

the GHQ score ($P=0.016$). Anxiety was correlated with the absence of hobbies ($P=0.02$) and the GHQ score ($P=0.008$).

Conclusion It is important to detect these psychiatric disorders and to manage generators factors to ensure a better quality of life and social integration for these patients with epilepsy.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1129>

EV145

The psychological impact of melasma.

A report of 30 Tunisian women

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Introduction Melasma is a common disorder of acquired hyperpigmentation characterized by tan or brown macules and patches localized to photo-exposed areas of the face.

Objective To study the psychological impact of melasma on Tunisian women.

Methods We conducted a cross-sectional study on thirty patients with melasma who attended the dermatology department of the University Hospital in Sfax (Tunisia).

The questionnaire included socio-demographic and clinical data. We used four measurement scales:

- MELASQOL questionnaire;
- Rosenberg Self-Esteem Scale;
- Hospital Anxiety and Depression Scale;
- Body Image Questionnaire.

Results The mean age was 34.6 years. The majority was living in urban areas (90%), was married (56.7%) and had a profession (80%). Sixty percent of patients were anxious and 16.7% were depressed. Both self-esteem and body image were respectively altered in 43.3% and 36.6%. The average score of MELASQOL was 31.77%. It was higher in single woman (36.8 vs. 28.4), younger than 40 years old (31.5 vs. 21.7), having a low socioeconomic status (45.2 vs. 29) and working in private sector (40 vs. 24).

The quality of life was more damaged in patients with disease duration less than five years ($P=0.024$).

Anxious patients had higher MELASQOL scores than non-anxious (38.17 vs. 22.17; $P=0.008$), as well as depressed patients (49 vs. 28.32; $P=0.009$).

High MELASQOL scores were correlated with low self-esteem ($P=0.05$) and altered body image ($P=0.04$).

Conclusion Although benign, melasma causes an important psychological impact such as anxiety, depression, low self-esteem and poor body image. These effects should be considered in the care plan.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1130>

EV147

Dissociative disorder – unraveling the mystery

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Introduction Dissociative disorders are among the most enigmatic and controversial psychiatric pathologies. In the last decades, great interest has emerged in understanding its pathophysiology, nonetheless, problems in recognition and management of these disorders are still challenging the psychiatric community.

Objectives We describe a paradigmatic case of a dissociative disorder illustrating the “choice” of dissociation as a strategy for coping with a traumatic reality.

Aim Call attention to problems that interfere with the recognition, diagnosis and management of dissociative disorders.

Methods Bibliographic research was conducted through the PubMed in the Medline library and clinical information was obtained through medical records and clinical interviews with the patient.

Results A 51-year-old Brazilian woman with no psychiatric history presented to the psychiatric outpatient care with apparent dissociative symptoms, these consisted of amnesia for episodes of agitation and aggressive behavior that occurred mainly at bed time. She had been previously on general practice and neurology consultations but none organic diagnose was made. Already in psychiatry, it was recognized that those symptoms developed together after a car accident and the beginning of a romantic relationship. It was also recognized that she has sexual dysfunction and a history of sexual abuse by a family member during her childhood, a known risk factor to dissociative disorders.

Conclusions Skepticism and lack of understanding might be the reason for late psychiatric referral after the realization of various expensive and time-consuming medical exams. Improving the recognition of dissociative disorders will conduce not only to better clinical outcomes but also improve cost effectivity of medical interventions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1132>

EV148

Burnout and neurotic symptoms among medical students

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Introduction Medical studies are considered one of the most stressful majors and the medical profession is one of the most at risk of burnout. Some studies indicate the presence of symptoms of burnout already in the early stages of career, or even before it started, i.e. during studies preparing for the profession. Medical studies may be such a case and it can affect the mental health deterioration and cause the occurrence of both burnout and neurotic symptoms.

Objectives Assessment of the impact of the course of studies on mental health of students and the risk of rapid burnout.

Aim Estimation of the prevalence and severity of burnout and neurotic symptoms among medical student depending on the year of study.

Methods Seven hundred and eighty-one medical students participated in the study. We used translated version of Maslach Burnout Inventory-Student Survey and Polish questionnaire – Symptom checklist S-III – for neurotic symptoms assessment.

