

**Results:** RESULTS: Ten clinical clerkship students attended as clinicians two cases of Standard Patients of DM2. They reported their reflections toward the role they should sustain: being doctor in front of the patient and their colleagues; difficulty to play the leading and show skills and knowledge in a scenario full of surprises and fantasies; an existential and professional gains in simulation activity; and considerations about responsible in conduct so impacting situations to patients.

**Conclusions:** FINAL CONSIDERATIONS: The themes translate moments during their simulated attending experience in which they have not sustained their semblance – the intended rule. These could be enriched through group reflecting, supervisor discussion, and patient dialog in the process of developing Medical Psychology skills.

**Disclosure:** No significant relationships.

**Keywords:** Medical Education; type 2 diabetes mellitus; medical psychology; Qualitative Research

### EPV0122

#### Assessment of quality of life in patients with primary hypothyroidism - the main criterion of treatment effectiveness

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**Introduction:** Current research suggests that the assessment of the quality of life of patients with somatic and mental pathology should be one of the main criteria for assessing the quality of treatment. Given this view, one of the valid assessment of the performance of integrated mental health and the effectiveness of treatment should be considered as quality of life, defined by WHO. Leading mental health criteria based on such factors as adaptation, socialization and individualization.

**Objectives:** The aim was to investigate the quality of life of patients with hypothyroidism with non-psychotic mental disorders. We examined 132 patients with hypothyroidism. The age of patients ranged from 25 to 55 years. The main group included 108 patients with non-psychotic mental disorders, which are dominated asthenia (27.78 %), asthenic- depressive (32.41%) and asthenic-anxiety disorders (18.52%). The control group consisted of 24 patients with hypothyroidism without mental disorders.

**Methods:** Quality of life was assessed using a questionnaire developed by Mezzich, Cohen, Ruyper, Liu & Yoon (1999), covering the three main components of quality of life: subjective wellbeing/satisfaction, fulfillment of social roles, external living conditions.

**Results:** Found a significant difference in quality of life in patients with main and control group. The average in the overall perception of life (sense of satisfaction and happiness in general) in the main group was 5.19±1.15, in the control group 7.50±2.25.

**Conclusions:** The main conclusion is that patients with hypothyroidism really need psychiatric consultation and treatment should include not only endocrinological influence but neuropsychopharmacological and psychological too.

**Disclosure:** No significant relationships.

**Keywords:** quality of life; hypothyroidism; nonpsychotic mental disorders

### EPV0123

#### A blank slate – apropos a clinical case

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**Introduction:** Dissociative Amnesia remains an enigmatic and controversial entity. It is classically described as responsible for autobiographic amnesia associated with a traumatic event.

**Objectives:** To report a clinical case and review the literature.

**Methods:** We collected data from the patient's clinical file with his informed consent. We conducted a non-systematic review of the literature.

**Results:** A 46-years-old patient presents to the emergency department for sudden global retrograde amnesia, with multiple domain amnesic syndrome (impairing verbal and visual memory, processing speed, mental flexibility, calculus, executive functions and language). He was initially admitted for a suspected infectious meningoencephalitis, which was not confirmed. Later an autoimmune encephalitis was pursued. Brain MRI showed a nonspecific left temporal and hippocampal hyperintensity and the EEG a mild left temporal dysfunction. The autoimmune encephalitis panel was negative and the formal diagnostic criteria were not met. The neurologic examination at discharge presented only with autobiographical and semantic amnesia. On the mental state examination, he presented with depressive symptoms reactive to the situation. There was no evident traumatic event apart from a promotion received the day before the amnesia started. He was prescribed escitalopram 10 mg/day. The amnesia was maintained at 9 months follow-up.

**Conclusions:** Our case report illustrates a case of amnesia without evident organic or psychogenic cause, assumed as a dissociative amnesia. Further studies are necessary to clarify the pathophysiology of this condition and develop specific treatments.

