Objective To review some of the psychological and neural mechanisms behind mindfulness practice in order to explore the unique factors that account for its positive impact on emotional regulation and health.
Aims Psychological and neural mechanisms behind mindfulness practice are reviewed.
Methods A literature review of the theme is surveyed. Several articles were searched on Medline with the keywords "mindfulness", "meditation", "neurobiology" and "neurocognitive".
Results Mindfulness may achieve effective outcomes in the treatment of anxiety, depression, and other psychopathologies through the contribution of emotional regulation. Cognitive reappraisal has been suggested as a core cognitive control skill whereby mindfulness practice may regulate emotions. It seems that a neural circuit comprising the prefrontal cortex (PFC), the anterior cingulate cortex (ACC), the amygdala (A), and the insula (I) are involved in the unique processes of mindful emotion regulation.
Conclusions Recent models of mindfulness allow for more rigorous examination and operationalization of the method to guide research. Increasingly investigators are focusing on the impact that mindfulness has on emotional regulation, which accounts for the effects on mental health.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2399

EV1415

Influence of clinical and organizational changes in the use of mechanical restraint. Eight-year retrospective analysis in Mental Health Hospital Unit of Jerez de Frontera

J. Pérez Revuelta [1,*], Y. Montero Beltran [2], L. Fernandez Cepillo [1], T. Molina Molina [1], R. Guerrero Vida [1], J.M. Villagran Moreno [1]
[1] *Hospital del S.A.S. de Jerez, Clinical Management Unit of Mental Health, Jerez de la Frontera Cádiz, Spain*
[2] *Servicio Andaluz Salud, Macarena Mental Health Unit, Sevilla, Spain*
* *Corresponding author.*

Introduction Aggressiveness is a multidimensional phenomenon, characterized by many cognitive and emotional processes, which is often present in psychiatric disorders. Until the present time, mechanical restraint has been a tool used in order to avoid risks for patients or other people around them. It should be used as a last option, so new strategies to reduce the use of these measures favoring others are being developed.
Aim We try to analyze the influence of clinical and organizational changes in the frequency and duration of mechanical restraints, in order to provide new data and built hypothesis for future intervention plans.
Methodology This oral communication presents a retrospective analysis of mechanical restraints carried out in the Mental Health Hospital Unit of Jerez de la Frontera between 2007 and 2014, both inclusive, a sample of 950 episodes. Several variables will be analyzed and related to the different organizational events conducted in the Clinical Management Unit of Jerez de la Frontera.
Results There has been a gradual reduction in the duration of mechanical restraints carried out in the Mental Health Unit Hospital of Jerez de la Frontera over the eight years studied, specially after the implementation of the agitation protocol developed in 2011.
Conclusion In our experience, the implementation of a comprehensive clinical record, deep observation of the patient by the professionals and the development of protocols to regularize interventions performed during an episode of psychomotor agitation are useful strategies to reduce the duration of each mechanical restraint episode.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2400

EV1416

Descriptive study of mechanical restraint in acute psychiatric inpatient unit of Jerez De La Frontera: Analysis of a risk profile

J. Pérez Revuelta [1,*], B. Carabias Contreras [1], E. Fernández Nicolás [2], E. Valverde González [1], A. Jiménez Espinosa [1], R. Guerrero Vida [1], J.M. Villagrán Moreno [1]
[1] *Hospital del S.A.S. de Jerez, Clinical Management Unit of Mental Health, Jerez de la Frontera Cádiz, Spain*
[2] *Hospital del S.A.S. de Málaga, Clinical Management Unit of Mental Health, Málaga, Spain*
* *Corresponding author.*

Introduction Various medical and psychiatric conditions can determine the occurrence of disruptive behavior and aggression. Mechanical restraint is part of the strategies for managing these risks. Its use implies a multidisciplinary, phased and individualized for each case strategy, with attention to the ethical and legal issues surrounding this coercive intervention.
Objective The objective of this work is the analysis of the profile of patients who required mechanical restraint during hospitalization in a psychiatric inpatient unit.
Methodology Retrospective descriptive analysis by collecting data of patients, who required mechanical restraint during admission, between 2007 and 2014. The data sources were medical clinical history and nursing records. Variables analyzed were sex, age, clinical diagnosis at discharge and clinical state during the episode of mechanical restraint.
Results Of the total sample of patients requiring restraint ($n = 266$), 66.92% were men. The mean age of patients was 38.01 years. Distribution of clinical diagnoses based on ICD-10 coding: 30.23% F60 personality disorder ($n = 289$), 19.56% diagnosed with F31 bipolar disorder ($n = 187$) and 14.02% F20 schizophrenia. Regarding the clinical characteristics of the episode, 49.47% of patients had an agitation/violent state and in 23.11% risk of impulsive self-injury was evident, 13.47% had confusional syndrome.
Conclusion Data analyzed shows differences in frequency distribution because of patient profile and clinical diagnosis. Otherwise, organizational factors and appropriate amendments to this level appear to play a key role in minimizing the use of such coercive measures.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2401

EV1417

New data of the theory of self-medication

I. Prieto Sánchez*, M.D.L.C. Ramírez Domínguez, N. Garrido Torres, S. Fernández León, M. Reina Domínguez, A. Rodríguez Martínez, A.S. Biedma Martín, C. González Macías
Complejo Hospitalario Universitario de Huelva Juan Ramón Jimenez, Unidad de Salud Mental, Huelva, Spain
* *Corresponding author.*

Objective The theory of self-medication in patients with severe mental illness has been exposed for years but to date has not been confirmed or ruled out. With this study, we intend to show the latest available evidence regarding this context.

