

for his exaggerated storytelling. DSM-5 refers to it as factitious disorder imposed on self: “falsification of physical or psychological signs or symptoms, or induction of injury or disease, (...) in the absence of obvious external rewards”.

Objectives: To report a case of Munchausen syndrome and highlight the impact on its physical and psychiatric approaches.

Methods: Description of a clinical case based on medical records and a brief review on Munchausen syndrome.

Results: A 57-year-old female, with no previous psychiatric history, was evaluated by Psychiatry for complaints of depression with suicidal ideation. She reported family conflicts and a list of medical conditions and surgical interventions. According to the patient she was waiting for a cardiac transplant and said she had type 1 diabetes, myasthenia gravis, hepatic steatosis, dyslipidemia, hyperuricemia, mitral valve prolapse and was submitted to a thymectomy and cervical herniated disc surgery. She was on many different prescription pills. Even though she had blocked the access to her clinical records in other institutions, at our hospital she had multiple admissions to the emergency room, numerous follow-up appointments of different specialties and several allergies documented. She displayed many incoherencies throughout the interview, had a circumstantial speech and exuberant appearance.

Conclusions: Munchausen syndrome remains a challenging diagnosis to physicians. This condition is not only associated with significant morbidity and mortality, but also with unnecessary tests and procedures, iatrogenesis, prolonged hospitalizations and increased health costs.

Disclosure: No significant relationships.

Keywords: Munchausen syndrome; factitious disorder imposed on self

EPV0136

Psychological profile of the bariatric surgery candidates in a spanish hospital in 2020: a descriptive study

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Introduction: Previous research has found that candidates for bariatric surgery usually present anxiety, depression, personality disorders and/or a tendency to binge eating. The situation related with the pandemic and the lockdowns during the 2020 are possible aggravating factors for these characteristics.

Objectives: To study the more important psychological characteristics presented by candidates for bariatric surgery.

Methods: 40 people between 29 and 65 years old (M=46.4, SD=9.1; 37.5% male, 62.5% female) were evaluated between July and December of 2020. The assessment consisted in an interview carried out by a clinical psychologist, and a pool of questionnaires to

evaluate depression and anxiety symptoms (Beck Depression Inventory, BDI; and the Goldberg Anxiety and Depression Scale, GADS) the existence of a binge eating pattern (the Binge Eating Scale; BES) and personality traits (the Salamanca Screening Test).

Results: The 25% of the sample had previous mental health antecedents. Eight people disclosed to feel stress in relation with the COVID-19, and 18 presented an emotional regulation strategy using food during the lockdown. 62.5% scored above the cut-off point on the BDI (mild=27.5%, moderate=20%, severe=15%) and a 40% and a 47.5% did it for the anxiety and the depression (respectively) GADS subscales. 20% presented a binge eating pattern according with the BES. Most common personality traits were histrionic (50%), emotionally unstable impulsive type (45%), and anxious (42.5%).

Conclusions: These findings support the previous scientific literature. Psychological intervention programs may be considered to guarantee the surgery's success, especially when adverse contextual circumstances are presented.

Disclosure: No significant relationships.

Keywords: obesity; Bariatric surgery; PSYCHOLOGICAL PROFILE; psychiatric comorbidity

EPV0137

Mind the gap! the lack of concordance in diagnostic in liaison psychiatry in a portuguese hospital

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Introduction: Neurosciences evolved very rapidly in last few years and helped the establishment of Liaison Psychiatry as a fundamental part of the general hospitals functioning. However, the use of this department by the other specialties still needs to be refined, as it is common to find wrong assessments in the referral of the patients.

Objectives: We aim to study the concordance between the referral motives and the assessment by the psychiatry team.

Methods: Data was collected through the informatic registry. Contains patient data observed by a liaison psychiatrist in the period between 1st of July and 30th of September of 2020. In this period there were 80 requests, of which, 6 were refused for various reasons. We decided to study the concordance when one of these symptoms were in the request: anxious symptoms, depressive symptoms, psychotic symptoms and psychomotor agitation. 46 requests met this criteria.

Results: The mean age was 63,3yo and 46% were older than 65yo. Most were women (54%) and 68% had history of psychiatry disorder. About 50% were requests from the Medicine wards. The concordance between the medical request and the psychiatry assessment was higher for psychomotor agitation (n=11; 64%) and depressive symptoms (n=23; 57%), but it was lower in anxious symptoms (n=3; 33%) and in psychotic symptoms (n=9; 33%). Most common diagnosis was delirium.

