

to six days after the seizure(s). PIP frequently has a polymorphic presentation, tends to be affect-laden and symptoms often fluctuate. It is of limited duration and frequently responds very rapidly to low doses of benzodiazepines and antipsychotics. However, the propensity of the antipsychotics to provoke seizures and the risk of pharmacokinetic interaction with anti-epileptics are important considerations. Recurrence rates range 25% to 50%.

**Conclusions** Given the negative impact of PIP in morbidity and mortality among these patients, it is crucial that neurologists and psychiatrists are able to adequately recognize and treat this clinical condition.

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## EV0283

### Coordinating primary care and mental health

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Through the analysis of a case report to analyze the importance of the coordination between primary care and mental health service for a better management of an outpatient. It is known that primary care is the gateway to the patient in the health system. Therefore, the role of physicians headers is essential for diagnosis, for the start of drug treatment and referral to specialized care. It is known that one of every four patients have mental health problems. To meet the standards of primary care, physicians should ensure personalized assistance, integrated, continuous and permanent. Therefore, in relation to the accessibility of patients, it is essential to establish the diagnosis as soon as possible and initiate appropriate treatment to alleviate the symptoms of this type of psychiatric disorders and should track patients and their caregivers. For all this, it is essential that there is proper coordination between primary and specialty care in mental health. The interdisciplinary approach in these situations can assist the patient and family from a holistic perspective. This approach strengthens and reinforces the subsequent treatment, not only care but also evolutionary. Thus arises the interdisciplinary work as an opportunity to access the new and complex this social situation.

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## EV0284

### Association of blood pressure with anxiety and depression in a sample of primary care patients

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**Introduction** According to international scientific literature, and as summarized in the guidelines of the International Society of

Hypertension, lowering of blood pressure can prevent cardiovascular accidents. Some studies suggest that hypertension, anxiety, and depression might be inversely correlated.

**Objective** To investigate whether blood pressure is associated with anxiety and depression.

**Methods** Cross-sectional design. Male and female primary care patients were enrolled, aged 40–80. Criteria of exclusion adopted: use of antidepressants or antipsychotics; previous major cardiovascular event; psychosis or major depression; Type 1-DM; pregnancy and hereditary disease associated to obesity. Anxiety and depression symptoms were assessed using HADS. Waist circumference, hip circumference, blood pressure, HDL, triglycerides, blood sugar, hypertension, albumin concentrations and serum iron were also assessed.

**Results** Of the 210 subjects, 84 were men (40%), mean age was 60.88 (SD ± 10.88). Hypertension was found to correlate significantly to anxiety (OR=0.38; 95% CI=0.17–0.84), older age (OR=3.96; 95% CI=1.88–8.32), cigarette smoking (OR=0.35; 95%CI=0.13–0.94), high Body Mass Index (OR=2.50; 95% CI=1.24–5.01), Waist-hip ratio (OR=0.09; 95% CI=0.02–0.46) and the Index of comorbidity (OR= 16.93; 95% CI= 3.71–77.29).

**Conclusions** An inverse association was found between anxiety and hypertension, suggesting the need to clinically manage these two dimensions in a coordinated way. Other findings are well known and already included in prevention campaigns. Further research is needed, also to better understand and explain the causative pathways of this correlation.

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## EV0285

### Impact of classification systems (DSM-5, DSM-IV, CAM and DRS-R98) on outcomes of delirium

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**Introduction** Previous studies showed different classification systems lead to different case identification and rates of delirium. No one has previously investigated the influence of different classification systems on the outcomes of delirium.

**Aims and objectives** To determine the influence of DSM-5 criteria vs. DSM-IV on delirium outcomes (mortality, length of stay, institutionalisation) including DSM-III and DSM-IIR criteria, using CAM and DRS-R98 as proxies.

**Methodology** Prospective, longitudinal, observational study of elderly patients 70+ admitted to acute medical wards in Sligo University Hospital. Participants were assessed within 3 days of admission using DSM-5, and DSM-IV criteria, DRS-R98, and CAM scales.

**Results** Two hundred patients [mean age 81.1 ± 6.5; 50% female]. Rates (prevalence and incidence) of delirium for each diagnostic method were: 20.5% (n=41) for DSM-5; 22.5% (n=45) for DSM-IV; 18.5% (n=37) for DRS-R98 and 22.5% (n=45) for CAM. The odds ratio (OR) for mortality (each diagnostic method respectively) were: 3.37, 3.11, 2.42, 2.96. Breslow-Day test on homogeneity of OR was not significant  $\chi^2=0.43$ , df: 3,  $P=0.93$ . Those identified with delirium using the DSM-IV, DRS-R98 and CAM had significantly longer hospital length of stay(los) compared to those without delirium but not with those identified by DSM-5 criteria. Re-institutionalisation, those identified with delirium using DSM-5, DSM-IV and CAM did not have significant differences in discharge destination compared to those without delirium, those identified

with delirium using DRS-R98 were more likely discharged to an institution ( $z = 2.12, P = 0.03$ )

**Conclusion** Assuming a direct association between delirium and examined outcomes (mortality, loss and discharge destination) different classification systems for delirium identify populations with different outcomes.