https://doi.org/10.1016/j.eurpsy.2016.01.2402 Published online by Cambridge University Press

Methods An exhaustive literature research in Medline and the latest forth in APA 2015.
Results More and more evidence refute the veracity of this theory deeply rooted among some professionals.
Conclusion There are theoretical alternatives that relate more sustained manner the relationship between consumption and toxic psychosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2402

EV1418

Can I have a quality seizure? A review

J. Ramos[1,*], A. Arriba[2], M. Urretavizcaya[2]
[1] *Centro Hospitalar Tondela-viseu, Psychiatry, Viseu, Portugal*
[2] *Hospital Universitari de Bellvitge, Psychiatry, Barcelona, Spain*
[*] *Corresponding author.*

Introduction After seventy-five years of its introduction, electroconvulsive therapy (ECT) remains the most effective treatment for severe depressive disorders. It is known that the antidepressant effect is not due only to the electric current itself, but by the general seizure activity. As so, for beneficial or adverse effects of ECTs, it's mainly important to induct a well-generalized seizure. Those can be influence by several variables like, seizure duration and threshold, ECT practice factors and medication, resulting in a lack efficacy. It's advantageous to treatment if physiological markers of adequacy are established to seizure quality, because a high seizure quality has been successfully correlated with better outcome in many studies.
Aims and methods The aim of this work is to review the available international literature regarding to identified parameters that influence and evidence seizure quality.
Conclusion Although throughout history ECT is embroiled in controversy, according to international bibliography, this is a technique of great therapeutic relevance and precise indications. It is noteworthy, that it has been shown to be an effective and safe treatment for many psychiatric disorders. Nevertheless, there is not a consensus regarding to the parameters to its efficacy, particularly the seizure quality. Thus, it's important to current practice, to do more studies in this field, in order to establish those parameters, have homogenise clinical practice and promote better results.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2403

EV1419

Autistic spectrum disorder masked by mental retardation and impulse control disorder

L. Rodríguez Andrés[*], T. Ballesta Casanova, M.S. Hernández García, C. Noval Canga, L. Gallardo Borge, J.A. Espina Barrio
Hospital Clínico Universitario de Valladolid, Psychiatry, Valladolid, Spain
[*] *Corresponding author.*

Clinical case report A 48-year-old male, diagnosed with impulsive control disorder, sex addiction disorder and mental retardation was followed-up by different psychiatrists for the last 20 years. He consults because of presenting depressive symptoms and behavioural disturbances related to the death of his mother two years before. The patient reports to experimenting depressed mood, irritability, insomnia and trends to cry. He has lost motivation for his job and hobbies (he used to show interest in topics such as physics, philosophy, maths, and medicine). He has feelings of loneliness, which make him look for social interaction and support through continuous calls to telephone sex lines. This act has made him spend large amounts of cash, thus, making him be in deep debts. He does not feel integrate in society.
Mental status examination Introvert, limited social skills, coherent language, echolalic, monotone, tangential speech, depressed mood, feelings of guilt and futility, dysphoria, partial anhedonia, ideas of hopelessness, structured death ideation, unconsciousness of his own acts, with trend to impulsiveness and compulsive behaviour and insomnia.
Complementary test Wais test: no mental retardation found.
Diagnosis Autistic spectrum disorder (F84.0); major depressive disorder (F32.1); bereavement (V62.82).
Discussion The patient showed classic diagnostic criteria DSM 5 associated with autistic spectrum disorder (Asperger's disorder in DSM-IV); the permanent inability for social interactions and repetitive, restricted and stereotypic behavioural patterns.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2404

EV1420

Gestchwind syndrome and epileptic psychosis, beyond the schizophrenia frontier

V. Rodriguez[1,*], C. Gómez[2], C. Gomis[2], L. González[3], E. Tercelán[2], J. Pérez[2], L. García[2], M. Ainbarro[2], C. Ortigosa[2]
[1] *Aicante, Spain*
[2] *Hospital de San Juan, Servicio de Psiquiatría, Alicante, Spain*
[3] *Hospital de San Juan, Servicio de Psiquiatria, Alicante, Spain*
[*] *Corresponding author.*

During late 19th and early 20th century neuropsychiatrists began to identify common behavioral and cognitive disturbances in epilepsy, but it is not until 1973 that Norman Gestchwind described the basics of what we know as Gestchwind syndrome. This syndrome includes the triada of hyper-religiosity, hypergraphia and hypo/hypersexuality and it was mainly associated with temporal lobe epilepsy. Moreover, it is well known the association between epilepsy and psychotic symptoms, the so-called schizophrenia-like syndrome, which can lead us to a false diagnosis of schizophrenia. We report a 44-year-old man who was brought to the hospital with delusional ideation of prosecution and reference in his work environment with important behavioral disruption, as well as delusional ideation of religious content. He had a diagnosis of schizophrenia since he was 18-years-old and personal history of generalized tonic-clonic convulsions in his twenties. During the admission, he recovered ad integrum very rapidly with low doses of risperidone, but referred recurrence of déjà vu episodes. After reviewing his patobiography and past medical history, we identified the presence of hypergraphia, hypersexuality and a profound religious feeling, fulfilling the criteria for Gestchwind syndrome, in the context of which was later diagnosed as chronic epileptic psychosis. It is very important a careful approach to the patobiography and personal history. Also, we should include classic differential diagnosis such as Gestchwind syndrome, as they can lead us finally to the correct diagnosis, which in this case meant not only a different treatment but also a better prognosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2405

EV1421

Trichotillomania in delusional infestation

P. Sales[1,*], A. Lopes[1], S. Hanemann[2]
[1] *Hospital Garcia de Orta, Psiquiatria, Almada, Portugal*