Conclusions: Non-psychiatrist doctors appear to have more difficulty when assessing anxious and psychotic symptoms. Those concordance percentages are in line with recent research. Actions should be taken to improve this, like academic training and standardization of referral.

Disclosure: No significant relationships.

Keywords: Concordance; liaison psychiatry; Diagnostic

EPV0138

Psychiatric disorders during acute hospital treatment of COVID-19 - a case series

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Introduction: Coronavirus disease (COVID-19) has been associated with the development mental and behavioural symptoms and psychiatric disorders. This association is stronger in severe cases of the disease and in those needing inpatient treatment, particularly in intensive care units (ICU).

Objectives: To determine the incidence of psychiatric disorders in a Portuguese hospital-based sample of patients with COVID-19. To describe relevant demographic and clinical data.

Methods: We reviewed all COVID-19 inpatients assessed by liaison psychiatry at our hospital between April and September 2020. Patients admitted due to a psychiatric disorder were excluded from the analysis. We reviewed medical records and retrieved relevant clinical data. ICD-10 was used to classify diagnoses.

Results: We identified 36 cases with a mean age of 62.64 years-old (SD 19.23). The most common disorder was delirium, which occurred in 41.7% of our sample (15 patients), followed by adjustment disorder (22.2%, n=8), and depressive episode (16.7%, n=8). Most patients had no personal (61.1%, n=22) nor family (75%, n=27) history of a psychiatric disorder. Mean length of admission was 36.89 days (SD 28.91). Seventeen cases (47.22%) had at least one risk factor for severe COVID-19 disease and 14 (38.89%) were admitted at some point to the ICU.

Conclusions: In our sample, delirium was the main cause for mental or behavioural symptoms in COVID-19 patients. However, we observed a wide array of presentations in our center. A larger sample would allow to better characterize this often-overlooked symptoms and identify risk factors to psychiatric syndromes.

Disclosure: No significant relationships.

Keywords: delirium; liaison psychiatry; COVID-19

EPV0139

Barking dogs seldom bite? a case of diagnostic overshadowing in emergency department

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Introduction: Diagnostic overshadowing is one of the main consequences of stigma involving patients diagnosed with a psychiatric disorder. Some studies show that in emergency departments, being diagnosed with a psychiatric illness can lead to a poor evaluation of organic symptoms, delaying the diagnosis and putting the patient's life at risk.

Objectives: - To present the case of a patient diagnosed with factitious disorder who was misdiagnosed after attending the emergency department due to the stigma related to his psychiatric diagnosis. - To provide a reflection on stigma in mental health.

Methods: We will present a case report and a literature review.

Results: We report a case of a 57-year-old man diagnosed with a factitious disorder. He attended the emergency department of our tertiary care center with confused speech, desorientation and disruptive behavior at home. Although the clinical picture was compatible with a confusional state, he was ordered to be admitted to the psychiatric service. No blood test was previously requested. Three hours after being admitted, he suffered an episode of seizures. A blood test was requested and severe hypomagnesemia (0.2 mg / dl) was found. Because of this episode the patient was admitted to the Intensive Care Unit for three days.

Conclusions: Factitious disorder is a serious mental disorder with a significant stigmatizing burden. Giving a patient this diagnostic label should be the subject of careful thought in order to protect him from future diagnostic neglect.

Disclosure: No significant relationships.

Keywords: Stigma; Diagnostic overshadowing; factitious disorder

COVID-19 and related topics

EPV0140

Lockdown: A chance to strengthen the relationship or to widen the gap for tunisian couples?

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Introduction: General lockdown due to the outbreak of Corona virus is a major change in people's lives. Some mental health professionals consider it as a traumatic event with potentially serious psychiatric repercussions, especially on married couples.

Objectives: Determine the consequences of the lockdown on married couples.

Methods: An online survey conducted on social media during Mai 2020.

Results: A total of 223 married persons filled our survey with 86,1% females. Marriage was traditional in 17%, through mutual friends and acquaintances in 0,4% and after a love story in 84,3%. Families were not consenting to the marriage in 5,4% and 28,7% of