

**Methods:** A PRISMA compliant literature search was conducted in PubMed (MEDLINE), PsychINFO, EMBASE, and Scopus databases prior to May of 2019. The initial database query yielded 4388 unique articles, which were narrowed down based on specified inclusion criteria (e.g., clear TBI definition, clinician-diagnosed PTSD, statistically analyzed relationship between neuroimaging and PTSD, quantified time interval between TBI and neuroimaging).

**Results:** A final cohort of 10 articles met inclusion criteria, comprising the findings of 482 participants with TBI. Key neuroanatomical findings among the included articles suggest that PTSD is associated with significant changes in whole-brain networks of resting state connectivity and disruptions in bilateral frontal and temporal white matter tracts, fronto-limbic pathways, the internal capsule, and the uncinate fasciculus (Figure 1).

Figure 1a: Neuroimaging Findings in TBI-related PTSD.

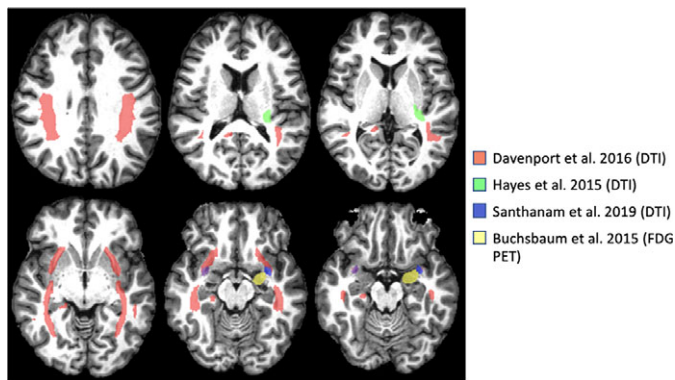
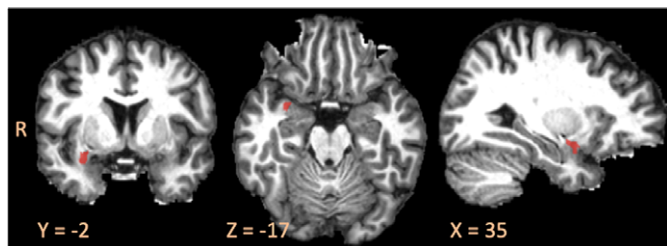


Figure 1b. Replicated Neuroimaging Findings in TBI-related PTSD in the Right Uncinate Fasciculus.



**Conclusions:** Additional inquiry with attention to specified imaging timing post-injury, consistent TBI definitions, clinician-diagnosed TBI and PTSD, and control groups is crucial to extrapolating discrepancies between primary and TBI-related PTSD. Prospective studies could further differentiate predisposing factors from sequelae of TBI-related PTSD.

**Disclosure:** No significant relationships.

**Keywords:** Neuroimaging; Post-traumatic stress disorder; traumatic brain injury

## Consultation Liaison Psychiatry and Psychosomatics

### EPV0312

#### An explorative study to assess the psychosocial impact of infertility on female Infertile Patients

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**Introduction:** The primary aim of our study was to assess the psychosocial impact of infertility amongst female infertile patients. We selected infertile women visiting the gynaecological OPD of R.G.Kar Medical College and Hospital - one of the busiest and most reputed government hospitals in eastern India. Most of the research on psychological aspects on infertility has been done in the developed rich nations of the world, our study is one of the very few to have been conducted in a developing nation like India.

**Objectives:** Incidence of depression, psychopathology and anxiety in female infertile patients in comparison to control fertile group. Impairment in quality of life Impact of other variable factors

**Methods:** Source of data : RGK Medical College, Kolkata, India  
Sampling technique : Consecutive Random Sampling  
Tools for data collection: Beck's Depression Inventory, Beck's Anxiety Inventory, SF36, SCL 90, Mini International Neuropsychiatric Interview, Self Reporting Questionnaire, Socio Demographic Proforma.

**Data Analysis:** The data was collected and analyzed by means of descriptive and inferential statistics.

**Inferential statistics-** Data analyzed by using SPSS. The relationship between continuous and binary explanatory variables with SF36, SCL 90, BDI and BAI scores were assessed using unpaired t test.

**Results:** Statistical analysis by independent t test shows significant increased levels of depression, anxiety, significant difference in psychopathology and quality of life in the 2 study groups.

**Conclusions:** Infertility has a significant impact on psychosocial well being of infertile patients, Greater collaboration is required between psychiatrists, psychologists and infertility specialists to assist infertile couples.

