

EV986

“Bouffée délirante” induced by meditation

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Introduction Meditation is frequently applied in Western as well as non-Western countries for different purposes; we know little about adverse events. The symptomatology of a meditation-related psychosis appears to show similarities with that we call “bouffée délirante”.

Methods A female patient is described who developed an acute and transient psychosis with polymorphic symptomatology after meditating (Bikram-yoga). We made a literature search for psychotic states related to meditation.

Results There are some case reports of psychosis disorder induced by meditation. Some cultural syndromes like Qi-gong appear on DSM-IV as psychotic reaction. In this case, the syndrome is not culture bound.

Conclusions Meditation can act as a stressor in vulnerable patients who may develop a transient psychosis with polymorphic symptomatology (confusion, pananxiety, mood swings and mood dystonic psychotic symptoms) with a short duration.

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EV987

Erotomania – A review of De Clérambault’s syndrome

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Introduction Erotomania (also known as De Clerambault’s syndrome) is usually described as a rare delusional syndrome characteristically involving an individual who believes that another person, typically of higher social, economic or political status, is in love with the individual. De Clerambault’s syndrome remains a ubiquitous nosological psychiatric entity with uncertain prognosis that remains recognised as a subtype of delusional disorder in DSM 5.

Objectives and aims To review the history of Erotomania as a nosological psychiatric entity, its clinical characteristics and course. Also to report some selected clinical cases.

Methods The authors have conducted an online search on PubMed with MeSH words “erotomania”, “erotomaniac delusion” and “Clerambault” and systematically reviewed some case reports.

Results Erotomania is a relatively uncommon and misunderstood disorder characterised by the presence of a persistent erotic delusion. The individual (usually described as a woman) has had little or no contact with the other person who is perceived as watching over, protecting or following the individual. Despite various authors have described and named this syndrome, it was Clérambault who first classed the symptoms into the disorder he referred to as “psychose Passionelli” (1942). There are numerous theories as to the aetiology of this illness that is not uniquely associated with any specific disorder. We reviewed some clinical cases.

Conclusions Erotomania is a relatively uncommon psychiatric disorder. An increased awareness and understanding of this illness will assist in the recognition of patients affected, opening doors for future progress on its aetiology and, therefore, the development of new treatment options.

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EV988

ADHD-associated risk-taking: The role of benefit and risk perceptions

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Attention deficit and hyperactivity disorder (ADHD) is associated with increased engagement in risk-taking behaviors. The present study aimed to further our knowledge regarding the extent and the reasons for the association between ADHD symptoms and risk-taking, using a theory-driven behavioral economy theory. The Domain Specific Risk-Taking scale was used, on which 244 adults rated the likelihood of engagement in a range of risky behaviors, across five real life domains, as well as the magnitude of perceived benefit and risk they ascribed to these behaviors. Level of ADHD symptoms was positively correlated with engagement in risky behaviors and benefit perception, but not with risk perception. Mediation analysis confirmed that benefit perception, but not risk perception, mediated the association between ADHD symptoms and engagement in risk-taking behaviors (Fig. 1). These findings emphasize the role of benefit perception in facilitating risk-taking by people with ADHD symptoms.

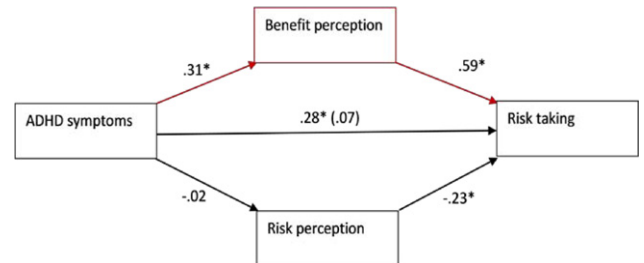


Fig. 1

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EV989

The delusion of aurora (a structural and dynamic analysis)

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Introduction The classical authors associate the insanity with delusions, without delusions there was not insanity. This axiom has changed nowadays, and it’s also accepted that insanity can exist without delusions.

Aim We aim to know and describe which factors are involved in the development of the delusion. Use these conclusions to drive the patient to the comprehension and acceptance of the reality.

Objective (a) Unravel the mechanism of delusion, (b) seek the causes, (c) find out an explanation about the origin and development of the delusional thematic.

Method Clinical biographic review, carried on in 2 steps: (a) review the delusions store in the Hermanas Hospitalarias Spanish hospitals (17 centres), (b) choose one of them, (c) use the induc-