EV1410

The chaos involved in Münchausen syndrome and Münchausen syndrome by proxy

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Background Encountering a patient with Münchausen syndrome (MS) or with MS by proxy is more frequent than it is assumed. Treating this type of patient is indeed a challenge, thus, knowing to depict the signs is important for every doctor. A specific therapeutic approach is needed and sometimes, even law enforcement must be involved.
Objective We plan to highlight the signs and consequences of Münchausen syndrome and Münchausen syndrome by proxy.
Method Clinical data were collected during admissions of patients in the psychiatric hospital. A literature review has been performed.
Results We report the case of a nurse diagnosed with MS, who had multiple admissions with different diagnostics, before the patient was exposed with the factious disorder diagnosis. We also report the case of a mother diagnosed with MS by proxy and the case of another mother where the obsessive-compulsive elements of her depressive disorder are combined with signs of MS by proxy, both of them inflicting consequences upon the child in care.
Discussion and conclusions Patients suffering from Münchausen syndrome and Münchausen syndrome by proxy can be a burden for society and for themselves. The relationship with them is sabotaged from the start. The diagnostic is difficult to establish. Numerous expensive procedures are being taken and a considerable amount of funds is spent. Most importantly, the abuse of a child with a parent or guardian suffering from this disease is incommensurable and can even lead to death. It is vital to take action as soon as these syndromes are discovered.
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EV1412

Post-thalamic stroke apathy, a review and case report

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Introduction Apathy is commonly defined as lack of, or diminished, emotion, interest, concern, interest and motivation manifesting as poor engagement with others and loss of pleasure in usual interests. Occurs in various medical condition (stroke, HIV, dementia and Parkinson disease) and other psychiatric disorders. It has been related with thalamus stroke, and seen on clinical practice as a blunted emotional response and indifference.
Objective We have tried to link cases of apathy associated with thalamic stroke and systematically review the literature for similar case reports.
Methods We have searched MEDLINE, EMBASE, IBIDS, and the Cochrane Collaboration Database until October 2015. Published case reports of apathy in persons who had suffered a brain stroke were selected.
Results Support the evidence in the literature of the multidimensional nature of apathy and correlate the psychiatric manifestation with the neurological findings. We find similar case reports that could support the anatomical subtract of the apathy and it's also correlated with the previous data reports.
Conclusions These findings are discussed and interpreted in the seeking of regarding the neurobiological substrate of apathy.
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EV1413

A case of neurosarcoidosis presenting with isolated psychotic symptoms

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Neurosarcoidosis (NS) is a neurologic manifestation of sarcoidosis, a rare multisystemic granulomatous disease. Although psychiatric symptoms have been reported to occur in 20% of patients with NS, isolated NS without any signs of systemic disease is a rarity.
Case A 56-year-old female admitted to psychiatry clinic due to complaints of forgetfulness, visual and auditory hallucinations, inability to go outside alone, washing hands in closet cabin, difficulty finding words for the last one year, progressing in last four months. Personal and family background was unremarkable. Vital signs and physical examination revealed no abnormalities. In neuropsychiatric examination, Glasgow Coma Scale score was 15 without any meningeal irritation signs or gait abnormalities. Cranial nerves, extrapyramidal, motor, cerebellar, and sensory systems were intact. All aspects of orientation (time, place and person) were impaired. She scored 12 points out of 30 in Mini Mental Test. Speech was non-fluent with looseness of associations. Impaired recall, abstract thinking, judgment, behaviour planning and attention were noted. Visiospatial disorientation and contructional dressing apraxia were revealed. MR Imaging reported a T2-weighted signal intensity change in nodular fashion suggesting a granulamatous lesion. Differential diagnoses included granulomatous diseases, neoplasms, infections and Behcet's disease. After necessary excluding evaluations were undergone, a diagnosis of NS was made due to increased angiotensin converting enzyme levels in cerebrospinal fluid. The clinical picture responded well to prednisone treatment and symptoms resolved within one month.
Conclusion Increased awareness is essential to identify rare granulamotous diseases as a differential diagnosis in encountering psychotic symptoms accompanying demantial clinic presentation.
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Neurocognitive mechanisms behind mindfulness

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Introduction Clinical applications of mindfulness have become widespread since the introduction of the mindfulness-based stress reduction (MBSR), a treatment program originally developed for the management of chronic pain. Neuroimaging techniques have allowed uncovering the neural mechanisms behind Mindfulness techniques.