**Disclosure:** No significant relationships.

**Keywords:** Psychopathology; Depression; Anxiety; Infertility

### EPV0313

#### Building bridges between body and mind: liaison psychiatry

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**Introduction:** As liaison psychiatrists, it is very important to maintain a good relationship with other medical specialties in order

to obtain the best result for our patients. Most of the times, the somatic process affects direct or indirectly to mental health and vice versa, so our cooperation is extremely important for the patient's wellbeing.

**Objectives:** With this study we try to find special considerations and necessities of every specialty that count on us in our hospital. We have design this batabase with the aim of discovering which are the main problems that suffer the admitted patients, which doubts face our colleagues when evaluate mental health patients, etc. Thus, our team could help other physicians properly or so we could establish a proper liaison in order to make things easier.

**Methods:** A database has been created with all the patients evaluated by our liaison psychiatry team during half a year. We have taken into account sex, age, referral specialist, mental health diagnosis (after our evaluation), previous mental health follow-up, if they are on psychopharmacology treatment, if they require psychopharmacology treatment and if they require follow-up once discharged.

**Results:** 22,9% were kid/adolescent patients. 25,8% were elderly people (>70 yo). 47% were men (of which, 6% were trans men), 53% were women. 22,9% suffered from adjustment disorder, 14,1% had no acute mental health problem, 11,76% presented substance abuse. Main petitions were made from Internal Medicine (30%)

**Conclusions:** With this information we can explore other specialists' and admitted patients' needs and concerns and focus our effort in solving them.

**Disclosure:** No significant relationships.

**Keywords:** liaison; coordination; psychiatry; physicians

### EPV0317

#### Behavioural disturbances as the clinical presentation of Wernicke Encephalopathy: a case report

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**Introduction:** Wernicke Encephalopathy (WE) is the best characterized neurological complication of thiamine deficiency. Its clinical presentation can be diverse, including hallucinatory or delusional symptoms, and not necessarily associated with the classical triad of WE. This correlates with higher rates of under diagnosis. We present the case of a 72-year-old man with a history of alcoholism who was admitted to the hospital due to behavioural disturbances and subacute delusional ideas of harm.

**Objectives:** To review the epidemiology and clinical features of WE, as well as its clinical management.

**Methods:** Review of the literature on WE clinical presentation and management, focusing on psychopathological symptoms, applying the information to this specific case.

**Results:** Classical triad of WE is only to be found in 10-17% of patients. The most common clinical presentation is changes in

mental state (82%), varying from subtle changes in memory, apathy, subtle disorientation or indifference to more severe presentations such as delirium, stupor or coma. Other frequent symptoms include oculomotor dysfunction and gait ataxia. High dose thiamine supplementation therapy has proven effective in preventing clinical progression and permanent neurological damage.

**Conclusions:** - WE is the most prevalent complication of thiamine deficiency, being associated to alcoholism in 50% of cases. - Changes in mental state is the most frequent form of clinical presentation, not necessarily associated with the classical triad of WE. - WE is a medical emergency that requires high dose thiamine supplementation therapy to prevent permanent neurological damage.

**Disclosure:** No significant relationships.

### EPV0318

#### Knowledge of conversion disorder by primary care physician

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**Introduction:** Primary care physicians tend to examine patients with conversion disorder (CD) first. A good knowledge of this disorder will allow an early diagnosis and avoid unnecessary investigations for the patient.

**Objectives:** To assess the knowledge of primary care physicians about patients with CD.

**Methods:** We conducted a cross-sectional and descriptive study among 90 primary care physicians in Sfax (Tunisia). We used an anonymous self-questionnaire for data collection.

**Results:** The response rate to our questionnaire was 60%. The participants' age ranged from 25 to 70 years, with a median of 41 years. The sex ratio (M/F) was 0.92. The majority of physicians (75.9%) have practiced in the public sector. Among the respondents, 75.9% had theoretical training in CD, 14.8% had continuing medical education (CME), and 42.6% had hospital experience in a psychiatric department. The overall proportion of correct answers was 71.8%. The most recognised symptoms of CD were: dysphonia-aphonia, paresthesia or paresis. All doctors mentioned at least one criterion to distinguish CD from epileptic seizures and loss of consciousness.

**Conclusions:** There are some gaps in primary care physicians' knowledge of CD. Thus, we propose to reconsider the conduct of CME, to favour small group training workshops with role-playing and to improve the collaboration between the psychiatrist and the primary care physician.

**Disclosure:** No significant relationships.

**Keywords:** knowledge; Primary Care Physician; Conversion Disorder