

## EV0840

### Frontal meningioma and bipolar disorder: Etiopathogenic link or co-morbidity? A case report

I. Chaari\*, H. Ben Ammar, R. Nefzi, N. Mhedhbi, E. Khelifa, A. Aissa, Z. El Hechmi

Razi Hospital, F Psychiatry Department, Mannouba, Tunisia

\* Corresponding author.

**Introduction** Frontal meningiomas are benign brain tumours known for their late onset. They may be presented by only psychiatric symptoms. Thus, the diagnosis at early stages can be missed or overlooked until the tumour causes neurological deficit.

**Case report** We report the case of a 61-year-old man, receiving a treatment and a follow-up for bipolar disorder for 11 years. He has history of 3 major depressive episodes, 2 suicide attempts and a manic episode. The symptoms were initially well controlled by medication. Since 6 months, the patient started to experience atypical symptoms: he had presented disinhibited and aggressive behaviour, psychomotor instability, pyromania and self-neglect. The patient did not respond to treatment despite repeated adjustments. A frontal syndrome was suspected. Cerebral CT scan revealed an unexpected mass measuring 6.8 cm × 5.6 cm at the right frontal area, suggestive of a giant meningioma (Fig 1).

**Conclusions** Generally, once diagnosed, psychiatric disorders are rarely revised. Consequently, “silent” tumours such as frontal meningiomas can be overlooked. Neuroimaging should be considered in case of new-onset psychiatric symptoms, atypical or change in clinical presentation.

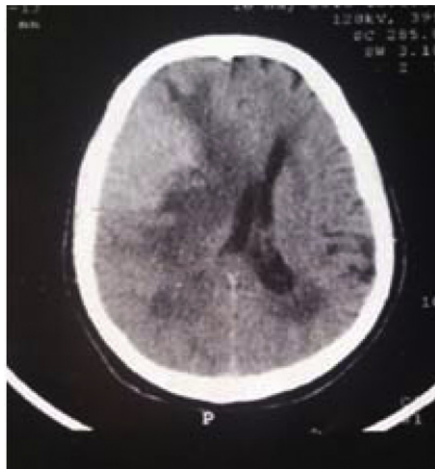


Fig. 1 The tumor was totally resected and the frontal syndrome disappeared. The mood disorder is again controlled by usual treatment

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1170>

## EV0841

### Development of a preliminary tool to assess care-giving practices by family members with Schizophrenia: A report from India

S. Das

Assistant Professor, Department of Psychiatry, Government Medical College and Hospital, 160030 Chandigarh, India

**Introduction** Care-giving practices by family members have inherent value and importance in the provision of care for patients

with schizophrenia. There is dearth of assessment tools that focus on practices followed by caregivers' while dealing with their relatives with schizophrenia, especially from India.

**Objective** To develop a tool for the assessment of 'care-giving practices' followed by family members while caring for their patients with schizophrenia.

**Aims** (a) To construct a reliable and valid tool on 'care-giving practices' followed by family members while caring for their patients with schizophrenia; (b) To determine the various 'good' and 'bad' practices within this tool.

**Methods** Initial detailed literature (Pubmed, Goggle search with input by the caregivers generated a list of 24 commonly used practices; which was shortened to 17 statements whose face validity was tested by 14 mental health professionals. Hindi translation with 'test-retest' reliability was conducted. Finally, 'Consensus based approach' was adopted by the mental health professionals to arrive at objective (b) i.e. statements reflecting 'good' or 'bad' practice.

**Results** Final questionnaire comprised 15 statements with adequate face and content validity and high test-retest reliability (Cronbach's alpha = 0.747). 6 items reflected 'good' and 9 reflected 'poor' practice respectively with maximum score of 15; and categorization from 'very poor' to 'very good' practices.

**Conclusion** This preliminary yet simple and easy to use tool will give better understanding about how family members provide 'care-giving' practices for patients with schizophrenia. However, this needs further validation, replicability, and possible modifications in a multi-cultural, multi-linguistic country like India.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1171>

## EV0842

### The effectiveness of emotion regulation and distress tolerance skills on improving coping strategies and reduce perceived stress in prisoners

R. Davoodi<sup>1,\*</sup>, S. Ghahari<sup>2</sup>

<sup>1</sup> Psychology, Clinical, shaft, Iran

<sup>2</sup> Psychology, Clinical, Tehran, Iran

\* Corresponding author.

**Objective** The aim of this study was the effectiveness of emotion regulation and distress tolerance skills on improving coping strategies and reduce perceived stress in prisoners in Foman city in Iran.

**Method** The study population was consisted of 200 prisoners of Foman Penitentiary in 2016. Then, 30 prisoners were selected randomly in two groups (15 persons each group) were replaced. Emotion regulation and distress tolerance training was given to the experimental group for 12 sessions and the control group were in waiting list. Both groups at baseline and end of intervention phase filled coping responses inventory Bellinger and mouse and Cohen perceived stress questionnaire – version 14 questions (PSS-14). Data were analysed by using the software spss22.

**Findings** Emotion regulation and distress tolerance skills have been effective on Improving problem-focused coping strategies and reduce perceived stress in prisoners ( $P < 0/001$ ).

**Discussion and conclusion** emotion regulation and distress tolerance skills can improve problem-focused coping strategies and reduce the use of emotion-focused coping strategies and perceived stress in prisoners.

**Keywords** Coping strategies; Distress tolerance; Emotion regulation; Perceived stress; Prisoners

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1172>