

was seen in 38% of the patients. The most common condition was IDD (27.1%), followed by affective and anxiety disorders (22 and 15.3% respectively). Considering patients with IDD, we found differences in locus ($P=0.001$) (present in 34.3% of non-established locus, 8.6% of extra-temporal locus and 57.1% of temporal locus) but not with hemisphere, sex, type of crises, treatment. We neither found correlation with age, number of crisis or number of treatments.

Conclusions Psychiatric co-morbidities as IDD do not appear in the DSM-IV but are prevalent and could be related with temporal locus.

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EV0305

Cardiovascular risk factors, anxiety symptoms and inflammation markers: Evidence of association from a cross-sectional study

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Introduction Anxiety disorders and Cardiovascular (CV) diseases, among the most common disorders in Western World, are often comorbid. A chronic systemic inflammatory state might be a shared underlining pathophysiological mechanism.

Aims To investigate the association between anxiety symptoms, CV risks factors and inflammatory markers in an outpatient sample.

Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥ 40 years, attending colonoscopy after positive faecal occult blood test, negative medical history for cancer. Collected data: blood pressure, glycaemia, lipid profile, waist circumference, BMI, PCR (C Reactive Protein), LPS (bacterial Lipopolysaccharide). Psychometric tests: HADS, TCI, IMSA, SF36. Statistical analysis performed with STATA13.

Results Fifty four patients enrolled (27 males, 27 females). Sixteen patients (30.19%) were positive for anxiety symptoms. Thirty-three patients (61.11%) had hypertension, 14 (25.93%) hyperglycaemia and 64.81% were overweight, with frank obesity ($BMI \geq 30$) in 11 subjects (20.37%). Anxiety symptoms were associated with low hematic HDL values ($OR=0.01$; $P=0.01$) and high concentration of triglycerides ($OR=0.023$; $P=0.02$) at the multiple regression model. At the univariate logistic analysis, anxiety was associated with LPS ($OR=1.06$; $P=0.04$).

Conclusions Further evidence over the epidemiological link between common mental disorders and CV diseases was collected, with possible hints on pathophysiology and causative mechanisms related to inflammation. The importance of screening for anxiety and depression in medical populations is confirmed. Suggestions on future availability of screening tools based on inflammatory-related indicators should be the focus of future research.

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EV0306

How are personality traits and physical activity involved in colorectal carcinogenesis? A cross-sectional study on patients undergoing colonoscopy

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Introduction Inflammatory state of the large bowel is a key factor for the development of colorectal cancer (CRC). It has multifactorial aetiology, including psychological determinants. Physical activity may have a protective function against CRC via anti-inflammatory properties; on the contrary, personality traits correlate with an unhealthy and dangerous lifestyle.

Objective To measure the association between personality traits, lifestyle and colonoscopy outcome.

Methods Cross sectional study. Patients undergoing colonoscopy aged 40 or more, with a negative history for cancer or inflammatory bowel disease, were enrolled. Data collected: colonoscopy outcome, smoke, alcohol, physical activity, presence/absence of Metabolic Syndrome, personality traits assessed by the Temperament & Character Inventory (TCI).

Results In a sample of 53 subjects (females = 24, 45.3%), the mean age was 60.66 ± 9.08 . At least one adenoma was found to 23 patients (43.3%). Twenty patients were smokers (37.74%), 36 (67.92%) drank alcohol at least weekly; approximately 60% reported regular physical activity. At the multivariate regression, the outcome was associated to: TCI Self Transcendence domain (ST) ($OR=1.36$, $P=0.04$) and physical activity ($OR=0.14$, $P=0.03$).

Conclusion People with ST's characteristic personality traits and sedentary life style are more likely to have precancerous colorectal lesions. This confirms the protective role of physical activity, and suggests to further explore the role of personality in cancerogenesis.

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

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EV0307

Psychiatry intervention in cerebellar cognitive affective disorder: Case report

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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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EV0308

Neuropsychiatric and behavioural manifestation in a rare lysosomal storage disorder (Fabry's Disease): A case study

A case study

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Introduction Case presentation of a young woman Ms. SH, with neuropsychiatric presentation in a rare Lysosomal Storage Disorder (Fabry's disease).

Case report A 19-year-old female with Fabry's disease (FD) presented initially with symptoms of obsessions of dirt and contamination and compulsions of washing and also with overvalued persecutory ideas of being followed. Since the age of 14, she had suffered from various psychiatric symptoms increasing in frequency and intensity. Routine examinations including cognitive testing, electroencephalography and structural magnetic resonance imaging revealed no pathological findings. During the course of a year, her OC symptoms improved significantly with the use of Fluoxetine 40 mg mane. However, she then became more depressed and psychotic (despite continuing on Fluoxetine). Addition of Risperidone (gradually increased to 2 mg nocte) led to attenuation of her symptoms and she recovered completely over a course of another 6 months.

Discussion Mental and behavioural symptoms in Fabry Disease usually begin during late childhood or adolescence but may not become apparent until the second or third decade of life. Early symptoms include episodes of severe burning pain in the hands and feet and skin lesions. The psychiatric manifestations can be varied, e.g. the index patient, initially presented with what appeared like an Obsessive Compulsive disorder but later as a depressive illness (Muller et al., 2006) with psychotic symptoms.

Conclusions To showcase mental and behavioural symptoms associated with a rare disorder like Fabry's disorder and treatment options may be helpful.

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EV0309

Referrals of patients with schizophrenia to a consultation-liaison psychiatry service

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Background There are few studies specifically investigating the acute treatment procedures of patients with schizophrenia in the context of Consultation-liaison psychiatry (CLP).

Purpose Describe the main clinical features of the referrals of patients with schizophrenia, attended by a general hospital CLP service.

Methods Longitudinal observational and descriptive study, assessing adult inpatients with schizophrenia (DSM-IV-TR criteria) admitted to non-psychiatric units of Hospital Clínic of Barcelona (Spain), who were consecutively referred to our CLP service over a 10-year period (from January 1, 2005, through December 31, 2014).

Results During that period, 9,808 psychiatric consultations were requested. 163 of them (1.8%) concerned patients with schizophrenia. These groups of patients were aged 50.9 ± 15.3 years and 65% were male. A 25.9% of patients had history of suicide attempts and 45.6% presented current psychosocial stressors.

Characteristics of referrals Referral sources according to medical specialties are shown in [Table 1](#).

The major medical conditions for referral according to ICD-10 categories were: external causes of morbidity (21.5%), infectious diseases (13.5%) and diseases of the digestive system (10.4%).

The two most frequent reasons for referral were the assessment of psychopharmacological treatment and/or psychopathological state examination (62%) and suicidal risk/attempt assessment (8.6%).

Conclusions In our sample, only a 1.8% of all patients for whom psychiatric consultation was requested had a diagnosis of schizophrenia. The most common profile of them was: male, 50 years old, coming from general medicine department due external causes of morbidity and referred to the CLP service because of psychiatric state and/or medication review.