determine the formation of specific experience IDPs. The most common are psychogenic depression, anxiety and somatoform disorders.
Methods We had observed 60 IDPs aged 18 to 80 years: medical history, current complaints and mental state.
Results We allocated 3 groups: persons of retirement age with severe chronic physical illness or disability on physical illness (1 group); persons with disabilities to mental disease (group 2) and persons without chronic diseases or disability (relatively healthy, caring for the sick) (group 3). Group 1 patients have anxiety (51.4%) and depression (42.8%) syndromes; 25.7% of subjects showed suicidal thoughts and intentions; 25.7% have some PTSD symptoms, including avoidance, overexcited, emotional numbness, pointing to adjustment disorder. In group 2 patients, changes were not found in mental state. Despite traumatic events delusional story does not change, recurrence and relapse rating was stable. In some cases, patients begin to abuse alcohol. In 3 group 31.3% persons experienced depression, 25%-anxiety symptoms, combined with a severe somatic symptoms; 12.5% showed suicidal thoughts; in 18.7% were diagnosed adjustment disorders. So among IDPs the individuals with severe medical conditions are most vulnerable population in the formation of stress-related and neurotic disorders.
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EV0280

Psychological distress following spinal cord injury

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Introduction There is limited data on psychological burden following spinal cord injury (SCI) in Singapore.
Aims (1) To describe the prevalence of depression and anxiety at admission for inpatient rehabilitation and (2) describe the baseline characteristics that predict the development of anxiety or depression in patients following SCI.
Methodology We retrospectively reviewed medical records of SCI patients at admission from 01-06-2013 to 31-12-2015. The Hospital Anxiety and Depression Scale (HADS), ASIA score and demographics were collated.
Results A total of 157 subjects were included, 62.4% ($n = 98$) were male with a mean age of 56.7 years. 43.4% ($n = 68$) had a traumatic SCI with 73.9% ($n = 116$) having had spinal surgery. The average length of stay was 46.6 days with most discharged to their own homes. Ten subjects screened positive for anxiety (6.4%) and 16 for depression (10.2%). 13.4% ($n = 21$) screened positive for anxiety and/or depression. Two third ($n = 95$) had injuries at the cervical level and 14% ($n = 22$) scored ASIA A/B. 45.9% ($n = 72$) was referred to the psychologist. A significantly higher proportion of subjects ($P < 0.05$) who screened positive had a past psychiatric history, were prescribed antidepressants at admission and during rehabilitation. Significant differences were noted in primary caregiver (nursing home vs. others) following discharge when comparing those that screened positive vs. negative however there were no significant differences between baseline demographics, neurological level and ASIA score.
Conclusion Psychological burden following SCI is significant. Standardized screening and psychological support is warranted with special attention to those with a past psychiatric history.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0281

Delirium: "The out of the track" of physicians

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Introduction *Delirium* is an acute clinical syndrome with diverse and multi-factorial etiologies. It has high prevalence in hospitalized patients and it is associated with serious adverse outcomes, increasing morbidity and mortality. *Delirium* requires a differential diagnosis with a wide range of mental disorders.
Aim To evaluate cases referred to liaison psychiatry in Hospital José Joaquim Fernandes, in regard to the frequency, cause and misdiagnoses of *delirium*.
Methods A retrospective analysis of liaison psychiatric referral from January to August 2016.
Results The overall referral consisted of a total of 111 cases. Delirium was the second most frequent referral (21.6%), after depression. Half of patients had an advanced age (71–90 years). A total of 44.8% of patients with *delirium* were misdiagnosed and the referral causes were "depression", "dementia", "aggressive behavior", "agitation" and "schizophrenic psychosis". The majority of patients were referred by internal medicine. The most frequent underlying conditions were: postoperative (27.6%), respiratory diseases (24.1%) and sepsis (17.2%).
Discussion/conclusion *Delirium* is one of the most frequent diagnoses in liaison psychiatry. This study supports the statement that *delirium* is often not recognized and that is misdiagnosed as a primary psychiatric illness, mainly, dementia or mood disorder. Although *delirium* is classified in ICD-10 as a psychiatric diagnosis and clinically manifests with a wide range of neuropsychiatric abnormalities, it is secondary to a medical/surgical disorder that requires urgent approach by the respective specialty.
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EV0282

Postictal psychosis – A complex challenge

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Introduction Patients with epilepsy have 6–12 times higher risk of suffering from psychosis, with a prevalence of about 7–8%, and the coexistence of these two conditions is associated with increased morbidity and mortality. The psychosis of epilepsy is generally split into two groups: interictal psychoses and postictal psychosis (PIP), and the latter has been estimated to represent 25% of all types. However, many of these episodes remain under-recognized and/or are often misdiagnosed.
Objectives To provide an overview of PIP.
Methods Literature review based on PubMed/Medline, using the keywords "epilepsy" and "psychosis".
Results PIP has been recognized since the 19th century, when Esquirol described postictal "fury". Although its etiology and pathogenesis remain poorly understood, several risk factors and etiopathogenic mechanisms have been suggested and analysed. An essential step in PIP management is its accurate and early diagnosis. Generally, before the onset of PIP there is a lucid period of one

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 x2= 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