**Disclosure:** No significant relationships.

**Keyword:** dissociative amnesia

### EPV0124

#### Implementation of balint group for a team who care patients with head and neck cancer in a service in Brazil: A proposal post qualitative research

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**Introduction:** The Balint group emerged at the Tavistock Clinic in London in the early 1950s. Its creator was a doctor and psychoanalyst Michael Balint. It consisted of a group process, with meetings among general practitioners, in which non-conscious aspects of the professional-patient relationship were approached. We present how a proposal for implementation of a Balint Group has emerged, specifically for physicians and nurses who care for cancer patients. Is is a consequence of results obtained from a qualitative study conducted by a student of the professional master's degree linked to a Clinical Oncology.

**Objectives:** To present a technical product, as required in a Brazilian professional master's degree, as a result of research that studied reports of doctors and nurses who deal with usual difficulties of handling patients with HNC.

**Methods:** The group work is triggered by the report of a case brought by a participant, presenting a problem-situation in the management of his patient. The meeting leader seeks to understand the reactions reported by the presenter in the light of a psychodynamic approach.

**Results:** Expected results: the holding of a Balint group, perhaps monthly, in charge of a colleague who has knowledge in applied psychoanalysis, will allow insights to the participants who will bring them conditions to perceive "neurotic elements" in the relationship with their patient.

**Conclusions:** Final consideration: having accumulated decades of positive experience, Balint Groups must remain as an updated proposal for the work on emotional issues of professional teams, with emphasis on clinical services with the management of so-called "difficult patients".

**Disclosure:** No significant relationships.

**Keywords:** oncology and psychology; medical psychology; Medical Education; Balint groups

## EPV0125

### Alprazolam addiction: The case study

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**Introduction:** Alprazolam is an anxiolytic, a benzodiazepine derivative of the middle duration of action. It is one of the most frequently prescribed medication for the treatment of anxiety and panic disorder. Under the action of a drug, a person feels incredible ease, a sense of euphoria, absence of problems, a sense of safety.

**Objectives:** A 55-year woman was admitted to psychiatric clinic in Ivano - Frankivsk.

**Methods:** She was assessed by the clinicopsychopathological method (clinical interview) and additional methods (MRI, EEG, pathopsychological assessment).

**Results:** The main findings were: atactic procession, tremor of the limbs and the whole body, poor attention, speech impairment, retarded thinking, fixation and reproductive amnesia with the components of progressive amnesia, change handwriting. The mood is lowered with unstable affect, lack of insight. She reported burning and tingling of the head as a main problem. She developed amotivation, bad activity and drowsiness, bradycardia, decreased blood pressure. She took Alprazolam during a period of 1,5 year in gradually increasing doses. The last dose was 12 tablets of Alprazolam per day. The patient was consulted again in a year. She does not take Alprazolam. She takes valproate and escitalopram. She did not demonstrate severe neurological symptoms which were seen a year ago.

**Conclusions:** Thus, though alprazolam is one of the best anxiolytic substance it should be prescribed only by the doctor for a short course (no more than 4-5 weeks). The treatment must include psychoeducation in order to make patients be aware about possible addiction and unsafety of prolonged and uncontrolled usage of alprazolam.

**Disclosure:** No significant relationships.

**Keywords:** Alprazolam; Addiction; Psychoeducation

## EPV0126

### Pharmacokinetic interactions of psychotropic medications in patients with schizophrenia suffering from atypical mycobacterial infections

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**Introduction:** Mycobacterium kansasii is a nontuberculous mycobacterium that causes infection associated with past or current tuberculosis disease. Clinical syndromes and radiological findings are mostly indistinguishable from that of Mycobacterium tuberculosis, thus requiring microbiological confirmation.

**Objectives:** We report a case of a 44-year-old man diagnosed with schizophrenia and Mycobacterium kansasii infection.

**Methods:** Case report and non-systematic narrative review from PubMed.

**Results:** Case report: Patient with schizophrenia who was admitted at the inpatient unit presenting psychotic exacerbation with high levels of excitement. Risperidone 6 mg/day and valproate