anxiety, 16% had symptoms of anxiety. The average rate of quality of life among all examined people was 67.5 out of 100.

Conclusions: The results of the conducted research indicate the need for further study of the features of the comorbid pathology in epilepsy and development and implementation pharmacological and nonpharmacological methods for treatments of epilepsy.

Keywords: Epilepsy; Cognitive disorders; Affective disorders

EPP0806

¡ I see presenters in my house !

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Introduction: Charles Bonnet syndrome (CBS) is characterized by the presence of visual hallucinations, generally complex, which occurs in patients with alterations in the visual pathway. The majority of affected patients are elderly. It appears in 15% of people with visual loss, predominantly in the 80-year-old female gender.

Objectives: To present a clinical case of a patient with visual hallucinations and a possible diagnosis of Charles Bonnet syndrome. Highlight the importance of an adequate differential diagnosis.

Methods: Bibliographic review of the treatment and diagnosis of CBS, from articles published in the last 5 years in Pubmed.

Results: Woman, 80 years old. No ophthalmological history except those associated with advanced age. She goes to the emergency room due to the presence of visual hallucinosis, in the form of "television presenters" of whom she makes partial criticism, being aware most of the time of their unreality. Hallucinations are not accompanied by anxiety or significant affective repercussions. Discarded delirium, intoxication by substances or drugs that cause the condition. Currently under follow-up to rule out other causes.

Conclusions: The diagnosis of SCB requires a multidisciplinary approach between neurologists, psychiatrists and ophthalmologists in order to avoid erroneous diagnoses. The differential diagnosis should be made with pathologies such as Lewy body dementia, Parkinson's disease, delirium, substance intoxication, migraine aura, and metabolic encephalopathy, among others. It is important to involve the family in the treatment of the syndrome to reinforce the recognition of the unreality of these hallucinations in the patients. Antipsychotic treatment can be effective only if the condition is extremely distressing.

Keywords: Ophthalmologists; Charles Bonnet; visual hallucinations; visual pathway

EPP0808

Catatonia in patients with dementia

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Introduction: Catatonia has been reported with almost all types of dementia but it remains under-diagnosed.

Objectives: Describe the characteristics of catatonia in patients with dementia and the efficiency of early management.

Methods: We review a case of a young patient admitted in our psychiatric department for catatonia and after efficient treatment, assessment revealed a dementia.

Results: A 49-year-old male treated with classic antipsychotic drug for an acute psychotic episode at age of 35 years. Three years later, the patient was admitted for behavioral disorders with delirium and confusion. The patient was treated with high-doses of antipsychotic drugs with vasodilator treatment. Currently, ten years later, he was hospitalized in a stuporous state with food refusal, sustained posture and worsening of his overall situation. At the mental assessment, the patient was motionless, mute and rigid with frozen facial expression and gaze stare. Negativity and opposition were obvious against any solicitation. Moreover, the physical examination has shown a worsening of the overall state of health, weight loss and walking difficulties. After symptomatic treatment of catatonia with benzodiazepine, the assessment revealed an aphasia-apraxo-agnosic syndrome with memory dysfunctions such as amnesia with false recognition and executive dysfunction as well as limitations in intellectual abilities. A brain scan revealed cortical and subcortical atrophy predominant in the bilateral fronto-temporo-parietal region associated with ventricular system expansion. The diagnosis of Alzheimer's disease was made. Following atypical antipsychotic treatment combined with benzodiazepine, there was release of inhibition.

Conclusions: Catatonia is a severe neuropsychiatric syndrome with an excellent prognosis if recognized and treated without delay.

Keywords: Catatonia; psychiatry; dementia; Alzheimer

EPP0809

Pedophilic sex offender show reduced activation in the right dlPFC during integration of emotion and cognition – preliminary results

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Introduction: The pedophilic disorder is characterized by a sexual preference for children and leads to child sexual abuse (CSA) in half of the patients. Studies showed that pedophiles with a history of CSA (CSA+) are inferior, in inhibitory control, to those without (CSA-).

Objectives: Inhibitory control may be influenced by negative affectivity, which was shown to be a state factor facilitating sexual abuse. Nevertheless, it is not known if distress influence CSA+ and CSA- equally.

Methods: We recruited three groups of participants: healthy controls (HC) CSA+ and CSA- who performed an emotional Go-NoGo block task. The task was design specifically to correspond to a situation in which an individual is opposed by a negative life event. In each trial, participants were presented with photographs, either of neutral or negative valence, which did not require reaction. After