Results There was no significant difference in MBI-SS subscales and symptoms checklist between first and last year of studies. Difference turned out to be significant when 1st and 6th year students with 3rd year – in Symptom checklist ($P<0.01$ and $P<0.05$, respectively), MBI-SS emotional exhaustion subscale ($P<0.01$ for both) and depersonalization subscale ($P<0.01$, significant only when compared with 1st year students).

Conclusions Study revealed interesting pattern of burnout and neurotic symptoms, with theirs greatest severity at the beginning and the end of studies.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1133>

Bipolar disorders

EV151

Do bipolar II and bipolar I disorder have different genotypes and why do we observe unipolar depression converting to bipolar II and then bipolar I?

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We review the recent literature in order to establish the importance of a spectrum for bipolar affective disorder, and that unipolar depression, bipolar II and bipolar I are discrete entities that may however evolve in sequence. We discuss clinical, genetic and neurobiological data which illustrate the differences between bipolar I and bipolar II. To fit the data we suggest a series of multiple mood disorder genotypes, some of which evolve into other conditions on the bipolar spectrum. Thence, we discuss the nature of the bipolar spectrum and demonstrate how this concept can be used as the basis of a staging model for bipolar disorder.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1136>

EV152

Use of lithium in acute mania in adolescents

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The aim of the present study was to investigate whether the use of lithium followed recommended practice in acutely manic adolescent inpatients. This study was a 12-month retrospective review of patients with manic episode admitted to Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital. Length of stay, medication data, serum levels and adverse effects were recorded for patients who started lithium treatment within average of 7 days of admission ($n=52$). Average length of stay was 23.63 (SD=17.6). The maximum dose prescribed within 24h of starting treatment was 721.15 mg (SD=239.5). The maximum daily dose was reached in an average of 7 days to 1136.5 mg (SD=336.4). The average time after starting treatment until the first recorded serum level was 5 days. The average serum level reached was 0.5 mEq/L (SD=0.22), which was raised to 0.6 mEq/L (SD=0.3) at discharge with an average daily dose of 1038.46 mg (SD=460). In 8 admissions (15.4%), one adverse effect was recorded that could have been related to lithium treatment but adverse events did not lead to discontinuation of drug. The literature supports that rapidly attained high serum levels are associated with positive outcomes. In this current study, clinicians used a relatively slow dose titra-

tion and lower serum levels were obtained suggesting that lithium was not considered as a primary agent for treating mania. Taking advantage of lithium especially for the maintenance treatment of bipolar disorder and tolerability may have driven these findings.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1137>

EV153

Mental health and drug

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Introduction Bipolar disorder (BD) is often associated with various comorbidities. It is substance use disorders (SUD) one of the most frequent comorbidities.

The ECA study (Epidemiologic Catchment Area) observed a prevalence over the life of the 56, 1% for any TUS in the total sample of patients with bipolar disorder. In subjects with bipolar I disorder prevalence was 60.7%, and those of type II 48.1.

In the OMS study conducted in America, Europe and Asia, the results confirm the high rates of disorders in patients diagnosed with bipolar disorder regardless of the country of study.

Case This is a male, 32, who came first to the Provincial Drug Addiction Service of Huelva in 2009 for cocaine, cannabis and alcohol.

In his personal history, he relates a convulsive episode at 14 years and one manic episode associated with consumption of cocaine in 2002 which began to be treated by a team of Mental Health and Provincial Center for Addictions.

He entered twice in a therapeutic community in 2009 for treatment for their disorder dependence on cocaine, alcohol and cannabis.

It has required admission to the Unit Hospitalization twice in 2012, with the discharge diagnosis of manic episode secondary to drug consumption.

Conclusions Most epidemiological studies in recent decades note the high prevalence of comorbidity BD+SUD.

BD-SUD comorbidity is particularly complex because each disorder affects the evolution of the other and they are frequently multiple comorbidities. In addition, it implies a worse clinical and functional outcome as well as poorer therapeutic response.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1138>

EV154

Case study: Bipolar disease in treatment with asenapine

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Objectives Analysis of the treatment alternatives for patients diagnosed with a bipolar disorder of torpid evolution. Revision of the possible adverse effects of lithium and its impact on the adherence to treatment.

Methods We revise the clinical evolution of a patient diagnosed with Bipolar disorder type I, with the following characteristics: at least two manic episodes per year, consumption of toxic substances and high sensibility to antipsychotics and euthymics.

Results We will describe the case of a 23-years-old patient diagnosed with bipolar disorder type I. During the course of the illness,