Methods An exhaustive literature research in Medline and the latest forth in APA 2015.
Results More and more evidence refute the veracity of this theory deeply rooted among some professionals.
Conclusion There are theoretical alternatives that relate more sustained manner the relationship between consumption and toxic psychosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2402

EV1418

Can I have a quality seizure? A review

J. Ramos[1,*], A. Arriba[2], M. Urretavizcaya[2]
[1] *Centro Hospitalar Tondela-viseu, Psychiatry, Viseu, Portugal*
[2] *Hospital Universitari de Bellvitge, Psychiatry, Barcelona, Spain*
[*] *Corresponding author.*

Introduction After seventy-five years of its introduction, electroconvulsive therapy (ECT) remains the most effective treatment for severe depressive disorders. It is known that the antidepressant effect is not due only to the electric current itself, but by the general seizure activity. As so, for beneficial or adverse effects of ECTs, it's mainly important to induct a well-generalized seizure. Those can be influence by several variables like, seizure duration and threshold, ECT practice factors and medication, resulting in a lack efficacy. It's advantageous to treatment if physiological markers of adequacy are established to seizure quality, because a high seizure quality has been successfully correlated with better outcome in many studies.
Aims and methods The aim of this work is to review the available international literature regarding to identified parameters that influence and evidence seizure quality.
Conclusion Although throughout history ECT is embroiled in controversy, according to international bibliography, this is a technique of great therapeutic relevance and precise indications. It is noteworthy, that it has been shown to be an effective and safe treatment for many psychiatric disorders. Nevertheless, there is not a consensus regarding to the parameters to its efficacy, particularly the seizure quality. Thus, it's important to current practice, to do more studies in this field, in order to establish those parameters, have homogenise clinical practice and promote better results.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2403

EV1419

Autistic spectrum disorder masked by mental retardation and impulse control disorder

L. Rodríguez Andrés[*], T. Ballesta Casanova, M.S. Hernández García, C. Noval Canga, L. Gallardo Borge, J.A. Espina Barrio
Hospital Clínico Universitario de Valladolid, Psychiatry, Valladolid, Spain
[*] *Corresponding author.*

Clinical case report A 48-year-old male, diagnosed with impulsive control disorder, sex addiction disorder and mental retardation was followed-up by different psychiatrists for the last 20 years. He consults because of presenting depressive symptoms and behavioural disturbances related to the death of his mother two years before. The patient reports to experimenting depressed mood, irritability, insomnia and trends to cry. He has lost motivation for his job and hobbies (he used to show interest in topics such as physics, philosophy, maths, and medicine). He has feelings of loneliness, which make him look for social interaction and support through continuous calls to telephone sex lines. This act has made him spend large amounts of cash, thus, making him be in deep debts. He does not feel integrate in society.
Mental status examination Introvert, limited social skills, coherent language, echolalic, monotone, tangential speech, depressed mood, feelings of guilt and futility, dysphoria, partial anhedonia, ideas of hopelessness, structured death ideation, unconsciousness of his own acts, with trend to impulsiveness and compulsive behaviour and insomnia.
Complementary test Wais test: no mental retardation found.
Diagnosis Autistic spectrum disorder (F84.0); major depressive disorder (F32.1); bereavement (V62.82).
Discussion The patient showed classic diagnostic criteria DSM 5 associated with autistic spectrum disorder (Asperger's disorder in DSM-IV); the permanent inability for social interactions and repetitive, restricted and stereotypic behavioural patterns.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2404

EV1420

Gestchwind syndrome and epileptic psychosis, beyond the schizophrenia frontier

V. Rodriguez[1,*], C. Gómez[2], C. Gomis[2], L. González[3], E. Tercelán[2], J. Pérez[2], L. García[2], M. Ainbarro[2], C. Ortigosa[2]
[1] *Aicante, Spain*
[2] *Hospital de San Juan, Servicio de Psiquiatría, Alicante, Spain*
[3] *Hospital de San Juan, Servicio de Psiquiatria, Alicante, Spain*
[*] *Corresponding author.*

During late 19th and early 20th century neuropsychiatrists began to identify common behavioral and cognitive disturbances in epilepsy, but it is not until 1973 that Norman Gestchwind described the basics of what we know as Gestchwind syndrome. This syndrome includes the triada of hyper-religiosity, hypergraphia and hypo/hypersexuality and it was mainly associated with temporal lobe epilepsy. Moreover, it is well known the association between epilepsy and psychotic symptoms, the so-called schizophrenia-like syndrome, which can lead us to a false diagnosis of schizophrenia. We report a 44-year-old man who was brought to the hospital with delusional ideation of prosecution and reference in his work environment with important behavioral disruption, as well as delusional ideation of religious content. He had a diagnosis of schizophrenia since he was 18-years-old and personal history of generalized tonic-clonic convulsions in his twenties. During the admission, he recovered ad integrum very rapidly with low doses of risperidone, but referred recurrence of déjà vu episodes. After reviewing his patobiography and past medical history, we identified the presence of hypergraphia, hypersexuality and a profound religious feeling, fulfilling the criteria for Gestchwind syndrome, in the context of which was later diagnosed as chronic epileptic psychosis. It is very important a careful approach to the patobiography and personal history. Also, we should include classic differential diagnosis such as Gestchwind syndrome, as they can lead us finally to the correct diagnosis, which in this case meant not only a different treatment but also a better prognosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2405

EV1421

Trichotillomania in delusional infestation

P. Sales[1,*], A. Lopes[1], S. Hanemann[2]
[1] *Hospital Garcia de Orta, Psiquiatria, Almada, Portugal*