of apathy of patients with schizophrenia, as rated by clinician (AES-C), was significantly higher than that of self-rated scores (AES-S). In our

study, a tendency to gender differences was not shown: statistically significant differences could not be confirmed between men and women, in both clinicians and patients groups.

Conclusions.– It is concluded that patients with schizophrenia and their clinicians have different perceptions on the patient's motivation, regardless of the gender issues. Nevertheless, the findings imply that the match between clinician and patient gender is important in schizophrenia to ensure effective mental health interventions. It is our intention to discuss why the clinician's gender may be so important when working with the (largely) male psychiatrically disordered population.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0963

Mental health of family member of sever suicidal patient

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Introduction.– It is a very stressful thing to take care of suicidal people, especially while their suicide attempts are repeated happened or suicide ideation is frequently high. Family members usually are inevitable person to take care for them, but there are very less study discussing about this issue.

Objectives.– This project tried to understand the mental health state of sever suicidal patient's family members.

Methods.– This is a descriptive study. 18 family members of sever suicidal patient recruited from suicide prevention center in a general hospital, aged 32–67; include 12 mothers, 4 fathers, one wife and one husband. 17 participants live with suicidal client.

They filed questionnaires to assess their mental states, include depression (Patient Health Questionnaire-9, PHQ-9), anxiety (Beck Anxiety Inventory, BAI), burden to take care decreased (Caregiver Burden Scales, CBS) and quality of life (short Form version of the Quality of Life Enjoyment and Satisfaction Questionnaire, QLESQ). **Results.**– Despite they did not suffer MDD or anxiety disorder. Their quality of life is worse as MDD patient, their burden even worse than cancer patients' family, especially "spirit burden" and "physical and psychological burden". The scores of BAI shows their anxiety state is moderate, eight of them are suffer from sever anxiety.

Conclusion.– The result implied that family member needs some kind of help, some researcher designed skills group to help with those family members. Since this project only recruited 17 participants, bigger sample size project is needed. Different relationship might have different impact also needs future study.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0964

Maria - portrait of a Brazilian pregnant woman awaiting zika test results and her psychological expectations: Case report from a university obstetric public service

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The discovery of the vertical transmission of Zika virus in Brazil and its negative consequences for the fetus has sounded an alarm. This revelation startled the health system and the population, especially pregnant women, who started to live under the risk of infection and transmission during a period of supposed uncontrolled epidemic.

Objective.– To report an experience of one of these women, here called Maria, and to pay attention to magnitude of a problem that also affects non-infected people and includes, besides biological, social and psychological concerns.

Method.– Qualitative design. Observations made at the arbovirolos outpatient service of university hospital for women's and newborn health care. Data were collected through an in-depth interview.

Results.– Despite all the media fuss about the epidemic, Maria showed she did not have adequate information about the symptoms of ZIKV infection. She speaks about her anxiety for test results and uncertainty concerning the course of her life if she is diagnosed with ZIKV. Negative consequences of this process add to the physical severity of the disease and may affect the relationship with the baby, partner, and rest of the family for a long time, irrespective of the severity of the morbidity.

Conclusion.– Maria could be the spokeswoman for many Brazilian pregnant women who experience the anguish of being under the risk of having contracted ZIKV. However, the greatest adversity for many “Marias” is to be part of a vulnerable population from poor settings, who suffer physically and psychologically the consequences of economic and gender inequalities.

Disclosure of interest.– The authors declare that they have no competing interest.

EV0965

Psychological practice with transsexual individuals: A study case in Brazil

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Discussing transsexuality is different than discussing the sexuality itself, it implies taking the personal, professional and social identity into account. Psychology has therefore to be ethically committed with the construction of this gender identity. This is a qualitative research, which used a semi-structured interview with a private practice clinical psychologist who has great experience with transsexual individuals. The aim was to discuss how the work of a psychologist is performed in supporting those individuals when dealing with the multiple variables involved in their social, work, family and private lives providing an example of care model based on extensive professional experience. According to the results, psychology is being disconnected of the medical practice, which is mainly about pathologization; and even if psychologists still need International Classification of Diseases due to judicial necessity, enabling transsexuals to access their rights, such as social name, hormonal transition and surgery, psychologists should have a different approach to manage this issue, acknowledging the role of making informed choices and the value of harm reduction approaches. Psychology commitment is related to social construction, which is connected to matters of prejudice, stereotypes, and the possibility to face them. Also, orientation about transsexuality targeting family members may help with familiar acceptance.