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

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## EV0286

### Proportions of anxiety and depression symptoms in adult cleft patients and non-cleft patients with skeletal malocclusions

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**Introduction** Diagnosis and treatment of patients with craniofacial anomalies such as cleft lip and palate and skeletal malocclusions present a challenge to public health. Dentofacial abnormalities may be associated with depressive and anxiety disorders and poor quality of life.

The aim of this screening study was to evaluate and to compare the rates of anxiety and depression in cleft patients and non-cleft patients with skeletal malocclusions.

**Methods** The study used psychometric method-HADS and State Trait Anxiety Inventory were used. The first group consisted of cleft patients, the second group consisted of non-cleft patients with skeletal Class II, Class III and anterior open bite malocclusions; the third group was control.

**Results** Study sample consists of 42 patients (33 females;  $24 \pm 7.2$  years). In the 1st group, anxiety symptoms were detected in 34.7%; depression symptoms - in 17.2% of patients, high rates of reactive anxiety were registered in 35.8%. In the 2nd group, anxiety symptoms were detected in 29.6% of patients; depression symptoms - in 13.1% of patients, high rates of reactive anxiety were registered in 34.2%. In the 3rd group anxiety (18.7%) and depression (8.3%) symptoms and high rates of reactive anxiety (17.7%) were registered significantly less often than in 1st and 2nd groups ( $P < 0.005$ ,  $P < 0.001$  and  $P < 0.001$  respectively).

**Conclusions** Our data suggest that cleft-patients and non-cleft patients with skeletal malocclusions have statistically significant higher rates of anxiety and depression than controls and require orthodontic-surgical treatment that should be organized with the assistance of psychiatrist.

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## EV0287

### Causeless appearance discontentment in patients of plastic surgeons and cosmetologists: Risk factors and patterns of dynamics

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**Introduction** Though phenomenon of dysmorphic disorder has been studied extensively clinical dynamical characteristics of this disorder are still being investigated.

Aim of this study was to evaluate patterns of dynamics and risk factors of body dysmorphic disorder in patients of plastic surgeons and cosmetologists.

**Methods** We included adult patients of Maxillofacial Surgery and Cosmetology departments of Moscow State University of Medicine and Dentistry (from January 2010 to May 2016) with unconfirmed “facial deformity” diagnosed with dysmorphic disorder (F45.2 and F22.88 according to ICD-10). The study used clinical psychopathological method with follow-up period 1–3 years. Data from clinical psychopathological assessment were processed using correlation analysis and non-linear regression analysis by means of logistic regression method.

**Results** Study sample consisted of 103 patients (78.6% female; mean age  $33.4 \pm 4.7$  years). Statistically significant chronobiological (age, hormone fluctuations, genesial cycle) and psychosocial (financial changes, forced separation, bereavement, loss of job, reduction of social activity, conflict situation, sexual dysfunction, violation of law, diagnosing of somatic disease) risk factors for dysmorphia in different life periods have been established. Strong correlations were found between dysmorphic disorder heterogenic clinical picture (overvalued–33%, affective–24.3%, hypochondric–23.3%, obsessive-compulsive–10.7%, delusional–8.7%) and patterns of dynamics (phasic–41.7%, recurrent–33%, chronic–25.3%). Our data suggest that dysmorphia manifests in any age group and in 74.7% cases is not continuous.

**Conclusion** Our findings allow to conduct focused diagnostic search, prophylactic psychotherapeutic interventions and early psychopharmacological treatment in individuals with identified risk factors for dysmorphic disorder.

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

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## EV0288

### Behavioral manifestations post hemispherectomy due to Sturge-Weber syndrome—A case of success

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**Introduction** Sturge-Weber syndrome or encephalotrigeminal angiomasia is an uncommon neurocutaneous syndrome that manifests with vascular malformations involving the brain, eye and skin; Severe cases present with refractory seizures, sometimes requiring major surgery such as hemispherectomy. Most of the times, some degree of mental retardation and behavioral problems are associated, requiring use of psychotropic medication and other contention strategies. This report describes the case of a 19-year-old boy who was submitted to a left hemispherectomy by the age of one, and was still able to successfully complete basic education. He started presenting severe behavioral problems, with aggressive outbursts, by the beginning of adulthood, having been committed to psychiatry ward. By the age of 22, the patient finds himself calm and functional considering his limitations, with no need for hospital admission for 2 years.

**Objectives/aims** To describe a clinical case whilst reviewing literature concerning this matter.

**Methods** Case report with complete clinical history and medical data. Non-systematic review of PubMed database under the terms “Sturge-Weber disease”, “Hemisferectomy”, “behavioral disorder due to organic causes”, “post hemisferectomy out-comes”.

**Results/discussion** Although presenting with severe arteriovenous malformation, refractory epilepsy and left hemispherectomy, the patient was able to conclude basic instruction; He has lived with his family until the age of 19, when he started displaying disruptive behaviour; after 3 hospital admissions and perfecting